

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.

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

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
 Para la ayuda en español, llame (713)448-5502.**

Local Phone:
 (713)448-5502

Toll Free:
 (800)526-2121

BALANCE LAST STATEMENT	\$220.00
PAYMENTS SINCE LAST STATEMENT	\$0.00
STATEMENT DATE	10/27/10
DUE DATE	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
Patient: Nelva Brunsting						
Voucher: 2520690						
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
Voucher: 2610020						
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
Voucher: 2630480						
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

00975 7772026 002924 002924 00001/00003 920966912

92096S11028

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
Voucher: 2630590						
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
Voucher: 2630610						
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
Voucher: 2650330						
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
Voucher: 2683140						
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 ()	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	

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

PLEASE UPDATE ANY INFORMATION THAT HAS CHANGED SINCE YOUR LAST STATEMENT

YOUR NAME (Last, First, Middle Initial)			
ADDRESS			
CITY	STATE	ZIP	
TELEPHONE ()	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. As a user of 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. 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 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.

Contract

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

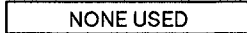
Deductibles

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
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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.

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



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 04/04/10	Claim No. 0251416283201	Group Name CHEVRON
Provider RADIOLOGY WEST LLC	Process Date 05/10/10	Group # 0247848

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
TOTAL	\$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 04/04/10	Claim No. 0251419387101	Group Name CHEVRON
Provider MHHS MEMORIAL CITY	Process Date 05/10/10	Group # 0247848

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
TOTAL	\$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 04/04/10	Claim No. 0252465529701	Group Name CHEVRON
Provider ACS PRIMARY CARE	Process Date 05/20/10	Group # 0247848

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
TOTAL	\$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



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 04/08/10	Claim No. 0251491933701	Group Name CHEVRON
Provider 'R POHIL'	Process Date 05/10/10	Group # 0247848

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	\$150.00	-\$112.36	\$37.64	...	...	...	\$37.64
B	\$57.00	-\$50.92	\$6.08	...	...	...	\$6.08
TOTAL	\$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.

Please see the next page for more information

Get the most out of your plan

Website Registration:

Register today online at 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.

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 8179791401	RR PROPATH SERVICES-LLP LABORATORY SERVICES 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	
		TOTAL	500.00	296.89	40.62			32.50		
								MEDICARE PAID	162.49	
								PLAN PAYS	32.50	
NELVA 8293923401	RR P MAUK OFFICE VISITS	12/11/09	129.00	35.78	18.64		80%	14.91*	51	
		TOTAL	129.00	35.78	18.64			14.91		
										MEDICARE PAID	74.58
								PLAN PAYS	14.91	

(*) 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	
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.

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HOW TO REGISTER?
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FURTHER EXPLANATION OF BENEFITS INFORMATION IS ON CONTINUATION PAGE(S)

P5571

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

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	
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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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.

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
	TOTAL		247.00	247.00				0.00	
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
PLAN YEAR 2009	INDIV: \$300.00	INDIV: \$1500.00	LIFETIME PLAN MAXIMUM \$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.

* * * * *

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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* * * * *

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.

P5574

THIS IS NOT A BILL

BRUNSTING000484

OLDSMAR SERVICE CENTER
 PO BOX 30555
 SALT LAKE CITY, UT 84130-0555
www.myuhc.com

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

ELMER BRUNSTING
 13630 PINE ROCK
 HOUSTON TX 77079

Member ID 840246620 Statement Period 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) when they bill you	
Date of Service: 09/15/08 Member: ELMER Provider: AMERICAN MEDICAL Claim Number: 0225299553801 Type of Service: MEDICAL	\$910.14	This is not a bill. Your provider will bill you directly unless you have already paid them. Please check your records. 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.
Date of Service: 01/13/09 Member: ELMER Provider: HOUSTON FIRE CITY Claim Number: 0225074563201 Type of Service: MEDICAL	\$455.00	
TOTAL	\$1,365.14	

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	
Date of Service: 09/15/08 Member: ELMER Provider: AMERICAN MEDICAL Claim Number: 0225299553801 Type of Service: MEDICAL	\$910.14	...	...	\$910.14
- THIS CLAIM WAS PROCESSED ON 08/21/09. - 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. For more detail on this claim, the Member can visit their claims & accounts, medical summary page at www.myuhc.com .					
Date of Service: 12/13/08 Member: ELMER Provider: IPC OF TEXAS PLLC Claim Number: 0219859933901 Type of Service: MEDICAL	\$393.00	...	...	\$0.00
- THIS CLAIM WAS PROCESSED ON 06/09/09. - OUR RECORDS SHOW WE HAVE ALREADY PROCESSED THIS CHARGE. For more detail on this claim, the Member can visit their claims & accounts, medical summary page at www.myuhc.com .					
Date of Service: 12/14/08 Member: ELMER Provider: IPC OF TEXAS PLLC Claim Number: 0219859933701 Type of Service: MEDICAL	\$201.00	...	...	\$0.00
- THIS CLAIM WAS PROCESSED ON 06/09/09. - OUR RECORDS SHOW WE HAVE ALREADY PROCESSED THIS CHARGE. For more detail on this claim, the Member can visit their claims & accounts, medical summary page at www.myuhc.com .					
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
Date of Service: 12/15/08 Member: ELMER Provider: IPC OF TEXAS PLLC Claim Number: 0219859933601 Type of Service: MEDICAL	\$201.00	...	...	\$0.00

- THIS CLAIM WAS PROCESSED ON 06/09/09.
- OUR RECORDS SHOW WE HAVE ALREADY PROCESSED THIS CHARGE.

For more detail on this claim, the Member can visit their claims & accounts, medical summary page at www.myuhc.com.

Date of Service: 12/16/08 Member: ELMER Provider: IPC OF TEXAS PLLC Claim Number: 0219859933501 Type of Service: MEDICAL	\$217.00	\$0.00
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- THIS CLAIM WAS PROCESSED ON 09/09/09.
- OUR RECORDS SHOW WE HAVE ALREADY PROCESSED THIS CHARGE.

For more detail on this claim, the Member can visit their claims & accounts, medical summary page at www.myuhc.com.

Date of Service: 01/13/09 Member: ELMER Provider: HOUSTON FIRE CITY Claim Number: 0225074563201 Type of Service: MEDICAL	\$455.00	\$455.00
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- THIS CLAIM WAS PROCESSED ON 08/21/09.
- WE WILL NEED A COPY OF THE MEDICARE SUMMARY NOTICE BEFORE YOUR CLAIM CAN BE PROCESSED.

For more detail on this claim, the Member can visit their claims & accounts, medical summary page at www.myuhc.com.

Date of Service: 02/01/09 - 02/07/09 Member: ELMER Provider: T MCGOWAN Claim Number: 0221772811801 Type of Service: MEDICAL	\$279.11	...	-\$27.75	...
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- THIS CLAIM WAS PROCESSED ON 07/09/09.
- 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.
- 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.
- 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.

For more detail on this claim, the Member can visit their claims & accounts, medical summary page at www.myuhc.com.

Subtotal for this page	\$1,152.11	\$0.00	-\$27.75	\$455.00
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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	
Date of Service: 02/09/09 Member: ELMER Provider: T MCGOWAN Claim Number: 0221772811802 Type of Service: MEDICAL	\$37.84	...	-\$6.06	...	
- THIS CLAIM WAS PROCESSED ON 07/01/09. - 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. For more detail on this claim, the Member can visit their claims & accounts, medical summary page at www.myuhc.com .					
Date of Service: 02/25/09 Member: ELMER Provider: SUN OPTIMUM SUPPLIES Claim Number: 0220244098201 Type of Service: MEDICAL	\$32.28	...	-\$4.38	...	
- THIS CLAIM WAS PROCESSED ON 05/12/09. - 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 .					
Date of Service: 04/17/09 Member: NELVA Provider: ROSEWOOD FAMILY PHYS Claim Number: 0220384186801 Type of Service: MEDICAL	\$115.00	...	-\$9.90	...	
- THIS CLAIM WAS PROCESSED ON 06/15/09. - 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 .					
Date of Service: 04/20/09 Member: NELVA Provider: J FUERST Claim Number: 0221447358001 Type of Service: MEDICAL	\$40.87	...	-\$9.98	...	
- THIS CLAIM WAS PROCESSED ON 06/26/09. - 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. For more detail on this claim, the Member can visit their claims & accounts, medical summary page at www.myuhc.com .					
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
Date of Service: 04/27/09 Member: NELVA Provider: SUMMIT AMBULATORY Claim Number: 0219912738001 Type of Service: 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.

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

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

Date of Service: 06/22/09 Member: NELVA Provider: P MAUK Claim Number: 0222438672601 Type of Service: 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.

Subtotal for this page	\$7,370.00	\$0.00	-\$188.41	\$0.00
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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
Date of Service: 07/07/09 Member: NELVA Provider: R POHIL Claim Number: 0223933873101 Type of Service: MEDICAL	\$272.00	...	-\$5.15	...
- THIS CLAIM WAS PROCESSED ON 07/28/09. - 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. - 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 .				
Date of Service: 07/07/09 Member: NELVA Provider: R POHIL Claim Number: 0225839931301 Type of Service: MEDICAL	\$247.00	...	...	...
- THIS CLAIM WAS PROCESSED ON 08/26/09. - THESE CHARGES ARE FOR SERVICES PROVIDED AFTER THIS PATIENT'S COVERAGE WAS CANCELED, THEREFORE, THEY ARE NOT COVERED. For more detail on this claim, the Member can visit their claims & accounts, medical summary page at www.myuhc.com .				
Date of Service: 07/09/09 Member: NELVA Provider: RADIOLOGY WEST LLC Claim Number: 0224388286501 Type of Service: MEDICAL	\$319.00	...	-\$11.63	...
- THIS CLAIM WAS PROCESSED ON 08/03/09. - 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 .				
Date of Service: 07/31/09 Member: NELVA Provider: P MAUK Claim Number: 0225732159501 Type of Service: MEDICAL	\$129.00	...	-\$14.91	...
- THIS CLAIM WAS PROCESSED ON 08/19/09. - 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 .				
Subtotal for this page	\$967.00	\$0.00	-\$31.69	\$0.00
TOTAL	\$11,219.34	\$0.00	-\$278.17	\$1,365.14

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 8225146001	RR P MAUK 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 77079-5914301589 019518
0001 OF 0003**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.

EOF 1758(05/05)

P5582

BRUNSTING000492

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 of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 22-09244-024-510 Digestive And Liver Speciali, Suite 850, 915 Gessner , Houston, TX 77024-0000 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 Memorial Clinical Associates, Suite 200, 1201 Dairy Ashford , Houston, TX 77079-3023 Dr. Pohil, Richard M.D.						
07/07/09	1 Office/outpatient visit, new (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	
	Claim Total	\$272.00	\$32.18	\$25.74	\$6.44	
Claim number 29-09215-692-010 Memorial Clinical Associates, Suite 200, 1201 Dairy Ashford , Houston, TX 77079-3023 Dr. Pohil, Richard M.D.						
07/07/09	1 Office/outpatient visit, est (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
	Claim Total	\$247.00	\$126.24	\$100.99	\$25.25	
Claim number 29-09251-897-690 Memorial Clinical Associates, Suite 200, 1201 Dairy Ashford , Houston, TX 77079-3023 Dr. Pohil, Richard M.D.						
09/02/09	1 Office/outpatient visit, est (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	
	Claim Total	\$150.00	\$94.02	\$75.21	\$18.81	

301589 019518
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 Memorial Heramnn Hosp, PO Box 201367, Houston, TX 77216-0000 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 (74170-TC) technical charge	3,360.75	340.72	272.58	68.14	f
	Claim Total	\$3,848.25	\$371.02	\$296.82	\$74.20	
Claim number 22-09198-350-580 Radiology West LLP, 100, 5301 Hollister, Houston, TX 77040-6132 Referred by: Dr. Mauk, Paul M., M.D. Dr. Lim, Stanley W. M.D.						
07/09/09	1 Ct abdomen w/o & w/dye (74170-26) professional charge	\$319.00	\$72.70	\$58.16	\$14.54	a
Claim number 38-09181-211-820 Rosewood Family Physicians, Suite B, 2405 South Gessner , Houston, TX 77063-2005 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.



301589 019518
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 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	COPAY/ 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				
		TOTAL	129.00	35.78	18.64	18.64		0.00					
<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				
		TOTAL	670.00	500.82	33.84	33.84		0.00					
<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				
		TOTAL	319.00	246.30	319.00	14.54		0.00					
<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				
		TOTAL	735.00	521.93	42.61	42.61		0.00					
<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	
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)

P5588

THIS IS NOT A BILL

BRUNSTING000498

OLDSMAR SERVICE CENTER
PO BOX 30555
SALT LAKE CITY, UT 84130-0555
www.myuhc.com

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

NELVA BRUNSTING
13630 PINE ROCK
HOUSTON TX 77079

Member ID 852243769
Statement Period 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.

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

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
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.			
NELVA	\$300.00	\$123.11	\$176.89

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

	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.			
NELVA	\$1,500.00	\$0.00	\$1,500.00

Your claim history

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

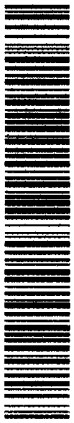
	Originally Billed by Provider	Health Plan Discount	Paid by Health Plan	You Owe the Provider	Applied to Your Deductible
Date of Service: 06/16/09 Member: NELVA Provider: HOUSTON OPTIC PLLC Claim Number: 0229518669401 Type of Service: MEDICAL	\$240.00	...	...	\$240.00	...
- THIS CLAIM WAS PROCESSED ON 09/30/09. - WE WILL NEED A COPY OF THE MEDICARE SUMMARY NOTICE BEFORE YOUR CLAIM CAN BE PROCESSED. For more detail on this claim, the Member can visit their claims & accounts, medical summary page at www.myuhc.com .					
Date of Service: 08/31/09 Member: NELVA Provider: P MAUK Claim Number: 0228197026001 Type of Service: MEDICAL	\$129.00	...	...	\$0.00	...
- THIS CLAIM WAS PROCESSED ON 09/29/09. - THIS CLAIM HAS ALREADY BEEN PROCESSED AND THE ALLOWABLE AMOUNT WAS APPLIED TO THE YEARLY DEDUCTIBLE. For more detail on this claim, the Member can visit their claims & accounts, medical summary page at www.myuhc.com .					
Date of Service: 08/31/09 Member: NELVA Provider: P MAUK Claim Number: 0228225146001 Type of Service: 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 www.myuhc.com .					
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
Date of Service: 09/02/09 Member: NELVA Provider: R POHIL Claim Number: 0230105816101 Type of Service: 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 www.myuhc.com .					
Date of Service: 09/17/09 Member: NELVA Provider: RADIOLOGY WEST LLC Claim Number: 0231752027501 Type of Service: 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 www.myuhc.com .					
Date of Service: 10/05/09 Member: NELVA Provider: P MAUK Claim Number: 0231846603101 Type of Service: 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 www.myuhc.com .					
Date of Service: 11/09/09 Member: NELVA Provider: P MAUK Claim Number: 0235337844901 Type of Service: 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 www.myuhc.com .					
Date of Service: 11/11/09 Member: NELVA Provider: P MAUK Claim Number: 0235767378601 Type of Service: 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 www.myuhc.com .					
Subtotal for this page	\$1,397.00	\$0.00	\$0.00	\$0.00	\$104.47
TOTAL	\$1,895.00	\$0.00	\$0.00	\$240.00	\$123.11

Please see the next page for more information

OLDSMAR SERVICE CENTER
PO BOX 30555
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
TOTAL	\$129.00	\$0.00	\$0.00	...	\$18.64

- 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	...	...	...	...
TOTAL	\$150.00	\$0.00	\$0.00	...	\$18.81

- 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.

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PO BOX 30555
SALT LAKE CITY, UT 84130-0555
www.myuhc.com



Details for Claim # 0231752027501

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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
TOTAL	\$319.00	\$0.00	\$0.00	...	\$14.54

- 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
TOTAL	\$129.00	\$0.00	\$0.00	...	\$18.64

- 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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 PO BOX 30555
 SALT LAKE CITY, UT 84130-0555
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
TOTAL	\$129.00	\$0.00	\$0.00	...	\$18.64

- 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
TOTAL	\$670.00	\$0.00	\$0.00	...	\$33.84

- 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 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.

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 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				
	TOTAL		272.00	272.00				0.00					
<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 4388286501	SP RADIOLOGY WEST LLC												
	RADIOLOGY SERVICES	07/09/09	319.00	319.00				0.00*	07				
	TOTAL		319.00	319.00				0.00					
<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 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				
	TOTAL		240.00	240.00				0.00					
<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 2438672601	SP P MAUK												
	OFFICE VISITS	06/22/09	129.00	129.00				0.00*	07				
	TOTAL		129.00	129.00				0.00					
<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
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)

P5596

THIS IS NOT A BILL

BRUNSTING000506

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: 10/29/09
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 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	129.00				0.00*	07
	TOTAL		129.00	129.00				0.00	
								PLAN PAYS	0.00
								** PATIENT PAYS	129.00
NELVA 3121037501	SP ROSEWOOD FAMILY PHYS 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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SATISFIED 2009 TO-DATE	DEDUCTIBLE	OUT OF POCKET	LIFETIME MAXIMUM APPLIED
NELVA SP	\$300.00	\$295.51	\$21258.22
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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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

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Detach

MAIL TO:

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

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

Claim Transmittal



A UnitedHealth Group Company

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

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 3121037501	SP ROSEWOOD FAMILY PHYS OFFICE VISITS	06/04/09	115.00	53.16	115.00		80%	9.90*	51
		TOTAL	115.00	53.16	115.00			9.90	
								MEDICARE PAID	49.47
								PLAN PAYS	9.90
NELVA 3933873101	SP R POHIL OFFICE VISITS RADIOLOGY SERVICES	07/07/09	215.00	215.00				0.00*	UW
		07/07/09	57.00	24.82	57.00		80%	5.15*	51
		TOTAL	272.00	239.82	57.00			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.

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)

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 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 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

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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 CLAIM NUMBER	PROVIDER/SERVICE	DATE OF SERVICE	AMOUNT CHARGED	NOT COVERED	AMOUNT ALLOWED	COPAY/ DEDUCTIBLE	PLAN COVERS	BENEFIT AVAILABLE	REMARK CODE
NELVA 2438672601-	SP P MAUK OFFICE VISITS	06/22/09	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

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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	\$288.68	\$21216.03
PLAN YEAR 2009	INDIV: \$300.00	INDIV: \$1500.00	LIFETIME PLAN MAXIMUM \$5000000.00

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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.

P5602

THIS IS NOT A BILL

BRUNSTING000512

NEVISA-UN Health CARE
SERV & DRUGS

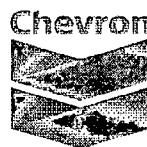
P5603

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	Monthly Cost for 2011 by Coverage Level			
	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

BRUNSTING000514

Dental Plan**Current Coverage: No Coverage****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
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

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%

BENEFIT CATEGORY	BENEFIT SUMMARY[Ⓞ]
PREVENTIVE CARE	
Physical Exam	Not covered
OUTPATIENT CARE	
Office Visits	80%; after Medicare payment and deductible
Surgery	80%; after Medicare payment and deductible
Lab/X-Ray	80%; after Medicare payment and deductible
INPATIENT HOSPITAL EXPENSES	
Room	80%; after Medicare payment and deductible
Surgery	80%; after Medicare payment and deductible
Lab/X-Ray	80%; after Medicare payment and deductible
EMERGENCY SERVICES	80%; after Medicare payment and deductible
PRESCRIPTION DRUGS	
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.
VISION[Ⓞ]	
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 \$45 maximum , per calendar year
CHIROPRACTIC CARE	80%; after Medicare payment and deductible
PHYSICAL THERAPY	
Inpatient	80%; after Medicare payment and deductible
Outpatient	80%; after Medicare payment and deductible
HOME HEALTH CARE	80%; after Medicare payment and deductible
SKILLED NURSING FACILITY[Ⓞ]	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.

Drug coverage provided through the Medco Medicare Prescription Plan for Chevron, administered by Medco Health Solutions, Inc. (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.
- 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. 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.

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
PREVENTIVE CARE Physical Exam	Not covered
OUTPATIENT CARE Office Visits Surgery Lab/X-Ray	100%; after Medicare payment and OOP Max is reached 100%; after Medicare payment and OOP Max is reached 100%; after Medicare payment and OOP Max is reached
INPATIENT HOSPITAL EXPENSES Room Surgery Lab/X-Ray	80%; of Part A deductible, then 100% after Medicare payment and OOP Max is reached 100%; after Medicare payment and OOP Max is reached 100%; after Medicare payment and OOP Max is reached
EMERGENCY SERVICES	100%; after Medicare payment and OOP Max is reached
PRESCRIPTION DRUGS Retail (30-day supply) 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. 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.
VISION In-Network Out-of-Network	100% comprehensive eye exam, including dilation as needed, per calendar year 100% comprehensive eye exam, including dilation as needed, up to a \$45 maximum , per calendar year
CHIROPRACTIC CARE	100%; after Medicare payment and OOP Max is reached
PHYSICAL THERAPY	100%; after Medicare payment and OOP Max is reached
HOME HEALTH CARE	Not covered
SKILLED NURSING FACILITY	80%; after Medicare payment; not subject to OOP limit

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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.

P5609

BRUNSTING000519

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.
- 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. 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.

**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

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%

BENEFIT CATEGORY	BENEFIT COVERAGE^o
PREVENTIVE CARE	
Physical Exam	Not covered
OUTPATIENT CARE	
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
INPATIENT HOSPITAL EXPENSES	
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
EMERGENCY SERVICES	80% after deductible, minus amount paid by Medicare
PRESCRIPTION DRUGS	
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.
VISION^o	
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 \$45 maximum , per calendar year
CHIROPRACTIC CARE	80% after deductible, minus amount paid by Medicare
PHYSICAL THERAPY	80% after deductible, minus amount paid by Medicare
HOME HEALTH CARE	80% after deductible, minus amount paid by Medicare
SKILLED NURSING FACILITY^o	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.

Drug coverage provided through the Medco Medicare Prescription Plan for Chevron, administered by Medco Health Solutions, Inc. (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.

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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.
- 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. 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.

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^o
PREVENTIVE CARE Physical Exam Well-Baby	100%, no deductible 100%, no deductible	100%, no deductible 100%, no deductible
OUTPATIENT CARE Office Visits Surgery ^o Lab/X-Ray	100% after a \$25 copay, no deductible 90%, after deductible 90%, after deductible	80%, after deductible 80%, after deductible 80%, after deductible
INPATIENT HOSPITAL EXPENSES^o Room Surgery Lab/X-Ray	90%, after deductible 90%, after deductible 90%, after deductible	80%, after deductible 80%, after deductible 80%, after deductible
MATERNITY CARE Office Visits Hospital	100% after \$25 copay for first visit only, no deductible 90%, after deductible	80%, after deductible 80%, after deductible
EMERGENCY SERVICES^o	90%, after deductible	90%, after deductible
PRESCRIPTION DRUGS^o Retail (30-day supply) Mail Order (90-day supply)	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 Generics: \$15 member copay; Preferred Brand-Name: 85% with a \$35 minimum copay; Non-Preferred Brand-Name: 75% with a \$75 minimum copay	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. Not covered
VISION^o	100% comprehensive eye exam, including dilation as needed, per calendar year	100% comprehensive eye exam, including dilation as needed, up to a \$45 maximum , per calendar year
CHIROPRACTIC CARE^o Office Visit Treatment in Outpatient Facility	100% after a \$25 copay, no deductible 90%, no deductible	80%, after deductible 80%, after deductible
PHYSICAL THERAPY^o Office Visit Treatment in Outpatient Facility	100% after a \$25 copay, no deductible 90%, no deductible	80%, after deductible 80%, after deductible
HOME HEALTH CARE^o up to 60 visits per year	100%, no deductible	70%, no deductible
SKILLED NURSING FACILITY^o	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.

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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. 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.
- 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 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 [Ⓞ]
PREVENTIVE CARE Physical Exam Well-Baby	100%, no deductible 100%, no deductible	100%, no deductible 100%, no deductible
OUTPATIENT CARE Office Visits Surgery [Ⓞ] Lab/X-Ray	100% after a \$25 copay, no deductible 90%, after deductible 90%, after deductible	80%, after deductible 80%, after deductible 80%, after deductible
INPATIENT HOSPITAL EXPENSES[Ⓞ] Room Surgery Lab/X-Ray	90%, after deductible 90%, after deductible 90%, after deductible	80%, after deductible 80%, after deductible 80%, after deductible
MATERNITY CARE Office Visits Hospital	100% after \$25 copay for first visit only, no deductible 90%, after deductible	80%, after deductible 80%, after deductible
EMERGENCY SERVICES[Ⓞ]	90%, after deductible	90%, after deductible
PRESCRIPTION DRUGS[Ⓞ] Retail (30-day supply) Mail Order (90-day supply)	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 Generics: \$15 member copay; Preferred Brand-Name: 85% with a \$35 minimum copay; Non-Preferred Brand-Name: 75% with a \$75 minimum copay	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. Not covered
VISION[Ⓞ]	100% comprehensive eye exam, including dilation as needed, per calendar year	100% comprehensive eye exam, including dilation as needed, up to a \$45 maximum , per calendar year
CHIROPRACTIC CARE[Ⓞ] Office Visit Treatment in Outpatient Facility	100% after a \$25 copay, no deductible 90%, no deductible	80%, after deductible 80%, after deductible
PHYSICAL THERAPY[Ⓞ] Office Visit Treatment in Outpatient Facility	100% after a \$25 copay, no deductible 90%, no deductible	80%, after deductible 80%, after deductible
HOME HEALTH CARE[Ⓞ] up to 60 visits per year	100%, no deductible	70%, no deductible
SKILLED NURSING FACILITY[Ⓞ]	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.

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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. 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.
- 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 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 [Ⓞ]
PREVENTIVE CARE Physical Exam Well-Baby	100%, no deductible 100%, no deductible	100%, no deductible 100%, no deductible
OUTPATIENT CARE Office Visits Surgery [Ⓞ] Lab/X-Ray	90%, after deductible 90%, after deductible 90%, after deductible	80%, after deductible 80%, after deductible 80%, after deductible
INPATIENT HOSPITAL EXPENSES[Ⓞ] Room Surgery Lab/X-Ray	90%, after deductible 90%, after deductible 90%, after deductible	80%, after deductible 80%, after deductible 80%, after deductible
MATERNITY CARE Office Visits Hospital	100%, no deductible 90%, after deductible	80%, after deductible 80%, after deductible
EMERGENCY SERVICES[Ⓞ]	90%, after deductible	90%, after deductible
PRESCRIPTION DRUGS[Ⓞ] Retail (30-day supply) Mail Order (90-day supply)	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 Generics: \$15 member copay; Preferred Brand-Name: 85% with a \$35 minimum copay; Non-Preferred Brand-Name: 75% with a \$75 minimum copay	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. Not covered
VISION[Ⓞ]	100% comprehensive eye exam, including dilation as needed, per calendar year	100% comprehensive eye exam, including dilation as needed, up to a \$45 maximum , per calendar year
CHIROPRACTIC CARE[Ⓞ] Office Visit Treatment in Outpatient Facility	90%, after deductible 90%, after deductible	80%, after deductible 80%, after deductible
PHYSICAL THERAPY[Ⓞ] Office Visit Treatment in Outpatient Facility	90%, after deductible 90%, after deductible	80%, after deductible 80%, after deductible
HOME HEALTH CARE[Ⓞ] up to 60 visits per year	90%, after deductible	70%, after deductible
SKILLED NURSING FACILITY[Ⓞ]	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.

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. 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.
- 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 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

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

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 ¹	Out-of-Network Coverage ²
Deductible	No deductible	\$100 You only, \$200 You and one adult, \$200 You and Child(ren), \$300 You and family
Annual Plan Maximum ³	\$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 ³	\$750	\$750
Orthodontics (24-month treatment)		
• Adults	50%	50%, no deductible
• Children up to age 19	50%	50%, no deductible
Orthodontic Lifetime Maximum ³	\$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.

Note:

¹ 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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² 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.

³ 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 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

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 Your Copayment ¹
Deductible	No deductible
Annual Plan Maximum	No maximum
Oral Exams	No charge
X-rays (Bitewing) & Routine Cleanings ² (one per six consecutive months)	No charge
One 3-Surface Filling (amalgam) ³	No charge
Molar Root Canal Therapy	\$193
Single Tooth Extraction	No charge
Porcelain Crown, Fused to Base Metal ³	\$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

¹ 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.

² Participants who are pregnant are allowed 3 cleanings per year.

³ 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 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. 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
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.
- **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 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 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.
- **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

 40,148
 450

 39,698
 200

 39,498

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

 1,490 tomato sauce
 spaghetti
 dice

 7
 16- dried peas
 turn
 peanut butter

MAY 28
 66.13.53

United Health
erleen1

Kosch

himandmez
~~hima~~

~~ST~~

800:654-0079

Health: 911-87726-04

ID- 852243769

Group: 247848



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 DUKE MEDICAL EQUIPMENT, L, 4305 HUGH ECHOLS BLVD, BAYTOWN, TX 77521-3366 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 DUKE MEDICAL EQUIPMENT, L, 4305 HUGH ECHOLS BLVD, BAYTOWN, TX 77521-3366 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 DUKE MEDICAL EQUIPMENT, L, 4305 HUGH ECHOLS BLVD, BAYTOWN, TX 77521-3366 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						
MED - CONNECT, 2200 CENTRAL PKWY, STE D, HOUSTON, TX 77092-7710						
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
Claim Total		\$319.63	\$202.05	\$161.64	\$40.41	
Claim number 11143795358000						
MED - CONNECT, 2200 CENTRAL PKWY, STE D, HOUSTON, TX 77092-7710						
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
Claim Total		\$319.63	\$202.05	\$161.64	\$40.41	

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.

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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.

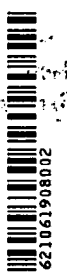
(You may also send any additional information you may have about your appeal.)

- 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

MD0600600067601040000

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

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

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 (made by programs or organizations; see Section 3)
SPIRIVA 18 MCG CP-HANDIHALER 6/1/2011, WALGREENS #3328 Rx# 000001540089, 30 day supply	\$97.16	\$21.00	\$49.19 (paid by "Medicare Coverage Gap Discount Program") \$49.19 (paid by "Commercial Wrap")
RIFAMPIN 300 MG CAPSULE 6/1/2011, WALGREENS #3328 Rx# 000001534698, 30 day supply	\$93.44	\$5.00	\$0.00
SERTRALINE HCL 50 MG TABLET 6/1/2011, WALGREENS #3328 Rx# 000001542698, 30 day supply	\$13.13	\$2.50	\$2.50 (paid by "Medicare Coverage Gap Discount Program")
ETHAMBUTOL HCL 400 MG TABLET 6/1/2011, WALGREENS #3328 Rx# 000001534700, 30 day supply	\$118.54	\$5.00	\$0.00
LEVOTHYROXINE 50 MCG TABLET 6/1/2011, WALGREENS #3328 Rx# 000001544277, 30 day supply	\$1.36	\$2.50	\$2.50 (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 (made by programs or organizations; see Section 3)
METOPROLOL TARTRATE 50 MG TAB 6/1/2011, WALGREENS #3328 Rx# 000001534699, 30 day supply	\$0.00	\$4.38	\$0.00
CLONIDINE HCL 0.1 MG TABLET 6/25/2011, WALGREENS #3328 Rx# 000001559120, 5 day supply	\$0.00	\$2.60	\$0.00
PLAVIX 75 MG TABLET 6/25/2011, WALGREENS #3328 Rx# 000001559118, 30 day supply	\$0.00	\$21.00	\$95.63 (paid by "Medicare Coverage Gap Discount Program") \$75.62 (paid by "Commercial Wrap")
AMLODIPINE BESYLATE 5 MG TAB 6/25/2011, WALGREENS #3328 Rx# 000001559119, 30 day supply	\$10.37	\$5.00	\$0.00

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CHART 1.

**Your prescriptions for covered Part D drugs
June 2011**

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
<p>Totals for the month of June 2011</p> <p>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.)</p> <p>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).)</p>	<p>\$334.00 (total for the month)</p>	<p>\$68.98 (total for the month)</p> <p>(Of this amount, \$68.98 counts toward your out-of-pocket costs.)</p>	<p>\$149.82 (total for the month)</p> <p>(Of this amount, \$25.01 counts toward your "out-of-pocket costs". See definitions in Section 3.)</p>

Year-to-date totals 1/1/2011 through 6/30/2011	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
<p>Your year-to-date amount for "out-of-pocket costs" is \$748.70.</p> <p>Your year-to-date amount for "total drug costs" is \$3,399.45.</p> <p>For more about "out-of-pocket costs" and "total drug costs", see Section 3.</p>	<p>\$2,525.94 (year-to-date total)</p>	<p>\$598.88 (year-to-date total)</p> <p>(Of this amount, \$598.88 counts toward your "out-of-pocket costs".)</p>	<p>\$274.63 (year-to-date total)</p> <p>(Of this amount, \$149.82 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 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.

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.

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.

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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0001 OF 0004

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						
Memorial Hermann Hospital System						a
921 Gessner Rd						
Memorial Hermann Memorial City						
Houston, TX 77024-2501						
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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Dates of Service	Services Provided	Amount Charged	Non-Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
This Claim was continued from the previous page.						
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 mngmt 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
	Claim Total	\$6,662.50	\$0.00	\$221.90	\$221.90	
<p>Control number 21116600290504TXA Memorial Hermann Hospital Syste 921 Gessner Rd Memorial Hermann Memorial City Houston, TX 77024-2501 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
This Claim was continued from the previous page.						
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
	Claim Total	\$7,237.25	\$0.00	\$237.29	\$237.29	

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)

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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.



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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.

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 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 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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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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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.*

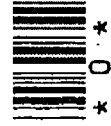
*UnitedHealthcare
Central Escalation Unit
4316 Rice Lake Road
Duluth, MN 55811*

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

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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.

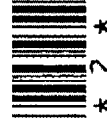
We want to help you make the most of your health plan benefits. For personalized benefits information, claim status, the latest health information and more, visit www.MyUHC.com.

Sincerely,

Resolving Analyst
Central Escalation Unit

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P5657

BRUNSTING001679



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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P5658

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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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

MIDDLE OF FOLD

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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
E-mail: 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.

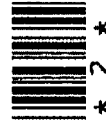
We want to help you make the most of your health plan benefits. For personalized benefits information, claim status, the latest health information and more, visit www.MyUHC.com.

Sincerely,

Resolving Analyst
Central Escalation Unit

START OF FOLD

0 0 2 3



2

P5665

BRUNSTING001687



OSS20110716 _ 000057



S 1 1 1 9 6 _ 1 5 2 6 _ 0 9 9

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

Fold Along this Line

Fold Along this Line

Show this in from of the Envelope Window

NELVA BRUNSTING
13630 PINE ROCK
HOUSTON TX 77079

P5666

BRUNSTING001688

0 0 2 3



1

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

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

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
Para la ayuda en español, llame (713)448-5502.

Local Phone:
(713)448-5502

Toll Free:
(800)526-2121

BALANCE LAST STATEMENT	\$59.77
PAYMENTS SINCE LAST STATEMENT	\$0.00
STATEMENT DATE	07/31/11
DUE DATE	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

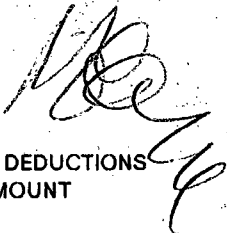
DUE DATE 07/29/2011 CHECK NUMBER GB7-001758279

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/

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.

ELECTRONIC FILING = FASTER REFUNDS

(SEE OTHER SIDE)

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.

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

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	PLEASE PAY THIS AMOUNT	\$10.13
\$10.13	\$0.00	\$0.00	\$0.00	\$0.00		
STATEMENT DATE 7/27/2011					MAKE CHECKS PAYABLE TO: AZMAT KHAN MD PA	PATIENT IS RESPONSIBLE FOR "PATIENT BALANCE" SHOWN.
ACCOUNT NUMBER 11908-27901163						



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
Date due	08/23/2011
Total amount due	\$ 52.48

ACCT SUMMARY

Previous balance	Gas charges	\$27.29
Payment		0.00
Balance forward		\$ 27.29
Current billing		25.19
Total amount due		\$52.48

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.

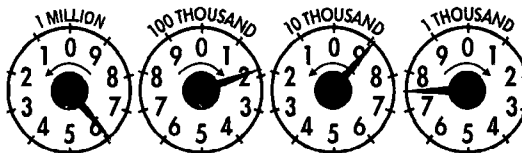
Factors affecting your gas bill. Any one, or combination, of these factors can change the amount of your bill:

- 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. 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. 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.

CHECK LIST	QUANTITY	ITEM OR PART DESCRIPTION	PRICE
<input type="checkbox"/> COMPRESSOR	1	Clear drain line	\$63.38
<input type="checkbox"/> SUCTION _____ PSI			
<input type="checkbox"/> HEAD _____ PSI			
<input type="checkbox"/> VOLTS _____ AMPS			
<input type="checkbox"/> ELECTRICAL CONNECTIONS			
<input type="checkbox"/> CONTACTS TIGHT & CLEAN			
<input type="checkbox"/> OIL LEVEL & CONDITION			
<input type="checkbox"/> CONDENSER COIL			
<input type="checkbox"/> CLEAN COIL & CHECK FIN COND.			
<input type="checkbox"/> ENT _____" F LVG			
<input type="checkbox"/> REFRIGERANT			
<input type="checkbox"/> LEAK <input type="checkbox"/> CHARGE			
<input type="checkbox"/> FAN AND MOTOR			
<input type="checkbox"/> VOLTS _____ AMPS			
<input type="checkbox"/> ELECTRICAL CONNECTIONS			
<input type="checkbox"/> CONTACTS TIGHT & CLEAN			
<input type="checkbox"/> FAN PULLEYS (ADJUST BELT)			
<input type="checkbox"/> CHECK, LUB BEARINGS & MOTOR			
<input type="checkbox"/> EVAPORATOR COIL			
<input type="checkbox"/> CLEAN COIL & CHECK FIN			
<input type="checkbox"/> ENT DB _____" F LVG DB _____" F			
<input type="checkbox"/> ENT WB _____" F LVG 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"/> HEATING ASSY.			
<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"/> RV VALVE			
<input type="checkbox"/> STRIP HEAT			
<input type="checkbox"/> DEFROST CYCLE			
<input type="checkbox"/> ELECTRICAL COMP'TS.			
<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"/> REPLACE			
<input type="checkbox"/> RELOCATE			
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			

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

NAME	Brunsting	DATE	7/19/11
STREET	13630 Pinerock LN.	PO. NUMBER	
CITY		STATE	TX
ZIP	77079	DATE SCHEDULED	/ /
MAKE		PHONE	
MODEL		WK. PHONE	
SERIAL NUMBER		WARRANTY	<input type="checkbox"/>
		CONTRACT	<input type="checkbox"/>
		SERVICE CONTRACT	<input type="checkbox"/>
		NORMAL	<input type="checkbox"/>
		RES. COMM.	<input type="checkbox"/>

DESCRIPTION OF WORK	SERVICE
Performed spring check	OS
Fans drain R line stopped up	
Flushed out and left draining	
EVAP coil & FILTERS	
clean 16x25x1 ERFA Fans supply air	
boxes w/ pads properly	
Recommend Control TXV	
sealing supply boxes Reinstalling	
plenum TUNE UP the blowers. DOWN	
LABOR CHARGES	
TECHNICIAN SIGNATURE	
TOTAL OTHER CHARGES	63.38

TERMS: DUE UPON COMPLETION		SUB-TOTAL	
MISC. MATERIALS CONSISTS OF TAPE, SCREWS, WIRE NUTS, GLUE, ETC.		MISC. MAT'L	
FINANCE CHARGES: Balances due over 30 days (1 1/2% INTEREST) PER MONTH (18% ANNUAL RATE) will be imposed.		TAX	
PLEASE PAY FROM THIS INVOICE		TOTAL AMOUNT DUE	148.38
CHECK # _____	TDL # _____		
VISA _____	MASTERCARD _____		
DISCOVER _____	AMEX _____		
ABOVE ORDERED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY.			
X		DATE	

BRUNSTING001705

P5688

Please detach and return above portion with your payment

HOUSTON CHRONICLE
chron.com

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8010 KEMPWOOD
HOUSTON, TX 77055

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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

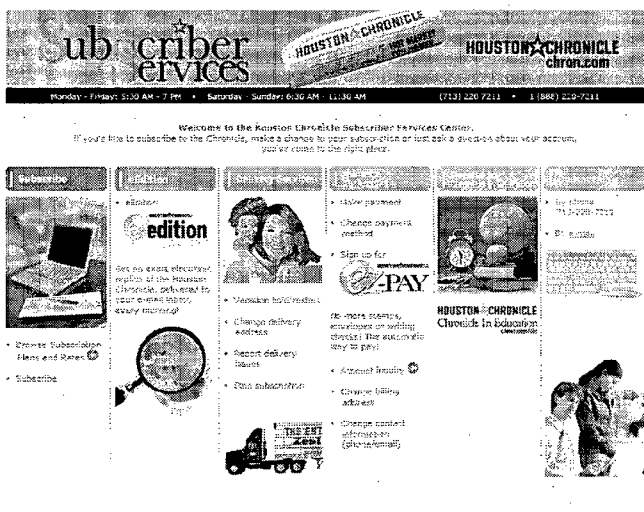
Last Payment Received - Thank You!	\$126.00
Last Payment Date	09/08/2010
Last Payment Paid Thru	08/18/2011
Credit Days - 0	\$0.00
Vacation Days	

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!

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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

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.

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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!

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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 <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
 of next

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	
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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

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& 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 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 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

000000197-A

medco®

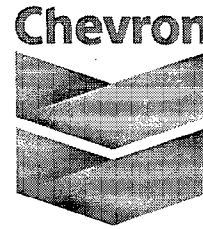
Medco Medicare Prescription Plan® (PDP)



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.

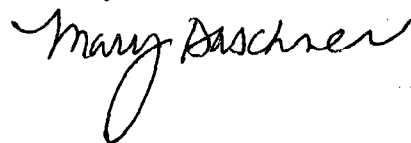
If you have questions, we're here to help. Please call Customer Service at **1-800-935-6215**. (TTY/TDD only, call **1-800-716-3231**.) Hours are 24 hours a day, 7 days a week (except Thanksgiving and Christmas), and calls to these numbers are free. Customer Service is available in English and other 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 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

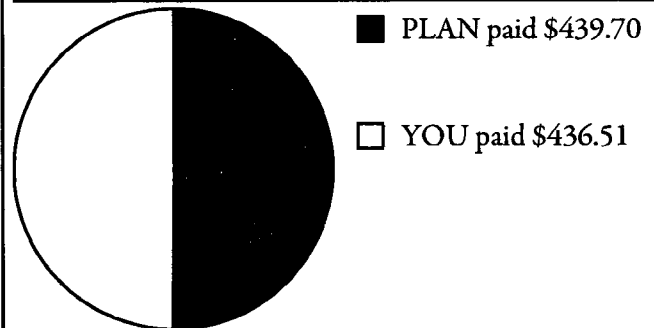
- Coverage Status

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

Medco Medicare Prescription Plan for Chevron	
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:
Period 1. Yearly Deductible \$310.00 The amount of total drug costs you and/or all others making payments on your behalf must pay before the Medco Medicare Prescription Plan 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.	\$0.00	\$310.00	\$310.00	\$0.00	Total Drug Costs left to move to the initial coverage period: \$0.00

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>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.</p>	\$439.70	\$126.51	\$126.51	\$0.00	Out-of-Pocket Costs left before catastrophic coverage: \$4,113.49
<p>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.</p>	\$0.00	\$0.00			
TOTAL Out-of-Pocket Costs 2010:		\$436.51			
TOTAL Drug Costs for 2010:		\$876.21			

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.
- **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.

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.

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.

Call us toll free 1-800-935-6215
TTY/TDD users call 1-800-716-3231
Visit us online at www.medco.com

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 PLAN Paid	Amount YOU Paid	Amount Paid by Secondary Coverage / Other Sources	Notes*
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	
TOTAL from 10/01/10 to 10/31/10:			\$9.00	\$7.62	\$0.00	
TOTAL Out-of-Pocket Costs from 10/01/10 to 10/31/10:			\$7.62			
TOTAL Drug Costs from 10/01/10 to 10/31/10:			\$16.62			
TOTAL Amount YOU paid for 2010:			\$436.51			
Total Out-of-Pocket Costs left to pay before catastrophic coverage:			\$4,113.49			

TOTAL Out-of-Pocket Costs for 2010:
\$436.51
TOTAL Drug Costs for 2010:
\$876.21

P5699

BRUNSTING001721

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.

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 (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
	Claim Total	\$114.99	\$67.35	\$53.88	\$13.47	

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

0872131

03014045134

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.

03014045134

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 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 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

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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 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						
DUKE MED EQUIP LLC, 4305 HUGH ECHOLS BLVD, BAYTOWN, TX 77521-3366						
Referred by: RICHARD POHIL						
08/20/10	1.0 Nebulizer with compression (E0570-RRKHXX) Rental	\$25.00	\$16.91	\$13.53	\$3.38	a
Claim number 10245730474000						
DUKE MED EQUIP LLC, 4305 HUGH ECHOLS BLVD, BAYTOWN, TX 77521-3366						
Referred by: RICHARD POHIL						
08/20/10	1.0 Nondisposable nebulizer set (A7005-NUKX) Purchase	\$27.51	\$27.51	\$22.01	\$5.50	

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Your Medicare Number: XXX-XX-8905D

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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 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

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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.

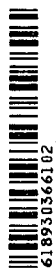
If you think a person or business is involved in fraud, you should call Medicare at the Customer Service telephone number on the front of this notice.

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

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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 _____

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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 Memorial Hermann Hospital Syste 921 Gessner Rd Memorial Hermann Memorial City Houston, TX 77024-2501 Referred by: David W. Hsu 09/17/10-09/20/10	3 days	\$0.00	\$1,100.00	\$1,100.00	a 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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Dates of Service	Services Provided	Amount Charged	Non-Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
Control number 21025901673701TXA Frances H Brown Medical Facilit 2600 Gessner Dr Ste 160 Brown Rehabilitation And Treatm Houston, TX 77080-3842 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
	Claim Total	\$607.00	\$0.00	\$55.73	\$55.73	
Control number 21026600380801TXA Frances H Brown Medical Facilit 2600 Gessner Dr Ste 160 Brown Rehabilitation And Treatm Houston, TX 77080-3842 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
	Claim Total	\$607.00	\$0.00	\$55.73	\$55.73	

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
	Claim Total	\$8,420.00	\$0.00	\$206.14	\$206.14	

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 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 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 Rosewood Family Physicians, Suite B, 2405 South Gessner , Houston, TX 77063-2005 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
	Claim Total	\$57.00	\$33.26	\$33.26	\$0.00	
Claim number 22-10314-267-860 Rosewood Family Physicians, Suite B, 2405 South Gessner , Houston, TX 77063-2005 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 Rosewood Family Physicians, Suite B, 2405 South Gessner , Houston, TX 77063-2005 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
	Claim Total	\$180.00	\$72.31	\$58.76	\$13.55	
Claim number 22-10315-753-550 Rosewood Family Physicians, Suite B, 2405 South Gessner , Houston, TX 77063-2005 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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0005 OF 0006

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 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 to sign up before May 31, 2010.

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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 Acs Primary Care Physicians, P O Box 636018, Cincinnati, OH 45263-6018 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 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
	Claim Total	\$816.00	\$179.66	\$143.73	\$35.93	

Claim number 29-10348-373-650 Acs Primary Care Physicians, P O Box 636018, Cincinnati, OH 45263-6018 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.

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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
	Claim Total	\$816.00	\$189.09	\$151.27	\$37.82	
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	
	Claim Total	\$600.00	\$445.57	\$356.45	\$89.12	
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	
	Claim Total	\$430.00	\$342.08	\$273.66	\$68.42	
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 City Of Houston, PO Box 4945, 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
	Claim Total	\$636.89	\$0.00	\$0.00	\$636.89	
Claim number 22-10302-331-700 Elizabeth Sue Thompson, 229 Harris Lane, Yantis, TX 75497-9730 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 (94620-59)	180.00	63.60	50.88	12.72	
10/28/10	1.0 Respiratory flow volume loop (94375-59)	60.00	35.79	28.63	7.16	
	Claim Total	\$302.00	\$139.92	\$111.93	\$27.99	
Claim number 32-10277-622-140 Houston Progress Radio Assoc, 100, 5301 Hollister , Houston, TX 77040-6132 Referred by: Gidvani, Bhakti D Dr. Severs Jr, Frederick J. M.D.						
09/17/10	1.0 Chest x-ray (71020-26) professional charge	\$41.00	\$11.67	\$9.34	\$2.33	
Claim number 32-10277-622-130 Houston Progress Radio Assoc, 100, 5301 Hollister , Houston, TX 77040-6132 Referred by: Gidvani, Bhakti D Dr. Attisha, Walid K.						
09/19/10	1.0 Chest x-ray (71010-26) professional charge	\$38.00	\$9.44	\$7.55	\$1.89	

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 32-10277-622-120 Houston Progress Radio Assoc, 100, 5301 Hollister , Houston, TX 77040-6132 Referred by: Gidvani, Bhakti D Dr. Mehta, Snehal D. M.D.						
09/20/10	1.0 Chest x-ray (71010-26) professional charge	\$38.00	\$9.44	\$7.55	\$1.89	
Claim number 22-10334-463-160 Houston Progress Radio Assoc, 100, 5301 Hollister , Houston, TX 77040-6132 Referred by: Gidvani, Bhakti D Dr. Stroh, Brandon C. M.D.						
10/13/10	1.0 Pet image w/ct, full body (78816-26PI) professional charge	\$372.00	\$134.21	\$107.37	\$26.84	
Claim number 28-10348-753-470 Houston Progress Radio Assoc, 100, 5301 Hollister , Houston, TX 77040-6132 Referred by: Marconi, Andrea Dr. Lee, Stephen						
11/30/10	1.0 Chest x-ray (71010-26) professional charge	\$38.00	\$9.44	\$7.55	\$1.89	
Claim number 28-10341-602-260 Medical Chest Associates PA, 902 Frostwood Suite 188 , Houston, TX 77024-2402 Dr. Jain, Ajay						
11/29/10	1.0 Office/outpatient visit, new (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	
	Claim Total	\$384.00	\$232.06	\$185.64	\$46.42	

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 Medical Chest Associates PA, 902 Frostwood Suite 188 , Houston, TX 77024-2402 Dr. Jain, Ajay 11/30/10 1.0 Observation care (99218-AI)						
		\$115.00	\$66.32	\$53.06	\$13.26	f
Claim number 28-10348-407-940 Medical Chest Associates PA, 902 Frostwood Suite 188 , Houston, TX 77024-2402 Dr. Jain, Ajay 12/01/10 1.0 Subsequent hospital care (99232) Dr. Jain, Ajay 12/02/10 1.0 Subsequent hospital care (99232) Claim Total						
		\$140.00	\$71.54	\$57.23	\$14.31	f
		140.00	71.54	57.23	14.31	
		\$280.00	\$143.08	\$114.46	\$28.62	
Claim number 28-10271-008-720 Memorial Cardiology Associat, Suite 900, 915 Gessner , Houston, TX 77024-0000 Referred by: Gidvani, Bhakti D 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 Memorial Cardiology Associat, Suite 900, 915 Gessner , Houston, TX 77024-0000 Referred by: Gidvani, Bhakti D 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 Memorial Clinical Associates, Suite 200, 1201 Dairy Ashford , Houston, TX 77079-3017 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

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 22-10264-108-830 Memorial Clinical Associates, Suite 200, 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	f
Claim number 22-10264-108-840 Memorial Clinical Associates, Suite 200, 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	f
Claim number 22-10264-108-850 Memorial Clinical Associates, Suite 200, 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	f
Claim number 22-10271-253-560 Memorial Clinical Associates, Suite 200, 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	f
Claim number 22-10281-522-320 Memorial Clinical Associates, Suite 200, 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	f
10/06/10	1.0 Measure blood oxygen level (94760)	15.50	0.00	0.00	0.00	ij,k
	Claim Total	\$168.00	\$101.45	\$81.16	\$20.29	

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 Memorial Clinical Associates, Suite 200, 1201 Dairy Ashford , Houston, TX 77079-3017 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	
	Claim Total	\$225.00	\$132.67	\$106.14	\$26.53	
Claim number 22-10319-125-470 Memorial Clinical Associates, Suite 200, 1201 Dairy Ashford , Houston, TX 77079-3017 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 Memorial Clinical Associates, Suite 200, 1201 Dairy Ashford , Houston, TX 77079-3017 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
	Claim Total	\$225.00	\$112.77	\$90.21	\$22.56	
Claim number 28-10267-655-160 Rosewood Family Physicians, Suite B, 2405 South Gessner , Houston, TX 77063-2005 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	
	Claim Total	\$245.00	\$122.01	\$97.61	\$24.40	

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 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.

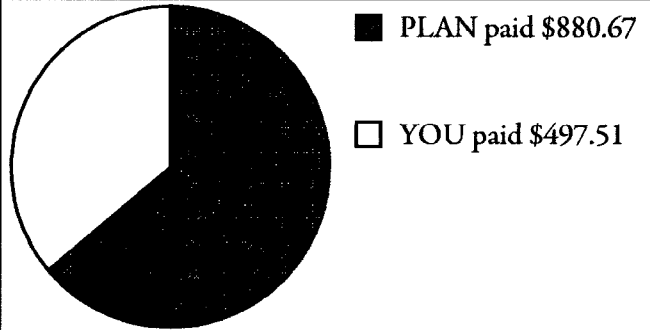
Member Number: 358657422574
Group Number: CMD3896

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
Medco Medicare Prescription Plan for Chevron 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:
Period 1. Yearly Deductible \$310.00 The amount of total drug costs you and/or all others making payments on your behalf must pay before the Medco Medicare Prescription Plan 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.	\$0.00	\$310.00	\$310.00	\$0.00	Total Drug Costs left to move to the initial coverage period: \$0.00

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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>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.</p>	\$880.67	\$187.51	\$187.51	\$0.00	Out-of-Pocket Costs left before catastrophic coverage: \$4,052.49
<p>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.</p>	\$0.00	\$0.00			
TOTAL Out-of-Pocket Costs for 2010:		\$497.51			
TOTAL Drug Costs for 2010:		\$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.

Call us toll free 1-800-935-6215
TTY/TDD users call 1-800-716-3231
Visit us online at www.medco.com

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	
TOTAL from 11/01/10 to 11/30/10:			\$440.97	\$61.00	\$0.00	
TOTAL Out-of-Pocket Costs from 11/01/10 to 11/30/10:			\$61.00			
TOTAL Drug Costs from 11/01/10 to 11/30/10:			\$501.97			
TOTAL Amount YOU paid for 2010:			\$497.51			
Total Out-of-Pocket Costs left to pay before catastrophic coverage:			\$4,052.49			

TOTAL Out-of-Pocket Costs for 2010:
\$497.51
TOTAL Drug Costs for 2010:
\$1,378.18

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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 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 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

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	
Patient:	Nelva Brunsting
Patient Acct #:	00198972RRM
Date of Service:	07/09/2009
Provider:	Prof. Fe Memorial Hermann Hosp
Claim ID:	840246620/SP/008273
Claim #:	2242409134
Member:	Elmer Brunsting
Member ID:	840246620
Group:	CHEVRON
Group #:	GA247848/E /028
Letter ID:	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 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
		TOTAL	560.00	423.48	27.30			21.84	
								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

SATISFIED 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 7607645401	RR PHYSICIANS ENDOSCOPY SURGERY	11/11/09	3052.00	2663.11	388.89	77.78		0.00*	UL	
	TOTAL		3052.00	2663.11	388.89	77.78		0.00		
								MEDICARE PAID PLAN PAYS	311.11 0.00	
NELVA 7607645501	RR PHYSICIANS ENDOSCOPY SURGERY	11/18/09	3052.00	2656.38	395.62	41.96	80%	29.73*	UL	
	TOTAL		3052.00	2656.38	395.62	41.96		29.73		
								MEDICARE PAID PLAN PAYS	316.50 29.73	
NELVA 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	
TOTAL		519.00	360.58	247.00				25.35		
								MEDICARE PAID PLAN PAYS	126.73 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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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:

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 Girling Health Care, Inc. 6700 West S Loop 200 Bellaire, TX 77401-4120 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	
	Claim Total	\$3,228.96	\$0.00	\$0.00	\$0.00	

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 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 or call 1-800-MEDICARE

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.

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

928272 001795
0001 of 0008NELVA 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) (#04402)
TX**Ask for Doctor Services**
TTY for hearing impaired: 1-877-486-2048**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	
	Claim Total	\$831.00	\$120.51	\$96.41	\$24.10	
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	
	Claim Total	\$985.00	\$180.78	\$144.62	\$36.16	a

EOB 1758(05/05)

THIS IS NOT A BILL - Keep this notice for your records.**P5744**

BRUNSTING001766

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, 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	
	Claim Total	\$635.08	\$225.46	\$180.36	\$45.10	
Claim number 22-11325-092-010						
Comprehensive Heart Care, Suite 630, 925 Gressner , Houston, TX 77024-0000						a
Referred by: Jain, Ajay 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, 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 (94620-59)	180.00	61.14	48.91	12.23	
10/06/11	1.0 Respiratory flow volume loop (94375-59)	60.00	36.80	29.44	7.36	
	Claim Total	\$452.00	\$197.95	\$158.36	\$39.59	
Claim number 22-11292-381-330						
Family Health Consultants, Ste 253, 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	
	Claim Total	\$1,015.00	\$399.38	\$319.50	\$79.88	

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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, 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, 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, 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	
	Claim Total	\$755.00	\$374.99	\$299.99	\$75.00	
Claim number 32-11279-166-380						
Houston Metropolitan CA, Associates LLP, 902 Frostwood Suite 215 , Houston, TX 77024-0000						
Dr. Manhas, Amit H.						
09/16/11	1.0 Extremity study (93970-26) professional charge	\$250.00	\$35.17	\$28.14	\$7.03	

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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 Houston Metropolitan CA, Associates LLP, 902 Frostwood Suite 215 , Houston, TX 77024-0000 Dr. Manhas, Amit H.						
09/16/11	1.0 Tte w/doppler complete (93306-26) professional charge	\$1,100.00	\$68.14	\$54.51	\$13.63	
Claim number 32-11286-774-200 Houston Metropolitan CA, Associates LLP, 902 Frostwood Suite 215 , Houston, TX 77024-0000 Dr. Manhas, Amit H.						
10/10/11	1.0 Office/outpatient visit est (99213-25)	\$140.00	\$69.41	\$55.53	\$13.88	
Claim number 28-11292-115-460 Houston Metropolitan CA, Associates LLP, 902 Frostwood Suite 215 , Houston, TX 77024-0000 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	
	Claim Total	\$490.00	\$242.84	\$194.27	\$48.57	
Claim number 22-11315-244-660 Houston Metropolitan CA, Associates LLP, 902 Frostwood Suite 215 , Houston, TX 77024-0000 Referred by: Cadenas, Jerson 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	
	Claim Total	\$280.00	\$140.16	\$112.12	\$28.04	

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 Referred by: Cadenas, Jerson Dr. Velasco, Ariel						
11/06/11	1.0 Initial hospital care (99223)	\$225.00	\$196.45	\$157.16	\$39.29	a
Claim number 22-11335-540-320 Houston Nephrology Group PA, 915 Gessner #360, Houston, TX 77024-2527 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	a
Claim number 22-11259-914-340 Houston Progress Radio Assoc, 350, 5301 Hollister , Houston, TX 77040-0000 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	c
Claim number 28-11297-245-720 Houston Progress Radio Assoc, 350, 5301 Hollister , Houston, TX 77040-0000 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	a

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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 28-11311-027-260 Houston Progress Radio Assoc, 350, 5301 Hollister , Houston, TX 77040-0000 Referred by: Rakkhit, Ronjay Dr. Lee, Stephen						
10/14/11	1.0 Ct abd & pelvis (74176-26) professional charge	\$502.00	\$85.58	\$68.46	\$17.12	a
10/14/11	1.0 Ct thorax w/o dye (71250-26) professional charge	262.00	51.47	41.18	10.29	
	Claim Total	\$764.00	\$137.05	\$109.64	\$27.41	
Claim number 29-11318-293-430 Houston Progress Radio Assoc, 350, 5301 Hollister , Houston, TX 77040-0000 Referred by: Cadenas, Jerson 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 (76942-26) professional charge	155.00	34.01	27.21	6.80	
	Claim Total	\$516.00	\$104.59	\$83.67	\$20.92	
Claim number 29-11318-294-060 Houston Progress Radio Assoc, 350, 5301 Hollister , Houston, TX 77040-0000 Referred by: Cadenas, Jerson 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 (77001-26) professional charge	200.00	19.61	15.69	3.92	
11/05/11	1.0 Us guide vascular access (76937-2659) professional charge	125.00	15.51	12.41	3.10	
11/05/11	1.0 Radxps in end rpt4fluro pxd (6045F-8P)	0.01	0.00	0.00	0.00	d
	Claim Total	\$630.01	\$131.24	\$105.00	\$26.24	

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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, 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	
	Claim Total	\$996.00	\$498.49	\$398.78	\$99.71	
Claim number 28-11327-118-510						
Inpatient Consultants Of Tex, PO Box 92729, 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, 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	
	Claim Total	\$594.00	\$297.13	\$237.70	\$59.43	
Claim number 28-11327-118-560						
Inpatient Consultants Of Tex, PO Box 92729, 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	
	Claim Total	\$402.00	\$201.36	\$161.08	\$40.28	

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 Inpatient Consultants Of Tex, PO Box 92729, Los Angeles, CA 90009-2729						
						a
	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	
	Claim Total	\$402.00	\$201.36	\$161.08	\$40.28	
Claim number 28-11318-359-110 Kelsey Seybold Medical, P O Box 840786, Dallas, TX 75284-0786						
	Dr. Austin Tolliver, F. L. M.D.					a
11/05/11	1.0 Hospital discharge day (99238)	\$203.00	\$69.62	\$55.70	\$13.92	
Claim number 28-11265-028-940 Medical Chest Associates PA, Ste 188, 902 Frostwood Dr , Houston, TX 77024-2402						
	Dr. Keith, George T.					c
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	
	Claim Total	\$210.00	\$93.78	\$75.03	\$18.75	
Claim number 28-11276-137-440 Medical Chest Associates PA, Ste 188, 902 Frostwood Dr , Houston, TX 77024-2402						
	Referred by: Manhas, Amit H					c,a
	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	
	Claim Total	\$520.00	\$258.88	\$207.10	\$51.78	

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, 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
	Claim Total	\$140.01	\$102.94	\$82.35	\$20.59	
Claim number 22-11322-314-410						
Medical Chest Associates PA, Ste 188, 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	
	Claim Total	\$700.00	\$350.40	\$280.32	\$70.08	
Claim number 22-11255-588-960						
Northwoods Urology Associate, PO Box 4959, 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	
	Claim Total	\$4,650.00	\$941.46	\$753.16	\$188.30	

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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 Northwoods Urology Associate, PO Box 4959, Houston, TX 77210-4959 Referred by: Miro Quesada, Miguel V 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	
	Claim Total	\$3,150.00	\$706.97	\$565.57	\$141.40	
Claim number 29-11258-629-580 Northwoods Urology Associate, PO Box 4959, Houston, TX 77210-4959 Referred by: Miro Quesada, Miguel V 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	
	Claim Total	\$3,150.00	\$706.97	\$565.57	\$141.40	
Claim number 22-11259-315-190 Northwoods Urology Associate, PO Box 4959, Houston, TX 77210-4959 Referred by: Miro Quesada, Miguel V 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	
	Claim Total	\$3,150.00	\$706.97	\$565.57	\$141.40	
Claim number 29-11263-481-180 Northwoods Urology Associate, PO Box 4959, Houston, TX 77210-4959 Referred by: Miro Quesada, Miguel V 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	

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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
09/14/11	1.0 Radiation physics consult (77336)	500.00	51.95	41.56	10.39	
	Claim Total	\$4,650.00	\$941.46	\$753.16	\$188.30	
<p>Claim number 22-11256-389-640 Oncology Consultants, P. A., PO Box 4418, Houston, TX 77210-4418 Referred by: Dr. Mauk, Paul M. 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
	Claim Total	\$173.00	\$80.35	\$66.47	\$13.88	
<p>Claim number 38-11271-146-680 Oncology Consultants, P. A., PO Box 4418, Houston, TX 77210-4418 Referred by: Dr. Mauk, Paul M. 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 Oncology Consultants, P.A., PO Box 4418, Houston, TX 77210-4418 a</p> Referred by: Dr. Mauk, Paul M. Dr. Nguyen, Alex P. M.D.						
09/19/11	1.0 Subsequent hospital care (99233)	\$160.00	\$100.68	\$80.54	\$20.14	
<p>Claim number 39-11284-293-960 Oncology Consultants, P.A., PO Box 4418, Houston, TX 77210-4418 a</p> Referred by: Dr. Mauk, Paul M. Dr. Nguyen, Alex P. M.D.						
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

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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
09/28/11	1.0 Prothrombin time (85610)	28.00	5.53	5.53	0.00	e
	Claim Total	\$216.00	\$88.88	\$75.00	\$13.88	
<p>Claim number 39-11285-226-560 Oncology Consultants, P.A., PO Box 4418, Houston, TX 77210-4418 Referred by: Dr. Mauk, Paul M. 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
	Claim Total	\$216.00	\$0.00	\$0.00	\$0.00	
<p>Claim number 39-11300-207-850 Oncology Consultants, P.A., PO Box 4418, Houston, TX 77210-4418 Referred by: Dr. Mauk, Paul M. 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
	Claim Total	\$291.00	\$122.41	\$101.82	\$20.59	
<p>Claim number 39-11306-202-510 Oncology Consultants, P.A., PO Box 4418, Houston, TX 77210-4418 Referred by: Dr. Mauk, Paul M. 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
	Claim Total	\$216.00	\$88.88	\$75.00	\$13.88	

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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						
Walgreen CO, PO Box 90482, 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
	Claim Total	\$24.99	\$24.99	\$24.99	\$0.00	

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 MED-CONNECT, INC., 2200 CENTRAL PKWY, STE D, HOUSTON, TX 77092-7710						
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
Claim Total		\$319.63	\$0.00	\$0.00	\$0.00	
Claim number 11301772375000 MED-CONNECT, INC., 2200 CENTRAL PKWY, STE D, HOUSTON, TX 77092-7710						
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
Claim Total		\$319.63	\$202.05	\$161.64	\$40.41	
Claim number 11322770950000 MED-CONNECT, INC., 2200 CENTRAL PKWY, STE D, HOUSTON, TX 77092-7710						
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
Claim Total		\$319.63	\$202.05	\$161.64	\$40.41	

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 SUN OPTIMUM SUPPLIES, 12834 MURPHY RD, STAFFORD, TX 77477-3902 Referred by: AJAY JAIN						
09/21/11	1.0 Hosp bed semi-electr w/ matt (E0260-RRK1KX) Rental	\$150.00	\$126.99	\$101.59	\$25.40	e
Claim number 11299705076000 SUN OPTIMUM SUPPLIES, 12834 MURPHY RD, STAFFORD, TX 77477-3902 Referred by: AJAY JAIN						
10/21/11	1.0 Hosp bed semi-electr w/ matt (E0260-RRKJKX) Rental	\$150.00	\$95.24	\$76.19	\$19.05	f
Claim number 11270737453000 WALGREEN CO, PO BOX 90482, CHICAGO, IL 60696-0482 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	
	Claim Total	\$164.97	\$63.08	\$50.46	\$12.62	

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 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, 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	
	Claim Total	\$938.00	\$180.78	\$144.62	\$36.16	
Claim number 22-11159-357-060						
Amrit N Achari MD PA, 8915 Gaylord St, 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	
	Claim Total	\$700.00	\$297.13	\$237.70	\$59.43	

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

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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

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 22-11160-428-590 Amrit N Achari MD PA, 8915 Gaylord St, Houston, TX 77024-2903 Referred by: Szema, Robert Scott 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	
	Claim Total	\$850.00	\$257.16	\$205.72	\$51.44	
<hr/> Claim number 58-10093-521-670 Digestive And Liver Speciali, Suite 850, 915 Gessner , Houston, TX 77024-0000 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 Digestive And Liver Speciali, Suite 850, 915 Gessner , Houston, TX 77024-0000 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 Houston Progress Radio Assoc, 350, 5301 Hollister , Houston, TX 77040-0000 Referred by: Marconi, Andrea 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 Houston Progress Radio Assoc, 350, 5301 Hollister , Houston, TX 77040-0000 Referred by: Mauk, Paul Martin Dr. Huynh, Khanh D. M.D.						
04/26/10	1.0 Ct thorax w/o & w/dye (71270-26) professional charge	\$284.00	\$70.94	\$56.75	\$14.19	
Claim number 58-10129-426-170 Houston Progress Radio Assoc, 350, 5301 Hollister , Houston, TX 77040-0000 Referred by: Mauk, Paul Martin Dr. Huynh, Khanh D. M.D.						
04/26/10	1.0 Ct pelvis w/o & w/dye (72194-26) professional charge	\$284.00	\$62.93	\$50.34	\$12.59	
Claim number 58-10129-426-180 Houston Progress Radio Assoc, 350, 5301 Hollister , Houston, TX 77040-0000 Referred by: Mauk, Paul Martin Dr. Huynh, Khanh D. M.D.						
04/26/10	1.0 Ct abdomen w/o & w/dye (74170-26) professional charge	\$319.00	\$72.52	\$58.02	\$14.50	
Claim number 29-11116-428-020 Houston Progress Radio Assoc, 350, 5301 Hollister , Houston, TX 77040-0000 Referred by: Cheng, Thanh Chi Dr. Lee, Stephen						
01/16/11	1.0 Chest x-ray (71010-26) professional charge	\$38.00	\$8.93	\$7.14	\$1.79	

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PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)

771023 021651
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 Houston Progress Radio Assoc, 350, 5301 Hollister , Houston, TX 77040-0000 Referred by: Wade, Shawna Dr. Lee, Stephen						
05/16/11	1.0 Chest x-ray (71010-26) professional charge	\$38.00	\$8.93	\$7.14	\$1.79	
Claim number 22-11154-281-280 Medical Chest Associates PA, Ste 188, 902 Frostwood Dr , Houston, TX 77024-2402 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	
	Claim Total	\$265.00	\$134.95	\$107.96	\$26.99	
Claim number 58-10234-144-170 Memorial Heramnn Hosp, PO Box 201367, Houston, TX 77216-0000 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 (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 (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 (72194-TC51) technical charge	2,540.25	226.30	181.04	45.26	c
	Claim Total	\$9,384.50	\$809.85	\$647.66	\$162.19	
Claim number 22-11089-662-250 Oncology Consultants, P. A., PO Box 4418, Houston, TX 77210-4418 Referred by: Dr. Mauk, Paul M. 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
	Claim Total	\$188.00	\$83.35	\$69.47	\$13.88	
<hr/> <p>Claim number 58-10185-046-160 Rosewood Family Physicians, Suite B, 2405 South Gessner , Houston, TX 77063-2005 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
	Claim Total	\$125.00	\$69.31	\$3.00	\$66.31	
<hr/> <p>Claim number 58-10192-239-080 Rosewood Family Physicians, Suite B, 2405 South Gessner , Houston, TX 77063-2005 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



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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 Memorial Hermann Hospital Syste 921 Gessner Rd Memorial Hermann Memorial City Houston, TX 77024-2501 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 Memorial Hermann Hospital Syste 921 Gessner Rd Memorial Hermann Memorial City Houston, TX 77024-2501 Referred by: Monta K. Pattison					
07/11/11-07/15/11	4 days	\$0.00	\$0.00	\$0.00	b
Control number 21118701337404TXA Memorial Hermann Rehabilitation 21720 Kingsland Blvd #102 Memorial Hermann Rehabilitation Katy, TX 77450-2550 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 Memorial Hermann Rehabilitation 21720 Kingsland Blvd #102 Memorial Hermann Rehabilitation Katy, TX 77450-2550					
Referred by: Mubarak A. Khawaja 06/11/11-06/25/11	14 days	\$0.00	\$0.00	\$0.00	f,g b
Control number 21122402271501TXA The Concierge 2310 S Eldridge Pkwy Houston, TX 77077					
Referred by: Jasmin Baleva 07/08/11-07/11/11	3 days	\$0.00	\$0.00	\$0.00	h,i



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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 Memorial Hermann Hospital Syste 921 Gessner Rd Memorial Hermann Memorial City Houston, TX 77024-2501						
Referred by: Miguel V. Miro Quesada 08/01/11	Ct thorax w/dye (71260)	\$2,263.75	\$0.00	\$124.99	\$124.99	j 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
	Claim Total	\$8,123.25	\$0.00	\$124.99	\$124.99	

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 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 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 DUKE MEDICAL EQUIPMENT, L, 4305 HUGH ECHOLS BLVD, BAYTOWN, TX 77521-3366 Referred by: RICHARD J POHIL						
07/20/11	1.0 Nebulizer with compression (E0570-RRKJKX) Rental	\$25.00	\$12.67	\$10.14	\$2.53	a
Claim number 11234767175000 DUKE MEDICAL EQUIPMENT, L, 4305 HUGH ECHOLS BLVD, BAYTOWN, TX 77521-3366 Referred by: RICHARD J POHIL						
08/20/11	1.0 Nebulizer with compression (E0570-RRKJ) Rental	\$25.00	\$12.67	\$10.14	\$2.53	
Claim number 11178818584000 MED - CONNECT, 2200 CENTRAL PKWY, STE D, HOUSTON, TX 77092-7710 Referred by: ROBERT E WHITE						
06/22/11	1.0 Oxygen concentrator (E1390-RR) Rental	\$276.20	\$173.31	\$138.65	\$34.66	b
06/22/11	1.0 Portable gaseous O2 (E0431-RR) Rental	43.43	28.74	22.99	5.75	b
Claim Total		\$319.63	\$202.05	\$161.64	\$40.41	

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 MED - CONNECT, 2200 CENTRAL PKWY, STE D, HOUSTON, TX 77092-7710 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
Claim Total		\$319.63	\$202.05	\$161.64	\$40.41	
Claim number 11234820178000 MED-CONNECT, INC., 2200 CENTRAL PKWY, STE D, HOUSTON, TX 77092-7710 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
Claim Total		\$319.63	\$202.05	\$161.64	\$40.41	
Claim number 11269824481000 MED-CONNECT, INC., 2200 CENTRAL PKWY, STE D, HOUSTON, TX 77092-7710 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
Claim Total		\$319.63	\$0.00	\$0.00	\$0.00	
Claim number 11241841359000 ONCOLOGY CONSULTANTS, P.A, PO BOX 4827, HOUSTON, TX 77210-4827 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
Claim Total		\$6,678.95	\$2,948.64	\$2,358.91	\$589.73	
Claim number 11251714283000 SUN OPTIMUM SUPPLIES, 12834 MURPHY RD, STAFFORD, TX 77477-3902 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, STAFFORD, TX 77477-3902						
Referred by: AJAY JAIN						
07/21/11	1.0 Hosp bed semi-electr w/ matt (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 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 _____

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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" 7-2-11 CUST MAYRETURN BY TUESDAY 6-5-11 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

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

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

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 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"/> MasterCard	<input type="checkbox"/> 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
Patient: Nelva Brunsting						
Voucher: 2690140						
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
Voucher: 2789760						
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

STATEMENT DATE: 12/31/10

ACCOUNT: 00026200

NAME: BRUNSTING, E.H.

Page: 1 of 1

DATE	INVOICE	QUANTITY	U/M	DESCRIPTION	PRICE	CASH	BUDGET BILLING	DEFERRED	PREPAID	CHARGE
12/06	15095B	150.00	GAL	LP-FARM USE-T/W Tank: BARN 121874 100) ORDER#: 0001589 50.00% of Total Ticket Split with: 00010900 BEYER, RICHARD 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.										

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

Brunsting004416

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

Total	1,300.00	24.98
	Please Pay This Amount	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
 Para la ayuda en español, llame (713)448-5502.

Local Phone:
 (713)448-5502

Toll Free:
 (800)526-2121

BALANCE LAST STATEMENT	\$25.00
PAYMENTS SINCE LAST STATEMENT	\$0.00
STATEMENT DATE	08/31/11
DUE DATE	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
ck 320*

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	
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. Your Balance Due On These Services ...	16.82
06/20/2011	Claim:34712, Provider: Mubarak, Khawaja, MD	
06/20/2011	99232 HOSP SUB CARE-MOD CPLX 121.00	
06/20/2011	99232 HOSP SUB CARE-MOD CPLX (06/21/2011) 121.00	
06/20/2011	99232 HOSP SUB CARE-MOD CPLX (06/23/2011) 121.00	

DATE 09/06/2011	PATIENT NAME Nelva E Brunsting	ACCOUNT NO. 17324	PAY THIS AMOUNT 28.04
--------------------	-----------------------------------	----------------------	--------------------------

MAKE CHECK PAYABLE TO: Dr Mubarak Khawaja PA

IMPORTANT MESSAGE REGARDING YOUR ACCOUNT

[Faint, illegible text in the message box]

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. Your Balance Due On These Services ...	11.22

DATE 09/06/2011	PATIENT NAME Nelva E Brunsting	ACCOUNT NO. 17324	PAY THIS AMOUNT 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

SOLD TO
Brunsting, Carle

Service	Activity	Quantity	Rate	Amount	PMT METHOD	Heard about us?
					Visa	friend
Culture	April 2011 • UA ANY LAB TEST NOW 9742 KATY FREEWAY STE D 200 HOUSTON, TX 77055 7134612121 41399800988021 Merchant ID: 399800988021 Ref #: 001 Sale XXXXXXXXXXXXX6626 VISA Entry Method: Swiped Total: \$ 59.00 04/19/11 16:17:57 Inv #: 000013 Appr Code: 619178 Apprvd: Online Batch#: 000342 Customer Copy THANK YOU	1	59.00	59.00		
				TOTAL		\$59.00
				AMOUNT RECEIVED		\$59.00
				BALANCE DUE		\$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

Credit card charges will appear as "Team Health"

PHYSICIAN SERVICES RENDERED AT: MEMORIAL HERMANN MEMORIAL CITY



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



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	\$.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
			BALANCE:	\$.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.					
			BALANCE:	\$.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.					
			BALANCE:	\$.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 *BB*

IF PAYING BY CREDIT CARD, FILL OUT BELOW

<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> Master	<input type="checkbox"/> DISCOVER
CARD NUMBER		EXP. DATE	
SIGNATURE		PRINT NAME	
STATEMENT DATE 03/31/2011	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 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.					
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
	\$24.15	\$4.07	\$.39	\$.00	\$28.60	\$.00	\$28.60

P5799

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. BR0017	PAGE NO. 1
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BILLING DATE 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

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

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

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 (made by programs or organizations; see Section 3)
AVELOX 400 MG TABLET 7/15/2011, WALGREENS #3328 Rx# 000001564926, 5 day supply	\$0.00	\$21.00	\$42.78 (paid by "Medicare Coverage Gap Discount Program") \$22.77 (paid by "Commercial Wrap")
MEGESTROL ACET 40 MG/ML SUSP 7/15/2011, WALGREENS #3328 Rx# 000001564925, 30 day supply	\$60.05	\$5.00	\$0.00
Totals for the month of July 2011 Your "out-of-pocket costs" amount is \$68.78. (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.) Your "total drug costs" amount is \$151.60. (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 (total for the month)	\$26.00 (total for the month) (Of this amount, \$26.00 counts toward your out-of-pocket costs.)	\$65.55 (total for the month) (Of this amount, \$42.78 counts toward your "out-of-pocket costs". See definitions in Section 3.)

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Year-to-date totals 1/1/2011 through 7/31/2011	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
<p>Your year-to-date amount for "out-of-pocket costs" is \$817.48.</p> <p>Your year-to-date amount for "total drug costs" is \$3,551.05.</p> <p>For more about "out-of-pocket costs" and "total drug costs", see Section 3.</p>	<p>\$2,585.99 (year-to-date total)</p>	<p>\$624.88 (year-to-date total)</p> <p>(Of this amount, \$624.88 counts toward your "out-of-pocket costs".)</p>	<p>\$340.18 (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.

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 07/31/2011 your year-to-date "out-of-pocket costs" was \$817.48 (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 \$3,732.52 in "out-of-pocket costs"**, you move to the next payment stage (stage 4, Catastrophic Coverage).

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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"

\$68.78 month of July 2011

\$817.48 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.

Your "total drug costs"

\$151.60 month of July 2011

\$3,551.05 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.

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.

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

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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

031798801805//6056//3896//
Cyc4574//0003998//0066



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

MD08006600399801040000

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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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

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 (made by programs or organizations; see Section 3)
BROVANA 15 MCG/2 ML SOLUTION 7/11/2011, LEGENDS PHARMACY II Rx# 000006048463, 15 day supply	\$0.00	\$42.00	\$102.79 (paid by "Medicare Coverage Gap Discount Program") \$62.79 (paid by "Commercial Wrap")
LEVOTHYROXINE 50 MCG TABLET 8/1/2011, WALGREENS #3328 Rx# 000001569523, 30 day supply	\$1.36	\$2.50	\$2.50 (paid by "Medicare Coverage Gap Discount Program")
PLAVIX 75 MG TABLET 8/5/2011, WALGREENS #3328 Rx# 000001570740, 30 day supply	\$0.00	\$21.00	\$95.63 (paid by "Medicare Coverage Gap Discount Program") \$75.62 (paid by "Commercial Wrap")
AMLODIPINE BESYLATE 5 MG TAB 8/5/2011, WALGREENS #3328 Rx# 000001570739, 30 day supply	\$10.37	\$5.00	\$0.00

P5811

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Page 2

**CHART 1.**

Your prescriptions for covered Part D drugs
August 2011

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
ALENDRONATE SODIUM 70 MG TAB 8/11/2011, WALGREENS #3328 Rx# 000001550332, 28 day supply	\$20.06	\$5.00	\$0.00
SPIRIVA 18 MCG CP-HANDIHALER 8/11/2011, WALGREENS #3328 Rx# 000001540089, 30 day supply	\$0.00	\$21.00	\$115.86 (paid by "Medicare Coverage Gap Discount Program") \$95.86 (paid by "Commercial Wrap")
HYDROCODON-ACETAMINOPHEN 5-500 8/22/2011, WALGREENS #3328 Rx# 000001575622, 7 day supply	\$3.64	\$5.00	\$0.00
METOPROLOL TARTRATE 50 MG TAB 8/23/2011, WALGREENS #3328 Rx# 000001575953, 30 day supply	\$0.00	\$4.38	\$0.00
MEGESTROL ACET 40 MG/ML SUSP 8/30/2011, WALGREENS #3328 Rx# 000001578099, 30 day supply	\$60.05	\$5.00	\$0.00
AMLODIPINE BESYLATE 5 MG TAB 8/30/2011, WALGREENS #3328 Rx# 000001570739, 30 day supply	\$10.37	\$5.00	\$0.00

P5812

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CHART 1.

Your prescriptions for covered Part D drugs
August 2011

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
<p>Totals for the month of August 2011</p> <p>Your "out-of-pocket costs" amount is \$432.66. (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>Your "total drug costs" amount is \$772.78. (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>\$105.85 (total for the month)</p>	<p>\$115.88 (total for the month)</p> <p>(Of this amount, \$115.88 counts toward your out-of-pocket costs.)</p>	<p>\$551.05 (total for the month)</p> <p>(Of this amount, \$316.78 counts toward your "out-of-pocket costs". See definitions in Section 3.)</p>

Year-to-date totals 1/1/2011 through 8/31/2011	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
<p>Your year-to-date amount for "out-of-pocket costs" is \$1,250.14.</p> <p>Your year-to-date amount for "total drug costs" is \$4,323.83.</p> <p>For more about "out-of-pocket costs" and "total drug costs", see Section 3.</p>	<p>\$2,691.84 (year-to-date total)</p>	<p>\$740.76 (year-to-date total)</p> <p>(Of this amount, \$740.76 counts toward your "out-of-pocket costs".)</p>	<p>\$891.23 (year-to-date total)</p> <p>(Of this amount, \$509.38 counts toward your "out-of-pocket costs." See definitions in Section 3.)</p>

P5813



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).

P5814

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"

\$432.66 month of August 2011

\$1,250.14 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.

Your "total drug costs"

\$772.78 month of August 2011

\$4,323.83 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.

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).

P5815

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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.

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.

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- 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

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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:

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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*).
- 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 Health Solutions, Inc.
P.O. Box 14235
Lexington, KY 40512

Medco Medicare Prescription Plan®(PDP)

September 30, 2011

0042127-00-01831
31791503704//9999//3896//EME8513//9999//09/21/2011//CHE1//CMDMPP

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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P5818

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

Brunsting004446

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

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
- 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

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

A Medicare-approved Part D sponsor

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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 (made by programs or organizations; see Section 3)
LEVOTHYROXINE 50 MCG TABLET 9/6/2011, WALGREENS #3328 Rx# 000001569523, 30 day supply	\$1.36	\$2.50	\$2.50 (paid by "Medicare Coverage Gap Discount Program")
PLAVIX 75 MG TABLET 9/6/2011, WALGREENS #3328 Rx# 000001570740, 30 day supply	\$0.00	\$21.00	\$95.63 (paid by "Medicare Coverage Gap Discount Program") \$75.62 (paid by "Commercial Wrap")
SPIRONOLACTONE 100 MG TABLET 9/13/2011, WALGREENS #3328 Rx# 000001582039, 30 day supply	\$20.95	\$5.00	\$0.00
FUROSEMIDE 40 MG TABLET 9/14/2011, WALGREENS #3328 Rx# 000001582564, 30 day supply	\$0.00	\$2.69	\$1.69 (paid by "Medicare Coverage Gap Discount Program")
WARFARIN SODIUM 5 MG TABLET 9/19/2011, WALGREENS #13142 Rx# 000000075984, 30 day supply	\$7.46	\$5.00	\$0.00

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**CHART 1.**

Your prescriptions for covered Part D drugs
September 2011

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
CARTIA XT 120 MG CAPSULE 9/19/2011, WALGREENS #13142 Rx# 000000075983, 30 day supply	\$19.73	\$5.00	\$0.00
POTASSIUM CL ER 20 MEQ TABLET 9/20/2011, WALGREENS #3328 Rx# 000001584402, 30 day supply	\$10.11	\$5.00	\$0.00
SPIRIVA 18 MCG CP-HANDIHALER 9/22/2011, WALGREENS #3328 Rx# 000001584751, 30 day supply	\$0.00	\$21.00	\$115.86 (paid by "Medicare Coverage Gap Discount Program") \$95.86 (paid by "Commercial Wrap")
WARFARIN SODIUM 2 MG TABLET 9/28/2011, O C PHARMACY Rx# 000006014189, 30 day supply	\$7.27	\$5.00	\$0.00

P5822

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CHART 1.

Your prescriptions for covered Part D drugs
September 2011

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
<p>Totals for the month of September 2011</p> <p>Your "out-of-pocket costs" amount is \$287.87. (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 \$526.23. (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 (total for the month)</p>	<p>\$72.19 (total for the month)</p> <p>(Of this amount, \$72.19 counts toward your out-of-pocket costs.)</p>	<p>\$387.16 (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 1/1/2011 through 9/30/2011	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
<p>Your year-to-date amount for "out-of-pocket costs" is \$1,538.01.</p> <p>Your year-to-date amount for "total drug costs" is \$4,850.06.</p> <p>For more about "out-of-pocket costs" and "total drug costs", see Section 3.</p>	<p>\$2,758.72 (year-to-date total)</p>	<p>\$812.95 (year-to-date total)</p> <p>(Of this amount, \$812.95 counts toward your "out-of-pocket costs".)</p>	<p>\$1,278.39 (year-to-date total)</p> <p>(Of this amount, \$725.06 counts toward your "out-of-pocket costs." See definitions in Section 3.)</p>

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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).

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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.

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.

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.

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

(continue)
Page 7

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

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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.

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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 NELVA BRUNSTING	DOCTOR A. JAIN, MD	DRUG DESCRIPTION
BIRTH DATE 10/08/26		LIQUID
MEDICATION BROVANA 15MCG/2ML INH SOL 30X2ML		
QUANTITY 120	PATIENT ALLERGIES	
DIRECTIONS INHALE 1 VIAL VIA NEBULIZER TWICE DAILY		

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 not be used in asthma patients without another long-term asthma-control medicine (eg, inhaled corticosteroids). 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 THIS MEDICINE** if you are using another medicine that has a long-acting beta-agonist (eg, salmeterol) in it. **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), catechol-O-methyltransferase (COMT) inhibitors (eg, entacapone), 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 if this medicine may interact with other medicines you take. **DO NOT START OR STOP** any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, including a history of other breathing problems (eg, asthma), diabetes, heart problems (eg, fast or irregular heartbeat, heart blood vessel problems), liver problems, high blood pressure, low blood potassium levels, seizures, an overactive thyroid, or you have high blood or urine ketone levels, allergies, pregnancy, or breast-feeding. Tell your doctor if you have recently been to an emergency room for breathing problems; have a history of frequent hospitalizations for breathing problems; have ever had life-threatening breathing problems; or have had an unusual reaction to a sympathomimetic medicine (eg, albuterol, pseudoephedrine), such as fast or irregular heartbeat, overexcitement, or severe trouble sleeping. Tell your doctor if you have taken a MAOI (eg, phenelzine) or a tricyclic antidepressant (eg, amitriptyline) within the last 14 days. **USE OF THIS MEDICINE IS NOT RECOMMENDED** 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 if you have asthma that is already well controlled with the use of a long-term 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 refill this medicine. Ask your doctor, nurse, or pharmacist any questions that you may have about this medicine. **THIS MEDICINE SHOULD ONLY BE INHALED USING A NEBULIZER.** Do not inhale 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 when you use a dose. Contact 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 PARTICLES,** is cloudy or discolored, or if the vial is cracked or damaged in any way, do not use it. **DO NOT MIX THIS MEDICINE WITH OTHER MEDICINES** in your nebulizer machine. **TO 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 mouthpiece or face mask. **CONNECT THE NEBULIZER** to the compressor. Sit in a comfortable, upright position. **PLACE THE MOUTHPIECE** in your mouth (or put on the face mask) and turn on the nebulizer. **BREATHE AS USUALLY,** deeply and evenly as possible until no 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 entering the medicine. 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. **UNOPENED POUCHES MAY BE STORED** at room temperature between 68 and 77 degrees F (20 and 25 degrees C) 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 THIS MEDICINE** out of the reach of children and away from pets. **CONTINUE 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 and blood potassium levels, 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. **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 your short-acting bronchodilator inhaler does not work as well, if you need to use it often, or if your breathing problems get worse. **CONTACT YOUR DOCTOR OR SEEK MEDICAL CARE RIGHT AWAY** if you have 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 of any

breathing medicine unless your doctor tells you to. **THE MEDICINE MAY SOMETIMES 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, drowsy, or thirsty. 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. 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: back pain; diarrhea; dry mouth; headache; nausea; nervousness; stuffy nose; tiredness; tremor; trouble sleeping; vomiting. If they continue or are bothersome, check with your doctor. **SEEK MEDICAL ATTENTION RIGHT AWAY** if any of these SEVERE side effects occur: chest pain; fast or irregular heartbeat; fever, chills, or persistent sore throat; leg swelling; new 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, urination, or hunger; unusual weakness or drowsiness; confusion); trouble speaking. **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, tongue, or throat; unusual hoarseness. 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 chest pain; fast or 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. **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.

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.

WIC# 957918

NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517
 (713)464-4391

RX # 1540088-03328

DATE: 04/21/11

BROVANA 15MCG/2ML INH SOL 30X2ML

QTY: 120 2 REFILLS BEFORE 04/21/12

Copy NDC:63402-0911-30

\$ 527.99

A. JAIN, MD
 MFG:SEPRACOR
 XXX/RJW/KHT/ /PBP

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024

PH: (713)722-7247

Customer Receipt

NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517
 (713)464-4391

RX # 1540088-03328

DATE: 04/21/11

BROVANA 15MCG/2ML INH SOL 30X2ML

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 XXX/RJW/KHT/ /PBP

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024

PH: (713)722-7247

Duplicate Receipt

Pharmacy use only

BROVANA 15MCG/2ML INH SOL 30X2ML

QTY 120

LIQUID

THU 5:16PM

63402-0911-30

Copy

REFRIG

XXX/RJW/KHT/ /PBP

Med Guide

P5830

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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.

What If I Have Questions?

Visit 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.

8
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

Thank you for choosing Walgreens!

P5831

YOUR PERSONAL PRESCRIPTION INFORMATION

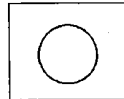
Your Walgreens Pharmacy Location

12850 Memorial Drive
Houston, TX 77024
(713)722-7247

PATIENT NELVA BRUNSTING
BIRTH DATE 10/08/26
MEDICATION METOPROLOL TARTRATE 50MG TABLETS
QUANTITY 60
DIRECTIONS TAKE 1 TABLET BY MOUTH EVERY 12 HOURS

DOCTOR A. JAIN, MD

DRUG DESCRIPTION



PINK

FRONT: m 32

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 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, 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. 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 mifepridil. **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, diphenhydramine, disopyramide, flecainide, hormonal contraceptives (eg, birth control pills), hydralazine, hydroxychloroquine, ketanserin, mefloquine, phenothiazines (eg, thioridazine), propafenone, quinazolines (eg, alfuzosin), quinidine, terbinafine, propylthiouracil, verapamil, barbiturates (eg, phenobarbital), indomethacin, phenylpropanolamine, 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 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 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 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, 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 LIGHTEADEDNESS.** 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. 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. **DIABETES PATIENTS:** this medicine may hide signs of low blood sugar, such as rapid heartbeat. Be sure to watch for other 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 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 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.

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 # 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: PAIDMPD
GROUP# CMD3896
CLAIM REF# SLOMDCX

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Customer
Receipt

NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517
(713)464-4391

RX # 1534699-03328

DATE: 04/29/11

METOPROLOL TARTRATE 50MG TABLETS

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Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

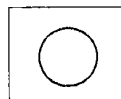
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Pharmacy use only

SUN 11:00AM
Refill

METOPROLOL TARTRATE 50MG TABLETS
00378-0032-10
CELL 138

QTY 60
20 DRAM



PINK
FRONT: m 32

XXX/PBP/PBP /PBP

P5832

Brunsting004459



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 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*

SUN 11:00AM

\$4.38


EXPRESS PAY

04/29/11

Refill

NELVA BRUNSTING
13630 Pinerock
Houston, TX 770797517
(713)464-4391

- Store TT 2 of 5
- Your Insurance Saved You: \$12.28



**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.



The Pharmacy America Trusts • Since 1901™

Visit us online at Walgreens.com

Thank you for choosing Walgreens!

P5833

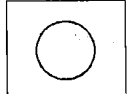
YOUR PERSONAL PRESCRIPTION INFORMATION

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



WHITE
 FRONT: L U
 BACK: C32

PATIENT ALLERGIES

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.

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.

WIC# 957918

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 PLAN: PAIDMIPD
 MFG: LUPIN GROUP# CMD3896
 XXX/PBP/PBP/ /PBP CLAIM REF# 7C1HH79

Walgreens 12850 MEMORIAL DRIVE HOUSTON, TX 77024
 PH: (713)722-7247

Customer Receipt

NELVA BRUNSTING
 13630 Pinerock, Houston, TX 770797517
 (713)464-4391
RX # 1534700-03328 DATE: 04/29/11

ETHAMBUTOL 400MG TABLETS
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 XXX/PBP/PBP/ /PBP CLAIM REF# 7C1HH79

Walgreens 12850 MEMORIAL DRIVE HOUSTON, TX 77024
 PH: (713)722-7247

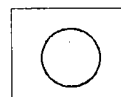
Duplicate Receipt

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

P5834

Brunsting004461

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.

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

OPT: 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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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
DIRECTIONS TAKE 1 TABLET BY MOUTH EVERY DAY

DOCTOR A. JAIN, MD

DRUG DESCRIPTION



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 fenfluramine derivative (eg, dexfenfluramine); nefazodone; pimozone; 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 OF YOUR DOSE OR CONDITION** may be needed if you are taking anorexiant (eg, phentermine); linezolid; metoclopramide; serotonin 5-HT₁ receptor agonists (eg, sumatriptan); trazodone; anticoagulants (NSAIDs) (eg, ibuprofen); diuretics (eg, furosemide, hydrochlorothiazide); tramadol; phenothiazines (eg, chlorpromazine); carbamazepine; cyproheptadine; aripiprazole; clozapine; digoxin; flecainide; lithium; phenytoin; propafenone; 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; metabolism 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 attempts, 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 this medicine. **TAKE THIS MEDICINE** by mouth with or without food. **STORE THIS MEDICINE** at 77 degrees F (25 degrees C) away from heat, moisture, and light. Brief storage at temperatures between 59 and 86 degrees F (15 and 30 degrees C) is permitted. Do not store in the bathroom. **CONTINUE TO TAKE THIS MEDICINE** even if you feel well. Do not miss any doses. Taking this medicine at the same time each day will help you remember to take it. **DO NOT SUDDENLY STOP TAKING THIS MEDICINE** without checking with your doctor. Side effects may occur. They may include mental or mood changes, numbness or tingling of the skin, dizziness, confusion, headache, trouble sleeping, or unusual tiredness. You will be closely monitored when you start this medicine and whenever a change in dose is made. **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. **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. Several weeks may pass before your 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**

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. **SEROTONIN 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, antipsychotics). 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. Contact your doctor right away if this happens. **FOR WOMEN:** **THIS MEDICINE MAY CAUSE HARM TO THE FETUS** if it is used during the last 3 months of pregnancy. **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 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; panic attacks; aggressiveness; impulsiveness; irritability; hostility; exaggerated feeling of well-being; restlessness; or inability to sit still; persistent or severe ringing in the ears; persistent, painful 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 mood changes; vision changes; or worsening of depression. **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. 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.

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.

WIC# 957918

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/KMN/KMN / KMN

PLAN: PAIDMPD
GROUP# CMD3896
CLAIM REF# OXHXMT3

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Customer Receipt

NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517
(713)464-4391

RX # 1515376-03328

DATE: 03/02/11

SERTRALINE 50MG TABLETS

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A. JAIN, MD
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XXX/KMN/KMN / KMN

PLAN: PAIDMPD
GROUP# CMD3896
CLAIM REF# OXHXMT3

Walgreens

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PH: (713)722-7247

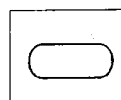
Duplicate Receipt

Pharmacy use only

WED 1:30PM
Refill

SERTRALINE 50MG TABLETS
59762-4900-05
CELL 29

QTY 30
20 DRAM



BLUE
FRONT: G 4900
BACK: 50MG

XXX/KMN/KMN / KMN

Med Guide

Brunsting004463

P5836

Ask if grapefruit juice affects your medication.

From the breakfast table.



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Register for your flu shot today at Walgreens.com/flu.

We bill many insurance plans directly, including Medicare.

*Prices may vary for certain forms of the flu vaccine. Vaccines subject to availability. State, age and health condition-related restrictions may apply. See pharmacy for details.

Walgreens

OPT-2875 677 061 0615664

INFO-0908 59762490005

53858

8 BR



PAIDMPD *1515376 0202 3 0000500 1*

WED 1:30PM

\$5.00

EXPRESS PAY

NELVA BRUNSTING

13630 Pinerock

Houston, TX 770797517


(713)464-4391

- Store TT 5 of 6
- Your Insurance Saved You: \$24.99

03/02/11

Refill

MED GUIDE



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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P5837

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
DIRECTIONS TAKE 1 TABLET BY MOUTH EVERY DAY

DOCTOR A. JAIN, MD

DRUG DESCRIPTION



PINK
 FRONT: 93
 BACK: 7146

INGREDIENT NAME: AZITHROMYCIN
 (ay-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, maprotiline, 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; 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.

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.

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
 XXX / / /KMN/KMN

PLAN: PAIDMPD
 GROUP# CMD3896
 CLAIM REF# FKRWQHL

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
 PH: (713)722-7247

Customer Receipt

NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517
 (713)464-4391

RX # 1494789-03328

DATE: 03/02/11

AZITHROMYCIN 250MG TABLETS

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A. JAIN, MD
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 CLAIM REF# FKRWQHL

Walgreens

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 PH: (713)722-7247

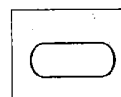
Duplicate Receipt

Pharmacy use only

WED 1:30PM
 Refill

AZITHROMYCIN 250MG TABLETS
 00093-7146-56
 ALPHA

QTY 30
 10 DRAM



PINK
 FRONT: 93
 BACK: 7146

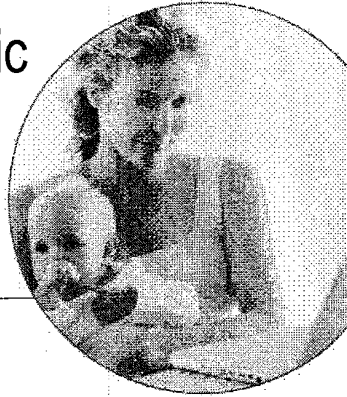
XXX / / /KMN/KMN

P5838

Brunsting004465

Ask if an antibiotic
is causing her
diaper rash.

Without leaving her side.



New Pharmacy Chat at Walgreens.com

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Chat live with an expert from
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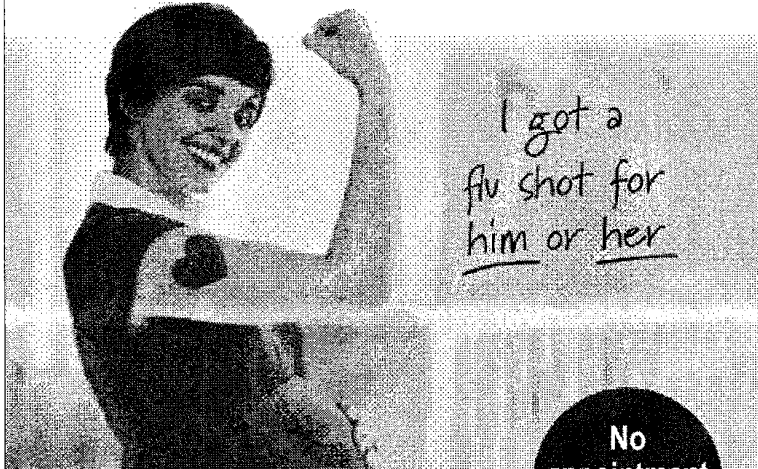


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No
appointment
necessary.

Flu shots* every day.

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including Medicare.

*Prices may vary for certain forms of the flu vaccine. Vaccines subject to availability.
State, age and health condition-related restrictions may apply. See pharmacy for details.

Walgreens

OPT: 2875 677 061 0615655

INPO: 0908 00093714656

53858

8
BR



NELVA BRUNSTING
13630 Pinerock
Houston, TX 770797517
(713)464-4391

- Store TT 3 of 6
- Your Insurance Saved You: \$190.79


WED 1:30PM

\$5.00

EXPRESS PAY

03/02/11

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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P5839

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 BROVANA 15MCG/2ML INH SOL 30X2ML
QUANTITY 120
DIRECTIONS INHALE 1 VIAL VIA NEBULIZER
 TWICE DAILY

DOCTOR A. JAIN, MD
PATIENT ALLERGIES

DRUG DESCRIPTION

LIQUID

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 not be used in asthma patients without another long-term asthma-control medicine (eg, inhaled corticosteroids). 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 THIS MEDICINE** if you are using another medicine that has a long-acting beta-agonist (eg, salmeterol) in it. **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), catechol-O-methyltransferase (COMT) inhibitors (eg, entacapone), 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 if this medicine may interact with other medicines you take. **DO NOT START OR STOP** any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, including a history of other breathing problems (eg, asthma), diabetes, heart problems (eg, fast or irregular heartbeat, heart blood vessel problems), liver problems, high blood pressure, low blood potassium levels, seizures, an overactive thyroid, or you have high blood or urine ketone levels, allergies, pregnancy, or breast-feeding. Tell your doctor if you have recently been to an emergency room for breathing problems; have a history of frequent hospitalizations for breathing problems; have ever had life-threatening breathing problems; or have had an unusual reaction to a sympathomimetic medicine (eg, albuterol, pseudoephedrine), such as fast or irregular heartbeat, overexcitement, or severe trouble sleeping. Tell your doctor if you have taken a MAOI (eg, phenelzine) or a tricyclic antidepressant (eg, amitriptyline) within the last 14 days. **USE OF THIS MEDICINE IS NOT RECOMMENDED** 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 if you have asthma that is already well controlled with the use of a long-term asthma-control medicine. **THE 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 refill this medicine. Ask your doctor, nurse, or pharmacist any questions that 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, and how to use it. Follow the procedures you are taught when you use a nebulizer. Contact 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 PARTICLES,** is cloudy or discolored, or if the vial is cracked or damaged in any way, do not use it. **DO NOT MIX THIS MEDICINE WITH OTHER MEDICINES** in your nebulizer machine. **TO 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 mouthpiece or face mask. **CONNECT THE NEBULIZER** to the compressor. Sit in a comfortable, upright position. **PLACE 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. Failure to properly clean the nebulizer could lead to bacteria entering the medicine. This may lead to an infection. To avoid bacteria entering the medicine, use the nebulizer 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) 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 THIS MEDICINE** out of the reach of children and away from pets. **CONTINUE 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 and blood potassium levels, may be performed while you use this medicine. These tests may be used to monitor your condition or check to see if you are 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. Do not drive or perform other possibly unsafe tasks until you know how you react to it. **IF THIS MEDICINE** causes dizziness, do not drive or operate machinery until you have been ready 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 which medicines stop sudden symptoms, check with your doctor or pharmacist. **IF 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 with this medicine to treat breathing problems that may occur between doses. **THE RISK OF SEVERE OR SUDDEN ONSET OF BREATHING PROBLEMS (eg, irregular heartbeat) 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, if you need to use it often, or if your breathing problems get worse. **CONTACT YOUR DOCTOR OR SEEK MEDICAL CARE RIGHT AWAY** if you have 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 of any

breathing medicine unless your doctor tells you to. **THE MEDICINE MAY SOMETIMES 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, drowsy, or thirsty. 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. 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: back pain; diarrhea; dry mouth; headache; nausea; nervousness; stuffy nose; tiredness; tremor; trouble sleeping; vomiting. If they continue or are bothersome, check with your doctor. **SEEK MEDICAL ATTENTION RIGHT AWAY** if any of these SEVERE side effects occur: chest pain; fast or irregular heartbeat; fever, chills, or persistent sore throat; leg swelling; new 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, urination, or hunger; unusual weakness or drowsiness; confusion); trouble speaking. **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, tongue, or throat; unusual hoarseness. 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 chest pain; fast or 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. **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.

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 # 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

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
 PH: (713)722-7247

Customer
 Receipt

NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517
 (713)464-4391

RX # 1496587-03328

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 MFG:SEPRACOR
 HMC/ / / /KDM

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
 PH: (713)722-7247

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Pharmacy use only

BROVANA 15MCG/2ML INH SOL 30X2ML

QTY 120

LIQUID

TUE 12:00PM

63402-0911-30

Refill

REFRIG

HMC/ / / /KDM

Med Guide

P5840

Brunsting004467

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.

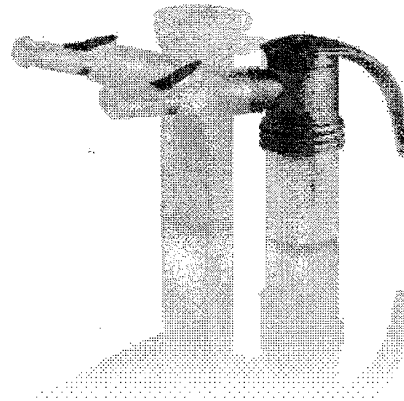
The Benefits of PARI Reusable Nebulizers

- 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.

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.

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
EXPRESS PAY

NELVA BRUNSTING
13630 Pinerock
Houston, TX 770797517
(713)464-4391

02/18/11
Refill

REFRIGERATE
MED GUIDE

- 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.



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.
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Save time by using our automated system for a refill. Just dial the number on your prescription label.



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Brunsting004468

YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location
 12850 Memorial Drive
 Houston, TX 77024
 (713)722-7247

PATIENT NELVA BRUNSTING	DOCTOR A. JAIN, MD	DRUG DESCRIPTION
BIRTH DATE 10/08/26		
MEDICATION SPIRIVA CAPS 30'S & HANDIHALER	PATIENT ALLERGIES	
QUANTITY 30		
DIRECTIONS INHALE CONTENTS OF ONE CAPSULE ONCE DAILY USING HANDIHALER		

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 SWALLOW 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, then tip the capsule out of the blister. Do NOT cut the foil or use sharp objects to remove the capsule from the blister. If a second capsule is exposed to the air 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 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 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 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.

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.

WIC# 957918

NELVA BRUNSTING
 13630 Pinerock, Houston, TX 770797517
 (713)464-4391

RX # 1496586-03328 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

\$ 216.54

A. JAIN, MD
 MFG: BOEHRINGER
 XXX/JIC/JIC/ /RJW

PLAN: PATDIMP
 GROUP# CMD3896
 CLAIM REF# MRWHDC

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
 PH: (713)722-7247

Customer Receipt

NELVA BRUNSTING
 13630 Pinerock, Houston, TX 770797517
 (713)464-4391

RX # 1496586-03328 DATE: 01/01/11

SPIRIVA CAPS 30'S & HANDIHALER

QTY: 30 2 REFILLS BEFORE 12/05/11

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 XXX/JIC/JIC/ /RJW

PLAN: PATDIMP
 GROUP# CMD3896
 CLAIM REF# MRWHDC

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Duplicate Receipt

Pharmacy use only

SUN 12:00PM
 Refill

SPIRIVA CAPS 30'S & HANDIHALER
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 ALPHA

QTY 30

XXX/JIC/JIC/ /RJW

P5842

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Get a **FREE** one-on-one
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Your pharmacist will:

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- Check for potential drug interactions



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**Don't take
chances with
your health.**

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at one pharmacy.*

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**Play it safe. Fill all your
prescriptions at Walgreens.**

8
BR



SUN 12:00PM

\$216.54

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01/01/11

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Houston, TX 770797517

(713)464-4391

- Store TT 5 of 5
- Your Insurance Saved You: \$44.45



**Personal
Prescription
Information**

LOOK INSIDE FOR IMPORTANT INFORMATION

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P5843

OPT: 2875 677 002 0240098

INFO: 0900 00597007541

39231

49770

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 BROVANA 15MCG/2ML INH SOL 30X2ML
QUANTITY 120
DIRECTIONS INHALE 1 VIAL VIA NEBULIZER
TWICE DAILY

DOCTOR A. JAIN, MD

DRUG DESCRIPTION

LIQUID

PATIENT ALLERGIES

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 not be used in asthma patients without another long-term asthma-control medicine (eg, inhaled corticosteroids). 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 THIS MEDICINE** if you are using another medicine that has a long-acting beta-agonist (eg, salmeterol) in it. **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), catechol-O-methyltransferase (COMT) inhibitors (eg, entacapone), 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 if this medicine may interact with other medicines you take. **DO NOT START OR STOP any medicine without doctor or pharmacist approval.** Inform your doctor of any other medical conditions, including a history of other breathing problems (eg, asthma), diabetes, heart problems (eg, fast or irregular heartbeat, heart blood vessel problems), liver problems, high blood pressure, low blood potassium levels, seizures, an overactive thyroid, or you have high blood or urine ketone levels, allergies, pregnancy, or breast-feeding. Tell your doctor if you have recently been to an emergency room for breathing problems; have a history of frequent hospitalizations for breathing problems; have ever had life-threatening breathing problems; or have had an unusual reaction to a sympathomimetic medicine (eg, albuterol, pseudoephedrine), such as fast or irregular heartbeat, overexcitement, or severe trouble sleeping. Tell your doctor if you have taken a MAOI (eg, phenelzine) or a tricyclic antidepressant (eg, amitriptyline) within the last 14 days. **USE OF THIS MEDICINE IS NOT RECOMMENDED** 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 you have asthma that is already well controlled with the corticosteroids), or you have 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 refill this medicine. Ask your doctor, nurse, or pharmacist any questions that 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, and how to use it. **Do not use it.** Be sure to use it when you use a dose. Contact 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 PARTICLES,** is cloudy or discolored, or if the vial is cracked or damaged in any way, do not use it. **DO NOT MIX THIS MEDICINE WITH OTHER MEDICINES** in your nebulizer machine. **TO 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 mouthpiece or face mask. **CONNECT THE NEBULIZER** to the compressor. Sit in a comfortable, upright position. **PLACE THE MOUTHPIECE** (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. Failure to properly clean the nebulizer could lead to bacteria entering the medicine. 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. **UNOPENED POUCHES MAY BE STORED** at room temperature between 68 and 77 degrees F (20 and 25 degrees C) 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 THIS MEDICINE** out of the reach of children and away from pets. **CONTINUE 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 and blood potassium levels, 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 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 it. **THIS MEDICINE DOES NOT STOP SUDDEN SYMPTOMS OF COPD ONCE THEY 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 which medicines stop sudden symptoms, check with your doctor or pharmacist. **IF 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 with this medicine to treat breathing problems that may occur between doses. **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 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 if you need to use it often, or if your breathing problems get worse. **CONTACT YOUR DOCTOR OR SEEK MEDICAL CARE RIGHT AWAY** if you have 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 of any

breathing medicine unless your doctor tells you to. **THE MEDICINE MAY SOMETIMES 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, drowsy, or thirsty. 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. 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: back pain; diarrhea; dry mouth; headache; nausea; nervousness; stuffy nose; tiredness; tremor; trouble sleeping; vomiting. If they continue or are bothersome, check with your doctor. **SEEK MEDICAL ATTENTION RIGHT AWAY** if any of these SEVERE side effects occur: chest pain; fast or irregular heartbeat; fever, chills, or persistent sore throat; leg swelling; new 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, urination, or hunger; unusual weakness or drowsiness; confusion); trouble speaking. **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, tongue, or throat; unusual hoarseness. 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 chest pain; fast or 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. **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.

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.

WIC# 959810

NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517
(713)464-4391
RX # 1496587-03328

DATE: 01/13/11

BROVANA 15MCG/2ML INH SOL 30X2ML
QTY: 120 2 REFILLS BEFORE 12/05/11
Refill NDC:63402-0911-30

\$ 527.99

A. JAIN, MD
MFG:SEPRACOR
JDC/SSH/SSH/ /KSC

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Customer Receipt

NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517
(713)464-4391
RX # 1496587-03328

DATE: 01/13/11

BROVANA 15MCG/2ML INH SOL 30X2ML
QTY: 120 2 REFILLS BEFORE 12/05/11
Refill NDC:63402-0911-30

\$ 527.99

A. JAIN, MD
MFG:SEPRACOR
JDC/SSH/SSH/ /KSC

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Duplicate Receipt

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THU 4:15PM
Refill

BROVANA 15MCG/2ML INH SOL 30X2ML
63402-0911-30
REFRIG

QTY 120

LIQUID

JDC/SSH/SSH/ /KSC

Med Guide

P5844

Brunsting004471

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.

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.

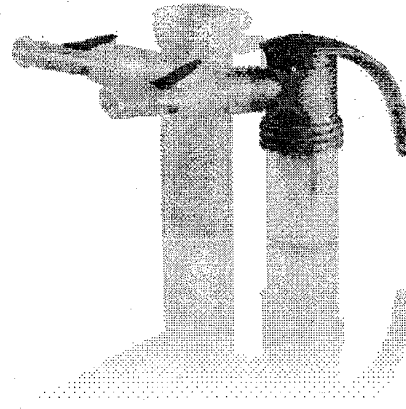
If you're not using a PARI nebulizer cup, you may not be getting the most benefit from your aerosol medication.

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.

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
13630 Pinerock
Houston, TX 770797517
(713)464-4391

- 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
EXPRESS PAY

01/13/11
Refill

REFRIGERATE



Personal Prescription Information

LOOK INSIDE FOR IMPORTANT INFORMATION ABOUT YOUR MEDICATION.

Take advantage of these convenient services:

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Save time by using our automated system for a refill. Just dial the number on your prescription label.
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P5845

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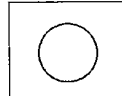
YOUR PERSONAL PRESCRIPTION INFORMATION

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



WHITE
 FRONT: L U
 BACK: C32

PATIENT ALLERGIES

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.

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.

WIC# 957918

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
 XXX/JIC/JIC/ /RJW

PLAN: PAIDMPD
 GROUP# CMD3896
 CLAIM REF# SQA93NQ

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
 PH: (713)722-7247

Customer Receipt

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
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A. JAIN, MD
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 XXX/JIC/JIC/ /RJW

PLAN: PAIDMPD
 GROUP# CMD3896
 CLAIM REF# SQA93NQ

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
 PH: (713)722-7247

Duplicate Receipt

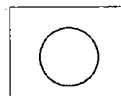
P5846

Pharmacy use only

SUN 12:00PM
 Refill

ETHAMBUTOL 400MG TABLETS
 68180-0281-01
 ALPHA

QTY 90



WHITE
 FRONT: L U
 BACK: C32

XXX/JIC/JIC/ /RJW

Brunsting004473

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



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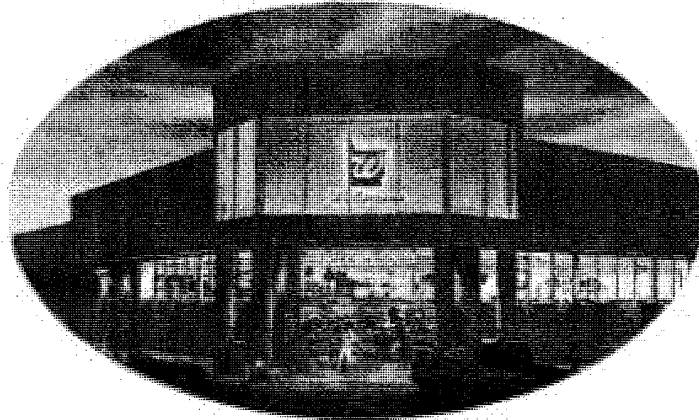
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8
BR



PAIDMPD *1494792 0202 3 0000500 7*

NELVA BRUNSTING
13630 Pinerock
Houston, TX 770797517
(713)464-4391

- 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

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!

P5847

YOUR PERSONAL PRESCRIPTION INFORMATION

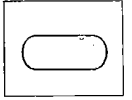
Your Walgreens Pharmacy Location
 12850 Memorial Drive
 Houston, TX 77024
 (713)722-7247

PATIENT NELVA BRUNSTING
BIRTH DATE 10/08/26
MEDICATION AZITHROMYCIN 250MG TABLETS
QUANTITY 30
DIRECTIONS TAKE 1 TABLET BY MOUTH EVERY DAY

DOCTOR A. JAIN, MD

DRUG DESCRIPTION

PATIENT ALLERGIES



PINK

FRONT: 93

BACK: 7146

INGREDIENT NAME: AZITHROMYCIN
 (ay-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, maprotiline, 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; 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.

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.

WIC# 957918

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

PLAN: PAIDMPD
 GROUP# CMD3896
 CLAIM REF# SQA93N1

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

PLAN: PAIDMPD
 GROUP# CMD3896
 CLAIM REF# SQA93N1

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
 PH: (713)722-7247

Customer Receipt

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
 PH: (713)722-7247

Duplicate Receipt

Pharmacy use only

SUN 12:00PM
 Refill

AZITHROMYCIN 250MG TABLETS
 00093-7146-56
 ALPHA

QTY 30
 10 DRAM



PINK
 FRONT: 93
 BACK: 7146

XXX/KHN/KHN/KHN/RJW

P5848

Brunsting004475



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OPT: 2875 677 002 0240067 INFO: 0900 00093714656

54381

8
BR



PAIDMPD *1494789 0202 3 0000500 5*

SUN 12:00PM

\$5.00


EXPRESS PAY

01/01/11

Refill

NELVA BRUNSTING
13630 Pinerock
Houston, TX 770797517
(713)464-4391

- Store TT 3 of 5
- Your Insurance Saved You: \$190.79



Personal Prescription Information

LOOK INSIDE FOR IMPORTANT INFORMATION

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Take advantage of this convenient service:

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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!

P5849

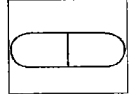
YOUR PERSONAL PRESCRIPTION INFORMATION

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

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, digitoxin, isoniazid, itraconazole, macrolide antibiotics, mexiletine, nevirapine, quinidine, progestins, theophylline, tocainide, 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.

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.

WIC# 957918

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/KHN/KHN/KHN/RJW

PLAN: PAIDMPD
 GROUP# CMD3896
 CLAIM REF# ONA1TWP

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
 PH: (713)722-7247

Customer Receipt

NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517
 (713)464-4391

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 GROUP# CMD3896
 CLAIM REF# ONA1TWP

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
 PH: (713)722-7247

Duplicate Receipt

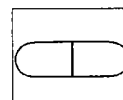
P5850

Pharmacy use only

SUN 12:00PM
 Refill

RIFAMPIN 300MG CAPSULES
 00527-1315-30
 ALPHA

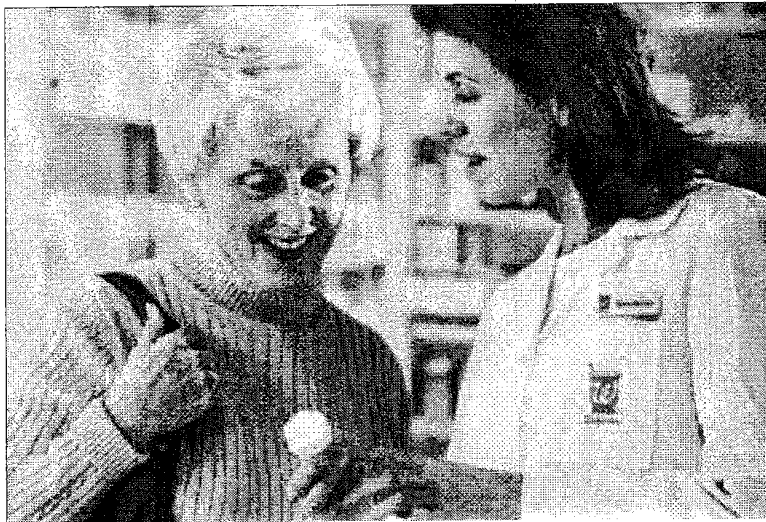
QTY 60
 20 DRAM



DARK REDDISH-BROWN
 FRONT: LANNETT
 BACK: 1315

XXX/KHN/KHN/KHN/RJW

Brunsting004477



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!

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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.

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Houston, TX 770797517
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- 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

OPT-2875 677 002 0240080 INFO-0900 00527131530

3660

49770

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
DIRECTIONS TAKE 1 TABLET BY MOUTH EVERY 12 HOURS

DOCTOR A. JAIN, MD

DRUG DESCRIPTION

PATIENT ALLERGIES



PINK
FRONT: m 32

INGREDIENT NAME: METOPROLOL (me-TOE-proe-lore)

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 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, vision changes, or weakness. This medicine should not usually be used by patients who have a history of adrenal gland 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. 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, diphenhydramine, disopyramide, flecainide, hormonal contraceptives (eg, birth control pills), hydralazine, hydroxychloroquine, ketanserin, mefloquine, phenothiazines (eg, thioridazine), propafenone, quinazolinones (eg, alfuzosin), quinidine, terbinafine, thiamines (eg, propylthiouracil), verapamil, barbiturates (eg, phenobarbital), indomethacin, phenylpropranolamine, 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 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 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 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, 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 LIGHTEADEDNESS. 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. 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. **DIABETES PATIENTS:** this medicine may hide signs of low blood sugar, such as rapid heartbeat. Be sure to watch for other 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 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 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.

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.

WIC# 957918

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 PLAN: PAIDMPD
MFG: MYLAN GROUP# CMD3896
XXX/JIC/JIC /RJW CLAIM REF# YXEP3F1

NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517
(713)464-4391

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12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Customer Receipt

Walgreens

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PH: (713)722-7247

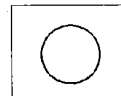
Duplicate Receipt

Pharmacy use only

SUN 12:00PM
Refill

METOPROLOL TARTRATE 50MG TABLETS
00378-0032-10
CELL 138

QTY 60
20 DRAM



PINK
FRONT: m 32

XXX/JIC/JIC /RJW

P5852

Brunsting004479

Educate Yourself About Stroke

Stroke kills more women than breast cancer, cervical cancer, uterine cancer, and ovarian cancer combined¹

Be Prepared...

ACT F.A.S.T!

Stroke risk factors

F ACE	Facial droop Uneven smile	High blood pressure High cholesterol Heart disease Diabetes Smoking
A RM	Arm numbness Arm weakness	Heavy alcohol use Physical inactivity and obesity
S PEECH	Slurred speech Difficulty speaking or understanding	Atrial fibrillation (irregular heartbeat)
T IME	Call 911 and get to the 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, hosted by National Stroke Association

For more information on stroke, visit 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.

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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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Your Walgreens Pharmacy Location

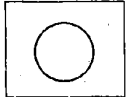
12850 Memorial Drive
Houston, TX 77024
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PATIENT NELVA BRUNSTING
BIRTH DATE 10/08/26
MEDICATION METOPROLOL TARTRATE 50MG TABLETS
QUANTITY 60
DIRECTIONS TAKE 1 TABLET BY MOUTH EVERY 12 HOURS

DOCTOR A. JAIN, MD

DRUG DESCRIPTION

PATIENT ALLERGIES



PINK
FRONT: m 32

9 am 3 9 pm

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 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, 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. 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, diphenhydramine, disopyramide, flecainide, hormonal contraceptives (eg, birth control pills), hydralazine, hydroxychloroquine, ketanserin, mefloquine, phenothiazines (eg, thioridazine), propafenone, quinazolines (eg, alfuzosin), quinidine, terbinafine, thiamines (eg, propylthiouracil), verapamil, barbiturates (eg, phenobarbital), indomethacin, phenylpropanolamine, 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 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 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 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, 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 LIGHTEADEDNESS.** 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. 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. **DIABETES PATIENTS:** this medicine may hide signs of low blood sugar, such as rapid heartbeat. Be sure to watch for other 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 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 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.

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.

WIC# 957918

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

\$ 4.38

A. JAIN, MD
MFG:MYLAN
TPL/RJW/RJW/ /RJW

PLAN: PAIDMPD
GROUP# CMD3896
CLAIM REF# YRKMEDW

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Customer
Receipt

NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517
(713)464-4391

RX # 1496588-03328

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A. JAIN, MD
MFG:MYLAN
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PLAN: PAIDMPD
GROUP# CMD3896
CLAIM REF# YRKMEDW

Walgreens

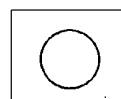
12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Duplicate
Receipt

Pharmacy use only

SUN 1:29PM
New

METOPROLOL TARTRATE 50MG TABLETS
QTY 60
20 DRAM
00378-0032-10
CELL 138



PINK
FRONT: m 32

TPL/RJW/RJW/ /RJW

P5854

Brunsting004481

Educate Yourself About Stroke

Stroke kills more women than breast cancer, cervical cancer, uterine cancer, and ovarian cancer combined¹

Be Prepared...

ACT F.A.S.T!

Stroke risk factors

FACE	Facial droop Uneven smile	High blood pressure High cholesterol Heart disease
ARM	Arm numbness Arm weakness	Diabetes Smoking
SPEECH	Slurred speech Difficulty speaking or understanding	Heavy alcohol use Physical inactivity and obesity
TIME	Call 911 and get to the hospital immediately.	Atrial fibrillation (irregular heartbeat) 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, hosted by National Stroke Association

For more information on stroke,
visit 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.

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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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P5855

To stop receiving sponsored info at this pharmacy, call 888-336-5744 or visit remove-me.net Use code:2875677 339 0223746

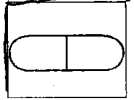
YOUR PERSONAL PRESCRIPTION INFORMATION

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, digitoxin, isoniazid, itraconazole, macrolide antibiotics, mexiletine, nevirapine, quinidine, progestins, theophylline, tocainide, 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.

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.

WIC# 957918

NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517
 (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
 MFG: LANNETT
 KKP/KKP/KKP/NFH

PLAN: PAIDMPD
 GROUP# CMD3896
 CLAIM REF# XML13FK

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: 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
 MFG: LANNETT
 KKP/KKP/KKP/NFH

PLAN: PAIDMPD
 GROUP# CMD3896
 CLAIM REF# XML13FK

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
 PH: (713)722-7247

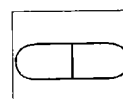
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Pharmacy use only

MON 5:55PM
 New

RIFAMPIN 300MG CAPSULES
 00527-1315-30
 ALPHA

QTY 60
 20 DRAM



DARK REDDISH-BROWN
 FRONT: LANNETT
 BACK: 1315

KKP/KKP/KKP/NFH

P5856

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

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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 to see if your prescription is eligible for Auto Refills.

Walgreens

There's a way to stay well.

8
BR



PAIDMPD

1494790 0101 3 0000500 5

MON 5:55PM

\$5.00

EXPRESS PAY

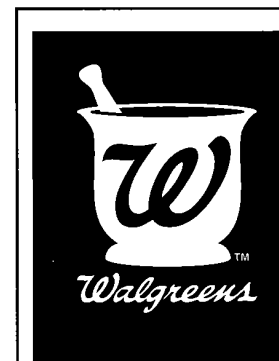
NELVA BRUNSTING

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Houston, TX 770797517
(713)464-4391

• Your Insurance Saved You: \$108.89

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.

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P5857

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INFO: 0895 00527131530

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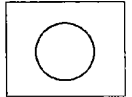
YOUR PERSONAL PRESCRIPTION INFORMATION

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



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

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.

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.

WIC# 957918

NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517
 (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# CMD3896
 CLAIM REF# RCFCF1F

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
 PH: (713)722-7247

Customer Receipt

NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517
 (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
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 KKP/KKP/KKP/ /NFH

PLAN: PAIDMPD
 GROUP# CMD3896
 CLAIM REF# RCFCF1F

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
 PH: (713)722-7247

Duplicate Receipt

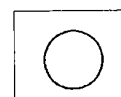
Pharmacy use only

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

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 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!

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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

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



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OPT: 2875 677 333 0192835 INFO: 0895 68180028101

249770

516936

YOUR PERSONAL PRESCRIPTION INFORMATION

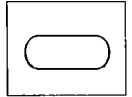
Your Walgreens Pharmacy Location
12850 Memorial Drive
Houston, TX 77024
(713)722-7247

PATIENT NELVA BRUNSTING
BIRTH DATE 10/08/26
MEDICATION AZITHROMYCIN 250MG TABLETS
QUANTITY 30
DIRECTIONS TAKE 1 TABLET BY MOUTH EVERY DAY

DOCTOR A. JAIN, MD

DRUG DESCRIPTION

PATIENT ALLERGIES



PINK
FRONT: 93
BACK: 7146

Ⓢ At Lunch

INGREDIENT NAME: AZITHROMYCIN
(ay-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, maprotiline, 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; 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.

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.

WIC# 957918

NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517
(713)464-4391

RX # 1494789-03328

DATE: 11/29/10

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

A. JAIN, MD
MFG: TEVA
KKP/KKP/KKP/KKP/NFH

PLAN: PAIDMPD
GROUP# CMD3896
CLAIM REF# H3AEA7R

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Customer
Receipt

NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517
(713)464-4391

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Walgreens

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PH: (713)722-7247

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Receipt

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MON 5:55PM
New

AZITHROMYCIN 250MG TABLETS
00093-7146-56
ALPHA

QTY 30
10 DRAM



PINK
FRONT: 93
BACK: 7146

KKP/KKP/KKP/KKP/NFH

P5860

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 to see if your prescription is eligible for Auto Refills.

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- 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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Information provided by Walgreens is not a substitute for your own research concerning your healthcare, including Medicare.

8
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NELVA BRUNSTING
13630 Pinerock
Houston, TX 770797517
(713)464-4391

• Your Insurance Saved You: \$190.79

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\$5.00
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11/29/10
New
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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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YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location
12850 Memorial Drive
Houston, TX 77024
(713)722-7247

PATIENT NELVA BRUNSTING	DOCTOR A. JAIN, MD	DRUG DESCRIPTION
BIRTH DATE 10/08/26		
MEDICATION SPIRIVA CAPS 30'S & HANDIHALER	PATIENT ALLERGIES	
QUANTITY 30		
DIRECTIONS INHALE CONTENTS OF ONE CAPSULE ONCE DAILY USING HANDIHALER		

⑤ Lunch

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 SWALLOW 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, then tip the capsule out of the blister. **Do NOT** cut the foil or use sharp objects to remove the capsule from the blister. If a second capsule is exposed to the air 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 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 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 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.

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.

WIC# 957918

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: PAIDMPD
GROUP# CMD3896
CLAIM REF# RDC9TAQ

Walgreens

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PH: (713)722-7247

Customer Receipt

NELVA BRUNSTING

13630 Pinerock, Houston, TX 770797517
(713)464-4391

RX # 1496586-03328

DATE: 12/05/10

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CLAIM REF# RDC9TAQ

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PH: (713)722-7247

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SPIRIVA CAPS 30'S & HANDIHALER

QTY 30

SUN 1:29PM

00597-0075-41

New

ALPHA

TPL/RJW/RJW/RJW/RJW

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Get a **FREE** one-on-one
Medicare Part D
review session!

Your pharmacist will:

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- Talk about other things you can do to stay well
- Check for potential drug interactions



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Information provided by Walgreens is not a substitute for your own research concerning your healthcare, including Medicare.

49770



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For details, speak to our pharmacy staff.

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OPT: 2875 677 339 023751 INFO: 0896 00597007541

50695

8
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NELVA BRUNSTING
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Houston, TX 770797517
(713)464-4391

• Your Insurance Saved You: \$215.99

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\$21.00
EXPRESS PAY

12/05/10
New



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- **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

Auta Brunsting

NO. 2012-14538

IN RE: CARL HENRY BRUNSTING § IN THE DISTRICT COURT OF
 § HARRIS COUNTY, TEXAS
 § 80th 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*

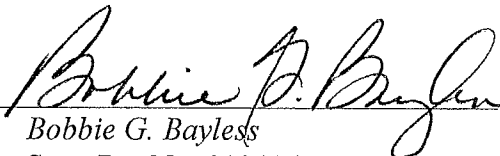
Petitioner, Carl Henry Brunsting, has filed a petition asking the court for permission to take the deposition on oral examination and/or written questions from MEDICAL CHEST ASSOCIATES, PA, and for the production of documents to investigate a potential claim in anticipation of a lawsuit by Petitioner.

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 80th District Court, sitting in Harris County Courthouse, located at 201 Caroline, 9th 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 neurologist 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 REV: 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	1. ADMIT TO SELECT SPECIALTY HOSPITAL OR REGENCY HOSPITAL	
1745	2. PRINCIPAL REASONS FOR ADMISSION: <u>Stroke, 10/11 dysphagia</u>	(C/P/D)
	3. CODE STATUS: <u>DNK</u>	
	4. ALLERGIES: <u>NS</u>	
	5. ISOLATION: <input type="checkbox"/> CONTACT <input type="checkbox"/> DROPLET <input type="checkbox"/> AIRBORNE <input type="checkbox"/> NEUTROPENIC	
	6. WEIGH ON ADMISSION AND every <u>daily</u>	
	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: <u>routine</u>	
	8. I & O: <u>2 12 hr</u>	
	9. TELEMETRY: <u>sinus bradycardia</u>	
	10. SPECIALTY BED/MATRESS/OVERLAY: type <u>air flow</u>	
	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	
	<input type="checkbox"/> BSC <input type="checkbox"/> OTHER _____	
	14. DIET: <u>algebra diet (pursed & chicken liquids)</u>	<u>Neutro constant</u>
	15. TUBE FEEDING AND RATE: _____	
	16. LABS: <u>CBC, CMP, pro albumin, UA in last hour</u>	
	17. RESPIRATORY:	
	<input type="checkbox"/> EVALUATE & TREAT <input type="checkbox"/> CPAP <input type="checkbox"/> BIPAP	
	<input type="checkbox"/> MECHANICAL VENTILATOR <input type="checkbox"/> CPAP VIA VENT	
	MODE: <input type="checkbox"/> SIMV <input type="checkbox"/> Assist / Control	
	<input type="checkbox"/> PSV <input type="checkbox"/> MMV	
	<input type="checkbox"/> HFV <input type="checkbox"/> PER PROTOCOL	
	<input type="checkbox"/> HEATING AEROSOL TREATMENT <input type="checkbox"/> CHEST PERCUSSION FREQ _____	
	<input type="checkbox"/> CONTINUOUS PULSE OX <input type="checkbox"/> PRN PULSE OX	
	<input type="checkbox"/> O2@ _____ <input type="checkbox"/> LMIN VIA <input type="checkbox"/> CANNULA <input type="checkbox"/> MASK	
	<input type="checkbox"/> ET TUBE SIZE _____ <input type="checkbox"/> TRACH TUBE SIZE <input type="checkbox"/> TRACH CARE FREQ _____	
	18. VAP BUNDLE:	
	1. HOB MAINTAINED AT 30 DEGREES.	
	2. RT PROVIDES ORAL CARE INCLUDING DEEP ORO-PHARANGEAL SUCTIONING AND TRACHEAL SUCTIONING WITH FIRST VENTILATOR CHECK.	
	3. NURSING AND/OR RT TO PROVIDE ORAL CARE EVERY 4 HOURS.	
	4. DAILY "SEDATION VACATION" IF APPLICABLE.	

Handwritten notes: No. 281 11/5/11

PHYSICIAN'S SIGNATURE

DATE / TIME





ADMISSION ORDERS Page 2 of 3

Patient Name: _____ Date: _____

BRUNETTING NELVA E HSV: XM
PT #: 0068342 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 1745	VAP BUNDLE (CONT') 5. RT TO ENSURE PATIENT GETS OOB TWICE DAILY IF MEDICALLY STABLE. 6. GI PROPHYLAXIS: _____	
18.	DVT PROPHYLAXIS: <input type="checkbox"/> LMWH: _____ <input type="checkbox"/> HEPARIN 5,000 UNITS SUBQ q8h <input type="checkbox"/> SCDS (SEQUENTIAL COMPRESSION DEVICES) <input type="checkbox"/> OTHER _____	
19.	WOUND CARE: <i>Assess & Dress</i>	
20.	EVALUATE & TREAT: <input checked="" type="checkbox"/> PT <input checked="" type="checkbox"/> OT <input checked="" type="checkbox"/> SPEECH <input checked="" type="checkbox"/> DIETARY	
21.	CONSULT DOCTOR: <i>Dr. Michel - ID, Dr. Juan Del</i>	
22.	NUTRITIONAL CONSULT: <i>3:00 PM 11/5/11</i>	
23.	NUTRITIONAL LABS: <i>11/5/11 12:30</i>	
24.	IV SITE: <i>PICC R UA</i>	
25.	IV FLUIDS: <i>Continue TPN</i> TPN: <i>@ home</i>	
	<i>Sum 2 hr Mouth Care 4 hr TO RB Dr. Navarro & Wanda Lewis [Signature]</i>	
	PHYSICIAN'S SIGNATURE	DATE / TIME





ADMISSION ORDERS Page 3 of 3

Patient Name: _____ Date: _____

BRUNSTING NELVA E
PT #: 0068342
DOB: 10/08/1926 AGE: 85
ATT: CADENAS JERSON
ADMIT: 11/04/11 RM/BED: /
MSV: XM
HR #: 000008905
SEX: F
1400



Patient Information

DO NOT USE: U, IU, QD, QOD, Trailing Zero, Lack of Trailing Zero, MS, M504, MgSO4

DATE/TIME	TREATMENT	NURSE'S NOTES
	MEDICATIONS	
11/5/11 1745	<p>Neuro 325 mg/500ml - take PO q 6hr PRN pain</p> <p>Synalgin 100mg PO daily @ 0630</p> <p>NS 10ml 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>Chemimx 4.25/5</p> <p>Amino acids 42.5 gm/l</p> <p>Dextrose 50 gm/l</p> <p>Na 35 mg/l</p> <p>K 30 mg/l</p> <p>acetate 70 mg/l</p> <p>Cl 39 mg/l</p> <p>Ca 4.5 mg/l</p> <p>Magnesium 5 mg/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 1745	<p>OTC RB R. [unclear] [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 ^{Dep 11/6/11}
 increase dose Hydrocodone 7.5mg 1 Q 6HR PRN

TIME A.M. P.M.
 JORB DR Navarro / emulsi^{on} 11/5/11
 Sign:
 Date: 11/5/11 Time: 12 A

DRUG ALLERGIES

Will start 11/6/11 08:00am

Imprint Patient Name Here

Be sure No. shows before WRITING

START NEW ORDERS BELOW

DATE START 11/6/11
 0945 Kayexalate 60 gram po stat
 JORB DR Navarro / emulsi^{on} 11/6/11

TIME A.M. P.M.
 Sign:
 Date: 11/6/11 Time: 10 AM

DRUG ALLERGIES

START NEW ORDERS BELOW

Imprint Patient Name Here

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.

DRUG ALLERGIES

USE BALLPOINT PEN - PRESS HARD - 5 COPIES
To remove orders from set, lift face sheet & tear at proper perforation

Imprint Patient Name Here

Be sure No. shows before WRITING

BRUNSTING RESIWA R MR E: 000003905
 PR N: 0068342 MR E: 000003905
 DOB: 10/08/1926 AGE: 85 SEX: F
 APT: CALERIAS JESSOR RM/RED:
 ADMIT: 11/04/11
 HSN: XM
 000003905
 R 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

DATE START 11/6/11
 TIME 10 AM
 change Kayexalate to retention enema
 D10W at 60 ml/hr + D1C
 once new TPN bag starts - *[Signature]*
 Change ketalar to 5mg q 8 Hrs.

Imprint Patient Name Here

DRUG ALLERGIES START NEW ORDERS BELOW

Be sure No shows before WRITING

DATE START
 TIME
 morphine 0.5mg IV q6
 prn for pain > 8
 Change Hydrocodone 7.5/500mg
 po q 12 prn pain < 8
 (limit frequency due to potential hepatotoxicity of acetaminophen in pt w/ history cancer)

Imprint Patient Name Here

BRUNSTON MELVA E MR #1 060608505
 FE # 0603342
 BOB: 10/08/1926 AGE: 85 SEX: F # 1408
 MFT: CADEWAS JERSON
 ADULT: 11/04/11 SM/BRD1

DRUG ALLERGIES START NEW ORDERS BELOW

Be sure No shows before WRITING

DATE START
 TIME
 Protonix 40mg IV daily
 CBC, BMP in AM.
 Atrovent / albuterol neb QID
 hold if asleep.
 Follow new TPN order *[Signature]*

Imprint Patient Name Here

Be sure No shows before WRITING



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 D/C
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

USE BALLPOINT PEN - PRESS HARD - 5 COPIES
To remove orders from set, lift face sheet & tear at proper perforation

Be sure No. shows before WRITING

BRUNSCING MELVA B MR N: 400008905
PT #: 0068342 MR N: 400008905
DOB: 10/03/1926 AGE: 85 SEX: F
NPT: CADWAS JESSICA # 1400
ADMIT: 11/04/11 RM/BD:



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.

Table with columns for BASE SOLUTION, PLEASE SPECIFY ONE, ADDITIVES PER ADMIXTURE, SPECIFIED 24 HR AMOUNTS, and STANDARD ADDITIVE FORMULA PER 1000, 500, 2000. Includes rows for CENTRAL FORMULA VOLUME, TRAVASOL 10%, DEXTROSE 50%, INTRALIPID 20%, TOTAL CALORIES, TOTAL PROTEIN, and ADDITIVES like SODIUM CHLORIDE, SODIUM ACETATE, POTASSIUM CHLORIDE, etc.

TPN-STANDARD FORMULA: CENTRAL PERIPHERAL, AMINO ACID, DEXTROSE, INTRALIPID, OTHER ADDITIVES PER ADMIXTURE. Includes handwritten notes like '3 -> 60 ml/hr. daily' and '50 ml/hr. q fast today (then MWF)'.

RECOMMENDED TESTS/PROCEDURES CHECK BOX FOR TESTS / PROCEDURES TO BE PERFORMED WHILE PATIENT ON THERAPY. SMA 2X TWICE WEEKLY, SERUM MAGNESIUM PRIOR TO THERAPY AND WEEKLY THEREAFTER, CBC PRIOR TO THERAPY AND THEN WEEKLY, PT PRIOR TO THERAPY AND WEEKLY.

ALLERGIES: PHYSICIANS SIGNATURE: DATE: 11/6/11 TIME: 10:30am NURSES SIGNATURE:

MR #: 0026342 MR #: 000028905 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 @ ACROSS P 100 mg qd
SD 5 weeks

TIME A.M. P.M.

DRUG ALLERGIES

START NEW ORDERS BELOW

DATE START

11/6/11 Morphine 1mg IV q 6 for pain as needed (PRN)
14:45 (The above morphine order is PRN HOLD if slow)

TIME A.M. P.M.

TORR NO Navarino / C. Mathew RN

Sign: _____
Date: _____ Time: _____

DRUG ALLERGIES

START NEW ORDERS BELOW

DATE START

11/6/11 Chest x ray - cont.
17:45 ↓ GPN to Home / his
Lorazepam 4.0 mg IV 1 dose now

TIME A.M. P.M.

TORR NO Navarino / C. Mathew RN

DRUG ALLERGIES

USE BALLPOINT PEN - PRESS HARD - 5 COPIES
To remove orders from set, lift face sheet & tear at proper perforation

BRUNSTING MEDINA E
PT #: 8066232 MR #: 00808905
DOB: 10/08/1926 AGE: 85 SEX: F
ATTN: CADORAS JERSON # 1400
ADMIT: 11/04/11 RN/BCP

Be sure to show before WRITING



5877



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	TIME	A.M.	P.M.
	11/6/11	2045 RT	CC	D. D. D.
	11/7/11	27 CC	Chamber	0200

Imprint Patient Name Here

DRUG ALLERGIES

START NEW ORDERS BELOW

Be sure No. shows before WRITING

DATE	START	TIME	A.M.	P.M.
	11/7/11	EKG	now	stat
		Stent		
		27 cc	Chamber	0200
		22 web	to	repress
		and	repress	repress
		Commit		
		D. T. T. T. T.		

Imprint Patient Name Here

BRONSTEIN, MELBA E
 PRN: 0068342
 DOB: 10/08/1926 AGE: 85
 AKA: CADEENS JESSOR
 ADMI: 11/04/11 PM/BSO

RSV1 08
 NR #: 00000995
 SEX: F
 # 1A00

DRUG ALLERGIES

START NEW ORDERS BELOW

WRITING

DATE	START	TIME	A.M.	P.M.
	11/7/11	11:00	CC	D. D. D.
		2.5mg		
		Metoprolol		
		12:00	PM	

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 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.
 [Signature]

Imprint Patient Name Here

DRUG ALLERGIES

Be sure the above is correct before WRITING

INDICATING RELMA
 PT #: 0068342
 DOB: 10/08/1926 AGE: 85
 APT. ADDRESS: JERSON
 ADMIT: 11/04/11 BM/SEX: M 1400
 MR #: 00008905
 RSV: XM
 SEX: F
 H 1400

WRITING

Be sure the above is correct before WRITING

USE BALLPOINT PEN - PRESS HARD - 5 COPIES
To remove orders from set, lift face sheet & tear at proper perforation

5879



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 ^o chaxt V Miley RN			
	11/8/11	12 ^o cc DORT			
	11/8/11	24 ^o cc Oxamnolam 0200			
	11/8/11	9 am: Stool for C. difficile			
	11/8/11	1100 12 ^o cc			

Impoint Patient Name Here

Corq Mihy, MD
S. Lutz

DRUG ALLERGIES

START NEW ORDERS BELOW

Be sure No. shows before WRITING

DATE	START	ORDER	TIME	A.M.	P.M.
	11-8-11	1410			
		① Rental pump in AM			
		② Kayexalate 30grams as			
		Retention average X 2 hours			

Impoint Patient Name Here

11-8-11

DRUG ALLERGIES

START NEW ORDERS BELOW

Be sure No. shows before WRITING

DATE	START	ORDER	TIME	A.M.	P.M.
	11-8-11	12 ^o cc 1415			

Impoint Patient Name Here

DRUG ALLERGIES

Be sure No. shows before WRITING

BRONSTEIN MELVA E
 PT #: 8068342 MR #: 000003905
 DOR: 10/08/1926 AGE: 55 SEX: F
 APT: CAUSAS JESSON RN/BSO:
 ADMI: 11/04/11

HSV: XM
1490

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 20mg
1UP X 1

Imprint Patient Name Here

11/8/11
2030

DRUG ALLERGIES
Penicillin / amoxicillin

START NEW ORDERS BELOW

Be sure No. shows before WRITING

DATE START

11/8/11
2030
11/9/11
0700
A.M.
P.M.

2030 12° chest check Barbara Lewis R
11/9/11 0700 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

WRITING

DATE START

11/9/11
710
A.M.
P.M.

11/9/11 710 Garden Drug 100 mg q 12 hrs
Stop subcutaneous / enoxaparin

Imprint Patient Name Here

DRUG ALLERGIES

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

VBC, Chem 7, BNP and stool for occult blood x3.
T.A.R.B. Dr. Mamik / Barbara Lumb

Imprint Patient Name Here

TIME

A.M.

P.M.

11:00 AM
11:00 AM
11:00 AM

DRUG ALLERGIES

START NEW ORDERS BELOW

Be sure No. shows before WRITING

DATE

START

11/9/11

12 HR RT clot v Ant Bldg
11:00 EA-6P.

Imprint Patient Name Here

TIME

A.M.

P.M.

~~12:00 PM~~
Read notes, MARB

DRUG ALLERGIES

START NEW ORDERS BELOW

Be sure No. shows before WRITING

DATE

START

11/9/11

ALBUMIN 25gms 10P follow
by LASIX 20mg 10P

Imprint Patient Name Here

TIME

A.M.

P.M.

11-9-11 1315 Barbara Lumb

DRUG ALLERGIES

Be sure No. shows before WRITING

5883

USE BALLPOINT PEN - PRESS HARD - 5 COPIES





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 ^{Aug 11/9/11 15:05}

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

Patient Identification



Critical Test/Diagnostic Results

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.

[Signature]

Be sure No. shows before WRITING

55885

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" BTCC - BERT
 24" Al Asom...

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
 110 Ave 130 RHC Koy...

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 14:37
 DIC Telemetry
 May transfer to Home Care and accepted.
 11-10-11 1540

TIME A.M. P.M.

Imprint Patient Name Here

DRUG ALLERGIES

Be sure No. shows before WRITING

BRUNSTING MELVA R
 PT #: 0068342
 DOB: 10/08/1926
 APT: CADENAS JERSON
 ADMIT: 11/04/11

ICV: 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 & Time lab/diagnostic test was done:

Date: 11/10/11
Date: 11-9-11

Time: 2230
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>2:00</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>				

Imprint Patient Name Here

BRUNSTING NEENA E MR # : 00008395
 PI # : 0063142
 DOB : 10/09/1926 AGE : 85
 SEX : F
 HT : 5'00" WT : 140
 ADMITE : 11/04/11 RN/ABD :

DATE	START	TIME	A.M.	P.M.	DRUG ALLERGIES
<u>11/11/11</u>	<u>1230</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/BED: /



PROGRESS NOTES

Page 1 of 2

DATE / TIME	PLEASE NOTE DATE AND TIME
11/6/11 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 & subseqt.</p> <p>- PMU CPE, wt, LFTs</p> <p>Discussed at length with daughter.</p> <p><i>[Signature]</i></p> <p>Cora Mihos, MD</p> <p>713-444-1201</p>
11/6/11 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 do a lateral to X-RAY DUE to tachycardia.</p> <p><i>[Signature]</i></p> <p>Frank - York -</p>



BRUNSTING NELVA J
 PT #: 0068342 MR #: 00008905 HSV: XM
 DOB: 10/08/1926 AGE: 85 SEX: F
 AIT: CADENAS JERSON RM/REG: # 1400
 ADMIT: 11/04/11

PROGRESS NOTES

Page 2 of 2



DATE / TIME	PLEASE NOTE DATE AND TIME
11/21/11 130	<p>pullen High ex. info of report HR 4 SOB Dark</p>
11/27/11 130 524 ? sat	<p>com - report HR / Hachings chest - wheezing / rales Hx of COPD Wt loss - about low - cervical → acute myocardial infarction post-operative 32% - tachycardia severe malnutrition COPD Hx of dx - pneumonia Hx of Biking Co</p> <p>Plan - change med - FKA - telemed reasonable 11/27/11</p>
11/28/11 1102 improvement lab	<p>pullen pt looks a little better. Dark. 101/61/114 97% O2 % post-op chest - mild crackles Hx of COPD Wt loss - about low - cervical dx above Plan - pulmonary hygiene supportive care - Hx - SOB - renal dx. 11/28/11</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
4/7/11	Chest
4/7/11	P. 2:00 PM - 4:00 PM. Chest exam. Full. S. 10/10/11
4/7/11	A. 10/10/11. Chest exam. Full. S. 10/10/11
A	A. 10/10/11. Chest exam. Full. S. 10/10/11
	A. 10/10/11. Chest exam. Full. S. 10/10/11
	A. 10/10/11. Chest exam. Full. S. 10/10/11
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	A. 10/10/11. Chest exam. Full. S. 10/10/11
	A. 10/10/11. Chest exam. Full. S. 10/10/11
	A. 10/10/11. Chest exam. Full. S. 10/10/11



BRUNSTING NELVA E
 PT #: 0068342 MR #: 000086905
 DOB: 10/08/1926 AGE: 85 SEX: F
 AIT: 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	⑥ 12/1/13 P-130 8-24 98.7
rev	Gen - Awake, began to speak but uninterpretable, pulse - weak
	IV - heparin, NS 1+5
Lab	Lab - status noted ⑤
Med 15	Asst. updated ① food since 1:30 included
Med 4:30	Est 3-4 per day since ②
U-57	News - no apt, body enough to speak, very weak
TSH - 9.69	
	B/P ① Biliary Canal, obstruction - if further blood available
11/27/12	② COPD exacerbation - pt on Keppra, Ativan, Seroquel IV
	③ T-tubing / SFT / CAT - history per, d.u. no need
11/28/12	④ Care given / wound - wound, call to monitor
11/29/12	⑤ Serum theophylline / SFT on TPN
11/30/12	⑥ UTE / Septal - cont W flow
	⑦ Respiratory - SF included. Please get
12/1/12	⑧ Dental prognosis - very poor. She should be considered for hospice
⑨ admission given orders	Home health wants to continue ① DNR. Henderson





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) Staff
9:45 am	Remains lethargic, minimally aroused
	924 127/45 130 24
A3c	Dx: mucous membrane
u/s mucogener	lungs @ bronchi
500912	C.S. distal, tachy
	Ald. distended ↓ BS, NT
	(-) Rom Proc 5 erythema
	dtr. +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 Mihm, MD
11-7-11	Speech Pathology
10:30	bedside swallow eval admitted
	decomp; continue nasal
	nutrition from 2) modified Barium
	swallow study.
	g. Hays, MACE/CP





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: /



DATE/ TIME	PLEASE NOTE DATE AND TIME
11/7/11	Pul
17W	S - great, cough, not in diet Pul: I/O 1630/1600
	Ox: 1 to H ₂ O
	Not on enteral
	Lab you want () Pul 1236
	Wght = 8.2 $\frac{130}{55} / \frac{104}{51} / \frac{104}{53} (123)$ = Phys design
	T ₂ Hypertension - beta blockers
	C Anemia due to hypoxia
	C low albumin
	Pul & T ₂
	C lower rate



BRUNTING NELVA E MR #: 000008905
PT #: 0068342 MR #: 000008905
DOB: 10/08/1926 AGE: 85 SEX: F
ATT: CADENAS JERSON # 1400
ADMIT: 11/04/11 RN/BRD: /

PROGRESS NOTES

Page 2 of 2

PLEASE NOTE DATE AND TIME

DATE / TIME	PLEASE NOTE DATE AND TIME
11/21/11	Looks like when more comfortable about vs. 12/10/11 P. 114, 112, 24
11/21/11	Circulatory, regular
11/21/11	A. abd: flat, soft, AHS
11/21/11	C/O. 11/7 visited
11/21/11	11/21/11, 8:15, c.c. military, CA, (R/L) (M) (N) (S) (U) (V) (W) (X) (Y) (Z)
11/21/11	renal output, maintenance -> 3rd specimen
11/21/11	will review
11/21/11	
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11/21/11	

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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 8:55 am	I.D. staff
11/2	More about her medications no new complaints. 97% sat 11/1/11 117 22 96% on 2L
11/5 Allergies	Chemically Allergic (any) NAD Lungs: 6/6 lobes = 12 2.5L P.O. ₂ feeding Asthma: distended, bibs, CRT w/ R arm PICC 5 respiratory Extremities: +2 pitting edema bil Skin: pale, dry
11/7	6.3 / 58 vit 2.4 UO ③ No 90%
	US on 11/6: scattered abdominal ascites collections b/c pleural effusions
	I Advanced biliary carcinoma Polymicrobial UTI Hx of atypical mycobacterial inf. (lungs) CRT Asites: Sp drainage last week ↑ leukocytes
	RHC - continue medication - F/U CBC → if further ↑ will need more - will F/U on Co. MTT etc. and further adjust ABx. - continue to monitor - ✓ C. diff/blood C.C.C. Cadenas Jeron, MD



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 1400	Renal S: Pt is awake & alert - neb tx in progress - on TEN
	O: BP 101/61 P 114 R22 Temp 97.2 F/O 1020/1025 128 99 909 219 (5.6) 18 2.4
Cv 8.3	GEN: NAD
Alb 1.6	Lungs: @ Rhonchi
PO4 4.9	Heart: S2, S3, tachy
Mg 2.3	Abd: B5+
	Ext: @ edema @ LE @ ARM 2+
	A: ① ARF/CKD
	② hyperkalemia
	③ biliary CA
	P: Jabs in Am
	Repeat Kayexalate
	K ⁺ seen & present per i-ohm
	- not in lab, Pt has persistent hypokalemia
	- will try K ⁺ replacement + furosemide, 3L
	Labs out
	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
	① Pt 5 events of fevers w N.V.D Pt had SOB from event
	Continues on TPN & SOB @ pump
Meds	② 101/67 114 97.2 22
REV	960 - A. nite, moderate distress
	CV - tachycardia, at S1+S2
Labs	Lungs - (3) rales with crackles & wheezes
	Ald - SOB, increased @ BS or chest
	Eti - Edema ③ LG
129/99/109/64	Neuro - remains all extensor & focal deficits
5.6/18/24	
Alb-1.6	AcP 1) Metabolic Biliang CA -
Mg-2.3	2) COPD & exacerbated
Phos-2.9	3) Tachycardia / SVT - stable
	4) Rales of base, 2/3 - stable, crackles @ base of lungs, 2/3
	5) LFT / Sepsis - cont Abx per Dr. Thon
	6) Dysphagia - SE -> MAS today
	7) DNR
	8) Mucositis - TPN per med.
	Mueja, MD
11-8-11	Speech Pathology
16:00	The patient is at the oral
	pharyngeal stage of dysphagia on modified
	Barium swallow study.
	Recommend: 1) oral feeding
	2) Dysphagia 4 3) reassess in
	4 weeks
	J. Shabay MD





BRUNSTING MELVA S
PT #: 0068342 MR #: 000008905
DOB: 10/08/1926 AGE: 85 SEX: F
ATT: CADENAS JERSON # 1400
ADMIT: 11/04/11 RM/BED: /



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>S₂ P₂ normal, today</p> <p>Abd. distended, firm, NT, ⊕ BS ⊕ R/OG</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"> - continue Meropenem - Blood cultures Today - F/U CBC - ✓ C. difficile - ? diagnostics / therapeutic precautions
	<p><i>[Signature]</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 21:00	TPC - Internal Medicine Notes: Admission for several nights. Subjective: very weak
BP: 96/52	General: NTND WD/WN NAD
HR: 73	HEENT: EOMI / PERTA
T: 47.3	Neck: Supple JVD Scar Mass Bruits
RR: 20	Chest: CTA&P Wheezes decreased breath sounds. Cardio: RRR Irregular Irregularly irregular Murmur 3/6 R/M
	Abdomen: Soft NTND Tender Distended Bowel sounds normal/hypoactive
	Extremities: Edema Cyanosis Clubbing Pulses good Calves non-tender
	Neuro: Awake/A & OX Moves all extremities very weak
	Spine: Non-tender/non-deformed collapsed.
	Skin: Intact Decubiti Rash Small skin
	Labs/Imaging: Reviewed Large renal ulcer. No new labs/No new x-rays
ASSESSMENT AND PLAN:	
<p>Admission to Home Adm. Bilateral foot ulcer severe protein cal. malnour. Anxiety D/O Restlessness/Agitation UTI - Jexin</p>	
<p>Cont. to supportive care TPN per nutrition. Attention IV prn Care: DNR</p>	
<p>Hospice local admission per Houston Hospice.</p>	
 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 # 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 ³
	w-acc
	chest mild crackles
	Aldo 2003/WT
	Nana - somnolent
	-ACE
	-CO2
	-Sx
	-HT
	-insomnia
	-encephalopathy
	plan progress for pneumonia by qweek
	-Hx of stroke
	-Hx of ID
	-hypertensive case
	TREAT
11/21/11 12:40	Pt
	S = somnolent
	- DO 1590/300
	- RA 10
	90% SpO2 110-120
	w-acc
	chest mild crackles
	Aldo 128/09/115 (134)
	E-P/18/20
	Treat Ald
	C mild hypertension
	C obstructive lung disease
	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	<p>Resting, had given Arwan ear loer. W, RR, 86/45, P, 118, R, 16 F, tachy, regular abd. ascites @ ves J, CTA @ ant exts 2 + edema J, 11/9 noted. ALP, 857 u. J, cholangiocarcinoma, tender peritoneum Bxpts; with GUN report, poor prognosis.</p>
11/10/11 6:15 pm	<p>50 supp events noted more lethargic today 97% 86/45 118 16 97% on 2L NC Chronically HE appearance lungs: (+) nonchf SS, RR, F, tachy Abd: distended, soys. +2 pitting edema bil I Advanced biliary carcinoma Polypoid nodular UTE -> recent UTE (-) Hx of atypical pulmonary mycobacterial infection CPE Ascites S/P drainage. ↑ leukocytes No fever. Rec. - continue Mesopressin - currently being evaluated for hospice care - Ptu on (+) culture</p>
ASX Mesopressin cat 2.56	<p><i>[Signature]</i> Cora Miku, MD</p>





PHLEBOTOMY

PROGRESS NOTES

Page 1 of 2

Patient Identification

221

DATE / TIME	PLEASE NOTE DATE AND TIME
11/10/11 7:00	IPC - Internal Medicine Notes: <i>ully drugg; daughter at bedside.</i>
	Subjective:
BP: <i>ditas</i>	General: AT/NC WD/WN NAD <i>lethargic</i>
HR:	HEENT: EOMI/PERRL
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 syst.</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>drugg. 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
	ASSESSMENT AND PLAN:
	<i>UTI - Vaginal</i>
	<i>Failure to thrive</i>
	<i>Met. Primary Cancer</i>
	<i>Low protein Cal. Malnutrition.</i>
	<i>Hypertension.</i>
	<i>Emphysema</i>
	<i>Dementia</i>
	<i>Cont. current mgmt.</i>
	<i>Hospice eval.</i>
	<i>with D/C TRN will transfer</i>
	<i>to hospice.</i>
	<i>May admit from Lu pt.</i>
	<i>Hospice eval send doc</i>
	<i>back Home Hospice.</i>

Jerson Cadenas, MD
IPC 713.960.8008





PROGRESS NOTES

Page 1 of 2

BRUNTING NELVA E HSV: XM
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
720	P secondary hypotension
meds held	p/wk
late	T/SA sat 90 = 100%
	90-90
	dialy - mild chvch!
	Hx - DORS
	Neuro secondary
	P/c - signs
	- acute renal failure
	- failure of Hx
	- met. bilacry cancer
	- 2005
	Plan - hospice - med TPR - admit hospice - plus family - [Signature]

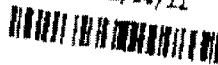


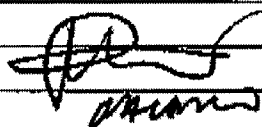
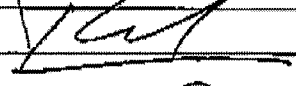


PROGRESS NOTES

Page 1 of 2

BRUNSTING NELVA E
RT #: 0069342
DOB: 10/08/1926 AGE: 85
ATT: CADENAS JERSON
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 morbund, gasping respirations good S.O. reflex lungs are crackles abd soft.
	AD ① End stage urinary carcinoma - admit her for hospice - keep comfortable. ② Renal insuff. ③ Malnutrition
	
11/11/11	
1509	S= pt appears fairly in bed Rt 7/8
	G= abd lb Rt 7/8 Rt 7/8 = 11/8/25
	T= 10/25 C= 10/25
	D/O family

pt is terminal fully declared
organ problems indicate pt is unstable
now, will stop



Report

Page 1 of 2

Accession: MRN: 8905 Name: BRUNSTING, NELVA E



WEST Select Houston
campus

221

Name:	BRUNSTING, NELVA E	Exam Date:	11/6/2011
DOB:	10/8/1926 (Age 85)	Accession:	
MRN:	8905	Exam:	P CXR/DYSPHAGIA
Account #:		Physician:	

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", with a horizontal line underneath.

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

Name:	BRUNSTING, NELVA E	Exam Date:	11/6/2011
DOB:	10/8/1926 (Age 85)	Accession:	
MRN:	8905	Exam:	RENAL/BLADDER
Account #:	001	Physician:	

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, Zoloft 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, 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, Aspir-81 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 cavitory 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

FINAL RESULT

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
F INR	3.2	H	RGA
- Reference Range	0.9-1.1		
- Moderate-intensity Warfarin Therapy	2.0-3.0		
- Higher-intensity Warfarin Therapy	3.0-4.0		
-			
F PT	32.5	H 9.0-11.5 sec	RGA

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 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 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 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
 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)

PULMONARY H&P

Name: Nelva Ernisting

Date: 11/29/10 cc: SOB

HPI:

McGowan
- Dohi
- Gudvani

8/4/4

Goldman/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

⊕ Sinus 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 1 month → 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
- Ethambutenol

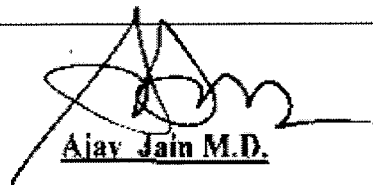
Discontinue @ length side effects etc.

- / smoking

Smoking Cessation Consulting:

Follow Up in

Minh A. Tran M.D.



Ajay Jain M.D.

Version: 1.2.0 BEST 3 FVC/FVL 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

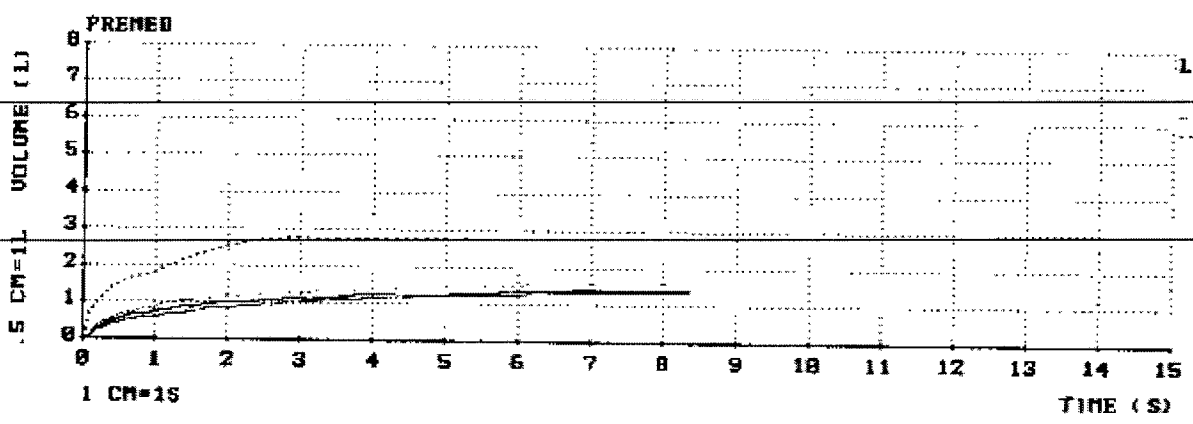
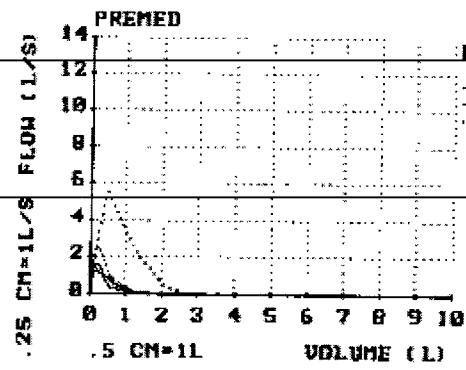
Clinical Format: PREMID - 04:39PM * Indicates Best Value < Indicates Below LLN
 Best Criteria: VAI

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)	*		7.08	7.79		

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 O₂ 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

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
- Brovana / 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 F2F 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):

* Incline to stroke
Asthma

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 taxing 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:

* *[Signature]*
JAIN, AJAY

Date Provider Received Signed Document:

* *[Signature]*

Document Author and Signature Date:

WENFAM, AMY RN/EX/PCX

10/12/11

FAXED
OCT 04 2011
By *[Signature]*

HOME HEALTH CERTIFICATION AND PLAN OF CARE

\$ * *) /) * / 1 , \$

1. Patient's HC Claim No. 282320905D	2. Start of Care Date 07/16/11	3. Certification Period From: 09/14/11 To: 11/12/11	4. Medical Record No. 00365734-00445345	5. COC 457222
---	-----------------------------------	--	--	------------------

6. Patient's Name and Address BRUNSTING, MELVA B 13630 PINE ROCK HOUSTON, TX 77079 713-464-4391	7. Provider's Name, Address and Telephone Number HOUSTON CERTIFIED GIRLING HEALTH CARE INC 6700 W LOOP SOUTH STE 200 BELLAIRE, TX 77401 7137816691 <i>Return Fax 713438-0807</i>
---	--

8. Date of Birth 100826	9. Sex M X F	10. Medications: Dose/Frequency/Route (Change) CALCIUM WITH VITAMIN D 600 mg (1,500 mcg)-200 unit TABLET 1 ORAL 2 times daily ASPIRIN 81 mg TABLET 1 ORAL Daily OXYGEN GAS (See Addendum)
----------------------------	-----------------	--

11. ICD-9-CM 43851 12. ICD-9-CM N/A 13. ICD-9-CM 43812 49121 0319	Principal Diagnosis LT HF CHL PARAL DO-1 Surgical Procedure Date 071611	Other Pertinent Diagnoses LATE EFF CV DIS-EY-F Date 071611 OBS CHR BRONC W(AC) Date 071611 MICROBACTERIAL DIS -O (See Addendum) Date 071611
--	---	---

14. DME and Supplies: Has - Walker (standard) Has - (see Addendum)	15. Safety Measures: 1 - Establish emergency plan 2 - (See Addendum)
---	---

16. Nutritional Req.: 1 - Regular; 2 (See Addendum)	17. Allergies: No Known Allergies
---	-----------------------------------

18.A. Functional Limitations 1 Amputation 5 X Paralysis 9 Legally Blind 2 X Bowel/Bladder (Incontinence) 6 X Edema 10 X Dyspnea With Minimal Exertion 3 Contracture 7 X Ambulation 11 Other (Specify) 4 Hearing 8 X Speech	18.B. Activities Permitted 1 Complete Bedrest 6 Partial Weight Bearing Independent At Room 2 Bedrest BAF 7 Crutches 3 X Up As Tolerated 8 Cane 4 X Transfer Bed/Chair 9 Other (Specify)
--	---

19. Mental Status: 1 Oriented 3 X Forgetful 2 Confused 4 Depressed	5 Disoriented 7 Agitated 6 Lethargic 8 Other
--	---

20. Prognosis: 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 AN. 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, IMMOBILITY, EMOTIONAL, NEUROLOGICAL. REPORT TO MD: BP >170/90 <90/50, RA >164 <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 Goals: (See Addendum)	23. Nurse's Signature and Date of Verbal SOC (Where Applicable) <i>[Signature]</i>	24. Date NHA Received Signed POT
---	---	----------------------------------

25. Physician's Name and Address WENHAM, AMY RN/BS/FGS JAIN, AJAY 902 FROSTWOOD DRIVE SUITE 108 HOUSTON, TX 77024 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 <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 N282328905D	2. Start Of Case 8/15/11	3. Certification Period From: 091411 To: 111211	4. Medical Record No. 00366734-00445345	5. CCN 487222
6. Patient's Name BRUNSTING, MELVA E		7. Provider Name 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

NITROGLICERIN 0.4 mg TAB .U.S.P.
1 SUBLINGUAL As needed

CENITRUM 400 mcg-152 mg 18 mg-300 mcg-2 TABLET
1 ORAL Daily

LEVOTYROSINE 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

IPUDOLAX 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. RN/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		

6. Item No.
- 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
9 - Teach standard precautions (e.g., handwashing, safe disposal of contaminated sharps and supplies)
 - 16 - 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

10. Date

11. Optional Name/Signature of URS Therapist

12. Date

WYHAM, ANY PN/EX/CK

091411

ADDENDUM TO: X PLAN OF TREATMENT MEDICAL UPDATE

1. Patient's RI Claim N02328903D	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 HOUSTON 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.

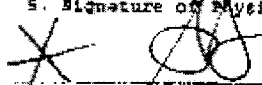
64 YEAR OLD FEMALE LIVES IN OWN HOME WITH 24 HOUR PAID CAREGIVERS WITH PNR TO INCLUDE CVA, MEN, ATYPICAL MYCOBACTERIUM INFECTION, COPD, BILIARY DUCTAL NEOPLASM, HYPOTHYROIDISM, TIA, HOSPITALIZED TIA FROM KATY REBAR. ARND, HEART IRREGULAR LUNGS SHORT OF BREATH WITH MINIMAL EXERTION AND RONCHI RIGHT MIDDLE 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.

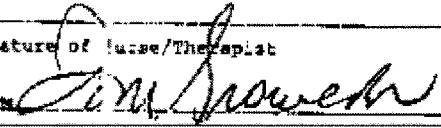
9. Signature of Physician



10. Date

10/12/11

11. Optional Name/Signature of Nurse/Therapist



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

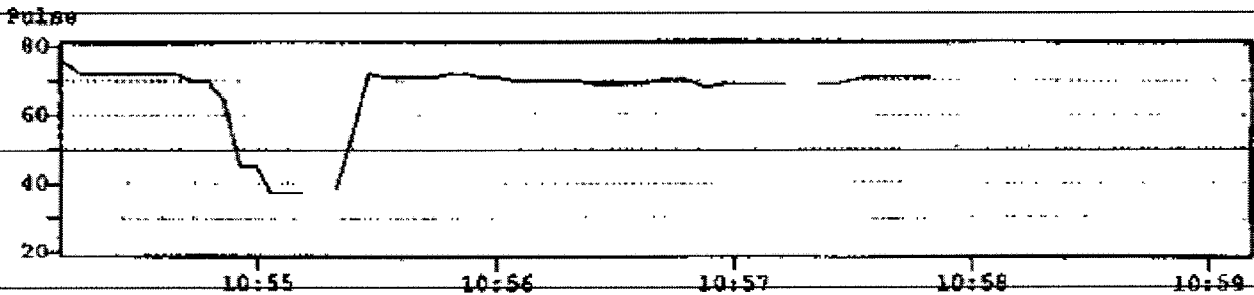
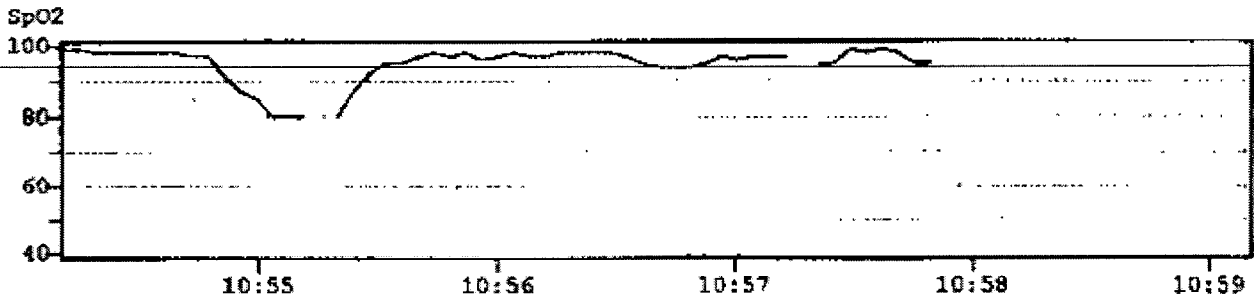
Recording time: 00:03:40	Highest pulse: 75	Highest SpO2: 99%
Excluded sampling: 00:00:08	Lowest pulse: 37	Lowest SpO2: 80%
Total valid sampling: 00:03:32	Mean pulse: 67	Mean SpO2: 94.8%

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 ≤ 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 ≥ 10 sec & ≤ 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
Excluded sampling: 00:00:00
Total valid sampling: 00:00:36

Highest pulse: 87
Lowest pulse: 65
Mean pulse: 74

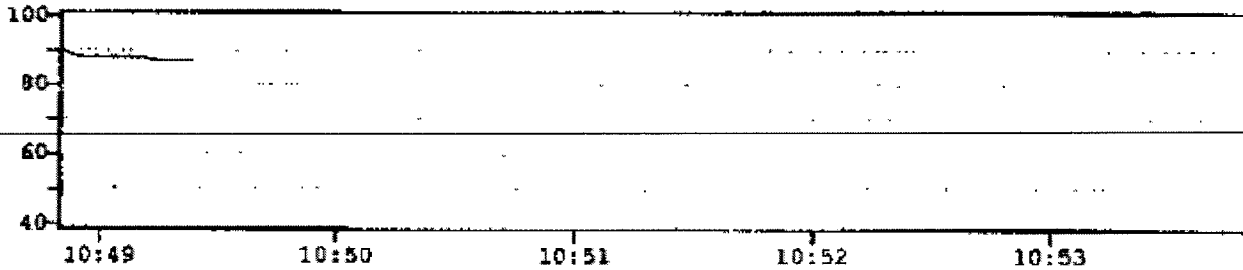
Highest SpO2: 90%
Lowest SpO2: 87%
Mean SpO2: 87.9%

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%

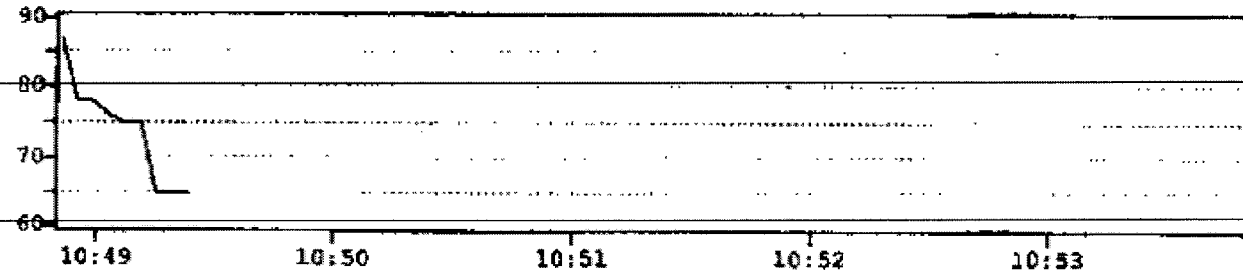
The longest continuous time with saturation <=88 was 00:00:32, which started at 10/06/11 10:48:55.

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

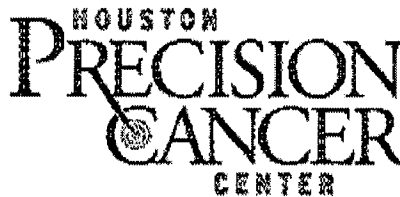


Pulse



© 2006 PROFOX Associates, Inc. Oximetry version Respironics RR0706.06-1148
Oximeter: Respironics 920M memory, 4 second resolution.

10405 Katy Freeway, Suite 150 E
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 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

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

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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 ³ /uL	RBC	3.60 10 ⁶ /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 ³ /uL	MPV	7.30 fl
Neutrophils	7.64 10 ³ /uL	Lymphocytes	0.68 10 ³ /uL(LOW)
Monocytes	0.97 10 ³ /uL	Eosinophils	0.10 10 ³ /uL
Basophils	0.06 10 ³ /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 ³ /uL	RBC	3.36 10 ⁶ /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 ³ /uL	MPV	8.06 fl
Neutrophils	7.60 10 ³ /uL	Lymphocytes	2.05 10 ³ /uL
Monocytes	1.13 10 ³ /uL(HIGH)	Eosinophils	0.15 10 ³ /uL
Basophils	0.04 10 ³ /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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(713) 778-0300
Fax (713) 778-0303

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: 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

Physician: Alex P Nguyen
Date: Oct 24, 2011

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:

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, Zolof 1 (25 mg) Tablet Oral daily, Actonel Tablet Oral

Allergies:

No Known Allergies.

Laboratory and Imaging:

Test performed on Oct 24, 2011 16:38

WBC	11.24 10 ³ /uL(HIGH)	RBC	3.78 10 ⁶ /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 ³ /uL(LOW)	MPV	8.19 fl
Neutrophils	8.09 10 ³ /uL(HIGH)	Lymphocytes	1.96 10 ³ /uL
Monocytes	0.98 10 ³ /uL	Eosinophils	0.18 10 ³ /uL
Basophils	0.03 10 ³ /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
PRECISION
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

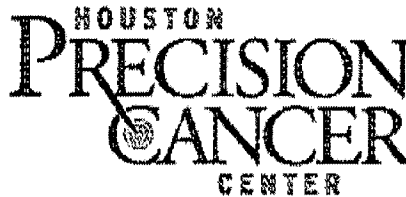
NOTE:

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

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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.

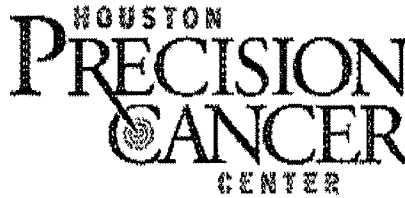
She had restaging CAT scan on 10/14/11 that revealed again multiple masses throughout the left hepatic lobe. There were lesions throughout the right hepatic lobe as well that were new compared to 8/1/11. She had continued lung findings from her TB infection.

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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 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.

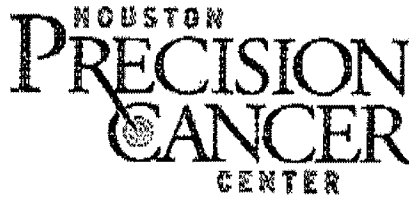
Back/Spine Presents with reduced flexibility and abnormal spinal curvature.

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
Kuan Yu, M.D., Ph.D
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: fly

SUBJECTIVE: Breathless as long as on oxygen
& coughing & wheezing & fever chills
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:

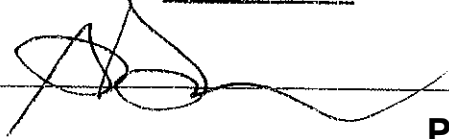
ASSESSMENT / PLAN: ① MAI
② Severe COPD
③ Metastatic Breast CA.

Smoking Cessation

Ph
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: heap flc

SUBJECTIVE: Doing better, +500,
+ energy, physical therapy
+ eval
when off O₂ 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
 Rifin
 ethan
- Oxygen
- Brovana

Smoking Cessation

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:
- Refor...
- Azith...
- Ethambutol
D/W fully @ center
side effects etc.
- / smoking

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 drainage -> for 7 hrs needs help
& relation to drugs "feel better" & change in SOB

APMTB -> 4 mets
Pneumonia 3 years ago - pneumonia/bronchial
infection x 7 months -> SOB; July. Bole
Duct Cancer - Sept ->

Dr. of
Bole Overt CA
Bronchial cancer

- 10 years ago (Atypical Mycobacterium)
- 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 #: _____
EMPLOYMENT	Relation to Patient: _____
Patient employed by: _____	Date of Birth: _____
Work Address: _____	Employed by: _____
Business Phone: _____	Occupation: _____
Occupation: _____	Business Address: _____
SPOUSE (if married) or PARENT/GUARDIAN (if minor)	Business Phone: _____

Name: _____ Address: _____ Home Phone: _____ Cell Phone: _____	SECONDARY INSURANCE INFORMATION
EMERGENCY CONTACT: RELATIVE OR FRIEND	Insurance Company: _____
Name: <u>CAROLE BRUNSTING</u>	Name of Subscriber: _____
Address: <u>5122 JASON</u>	Policy #: _____
Home Phone: _____	Group #: _____
Cell Phone: <u>713-560-6381</u>	Phone #: _____
	Relation to Patient: _____
	Date of Birth: _____
	Employed by: _____
	Occupation: _____
	REFERRED BY
	Name: _____

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 1812 Centre Creek Drive, Suite 300, P.O. Box 149134, Austin, Texas 78714-9134
 Telephone: 1-800-201-9353.

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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 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.

P5962

Signed _____ Date _____

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

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0503

UnitedHealthcare Options PPO
Administered by UnitedHealthcare Insurance Company

Printed: 12/10/09



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For Providers: 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: _____

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 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

JUL 15 2011 3:53PM

No. 7700 P. 1 +

STAT "PLACE X IN BOX IF STAT"

"Applied when necessary given to depress the Domestic
agonist or Medial. Give repeated therapeutic
agonist unless otherwise indicated by the words -
NO BY RATES OF USE - MEDICAL NECESSITY"

ALLERGIES: NKA YES
 DRUG: _____
 OTHER: _____
 WT: _____ kg. HT: _____ cm.

DATE	TIME	PHYSICIAN'S ORDERS
7/15/11		DRG bond
		<i>[Signature]</i>
7/15/11		Continue Home Health Subal Dr. Jain / Reson. Meltin in need Home Health: SN, PT, OT visits Arrange for hospital bed @ home V.O. Dr. Ajay Jain / Subal
		<i>[Signature]</i> M.D. 7/31/11 MED STAFF I.D. #

PLEASE INCLUDE YOUR PHYSICIAN ID AND PAGER NUMBER WITH YOUR LEGIBLE SIGNATURE AND PRINTED NAME

DO NOT USE THESE ABBREVIATIONS	USE	DO NOT USE THESE ABBREVIATIONS	USE
U	UNITS	MS. M. 104	MORPHINE SULFATE
QD	DAILY	MGE 14	MAGNESIUM SULFATE
IU	INTERNATIONAL UNIT	LEADING DECIMAL POINT X mg	LEADING ZERO (0.X mg)
QOD	EVERY OTHER DAY		
TRAILING ZERO AFTER THE DECIMAL POINT (X.0)	X mg.		

MEMORIAL HERMANN

Physician's Orders - MC

34318002-7311 ADM: 07/11/11
 BALUNTING, MELVA E
 DOB: 10/01/1926 1.4 Years F SER: PUL
 MD: Jain, Ajay MD 2744A 7/11/2011



63300 205

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 ³ /uL	RBC	3.89 10 ⁶ /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 ³ /uL	MPV	7.42 fl
Neutrophils	4.82 10 ³ /uL	Lymphocytes	1.15 10 ³ /uL
Monocytes	0.69 10 ³ /uL	Eosinophils	0.19 10 ³ /uL
Basophils	0.01 10 ³ /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

Stephen Parven MD

Dr. Stephen Parven

Board Certified Radiologist

*For to ordering
Physician.*

*hy
2/28/11*

Thank you for the opportunity to assist in your patient's care.

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 1346 Campbell Road & 1241 Campbell Road
 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.

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Stephen Parven, M.D.
SP/ejp/mms DL: 02/24/2011 DT: 02/24/2011

Dr. Stephen Parven
Board Certified Radiologist

*fax to ordering
Physician*

*hy
2/28/11*

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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:

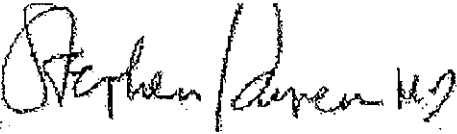
Interstitial scarring is seen throughout both lungs. There is a persistent nodular opacity at the right base. Followup is recommended to exclude neoplasm. The right pleural effusion has resolved since the last exam. There is no other consolidation. The heart size is normal. Calcification is seen in the 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 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.

IMPRESSION:

1. Interstitial fibrosis.
2. Diminished right pleural effusion but persistent nodular opacity at the right base. Followup is recommended.

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

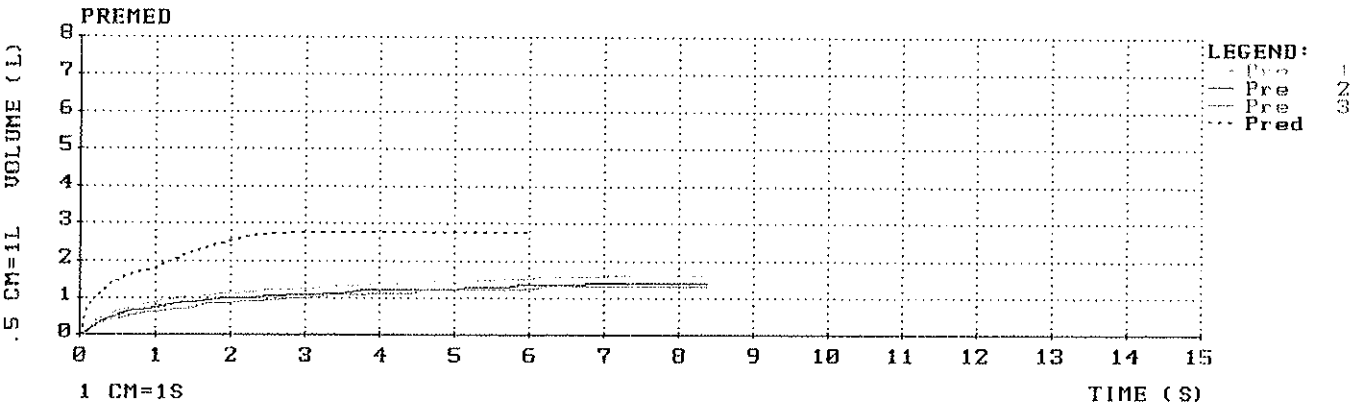
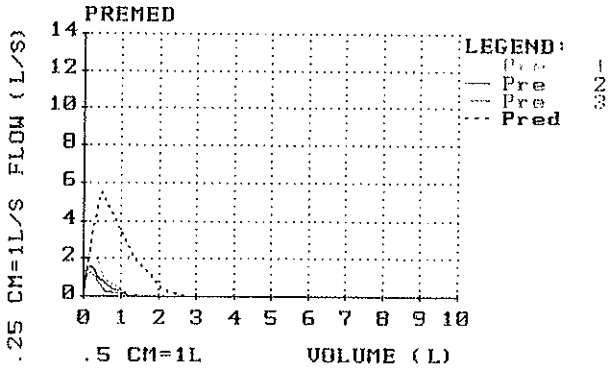
Clinical Format: PREMED - 04:39PM * Indicates Best Value
Best Criteria: VAL < Indicates Below LLN

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 80th 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 119-720-2111-0	TYPE S	PRIMARY LAB HD	REPORT STATUS COMPLETE	Page #: 1
ADDITIONAL INFORMATION				SS#: ***.**-4685
FASTING: N PHONE: 713-464-4391 DOB: 10/08/1926				
PATIENT NAME BRUNSTING,NELVA		SEX F	AGE(YR./MOS.) 84 / 6	
PT. ADD.: I3630 PINEROCK Houston TX 77079-0000				
DATE OF COLLECTION TIME 4/29/2011 17:29	DATE RECEIVED 4/29/2011	DATE REPORTED 4/30/2011	TIME 18:07	7513

CLINICAL INFORMATION CD- 51066468422		
PHYSICIAN ID. NGUYEN T	NPI 1841228970	PATIENT ID. 481-30-4685
ACCOUNT: Dr. Thien Nguyen 2405 S. Gessner, Suite B Houston TX 77063-0000		
ACCOUNT NUMBER: 42210730		

TEST	RESULT	LIMITS	LAB
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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
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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 119-720-2111-0	TYPE S	PRIMARY LAB HD	REPORT STATUS COMPLETE	Page #: 2
ADDITIONAL INFORMATION SS#: ***.**-4685				
FASTING: N PHONE: 713-464-4391 DOB: 10/08/1926				
PATIENT NAME BRUNSTING, NELVA		SEX F	AGE(YR./MOS.) 84 / 6	
PT. ADD.: 13630 PINEROCK Houston TX 77079-0000				
DATE OF COLLECTION TIME 4/29/2011 17:29	DATE RECEIVED 4/29/2011	DATE REPORTED 4/30/2011	TIME 18:07	7513

CLINICAL INFORMATION CD- 51066468422		
PHYSICIAN ID. NGUYEN T	NPI 1841228970	PATIENT ID. 481-30-4685
ACCOUNT: Dr. Thien Nguyen 2405 S. Gessner, Suite B Houston TX 77063-0000 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			01
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.			
Hollis BW. J Nutr. 2005 Feb;135(2):317-22.			
RPR	Non Reactive	Non Reactive	01

LAB: 01 HD LabCorp Houston 7207 North Gessner, Houston, TX 77040-3143	DIRECTOR: Pamela Holder D MD
LAB: 02 DA LabCorp Dallas 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
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Results are Flagged in Accordance with Age Dependent Reference Ranges

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Last Page of Report

LCM Version: 03.25.00



LabCorp Houston
7207 North Gessner, Houston, TX 77040-3143

Phone: 713-856-8288

SPECIMEN 302-004-1263-0	TYPE S	PRIMARY LAB HD	REPORT STATUS COMPLETE	Page #: 1
ADDITIONAL INFORMATION SS#: ***-**-4685				
FASTING: N PHONE: 713-464-4391 DOB: 10/08/1926				
PATIENT NAME BRUNSTING,NELVA		SEX F	AGE(YR./MOS.) 84 /	
PT. ADD.: 13630 PINEROCK Houston TX 77079-0000				
DATE OF COLLECTION TIME 10/29/2010 12:00	DATE RECEIVED 10/29/2010	DATE REPORTED 10/30/2010	TIME 7:15	4715

CLINICAL INFORMATION CD- 51066465891		
PHYSICIAN ID. TRINH J	NPI 1952594616	PATIENT ID. 481-30-4685
ACCOUNT: Juliette Depue, DO 2405 S.Gessner, Ste B HOUSTON TX 77063-0000 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
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Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report

P5990

LCM Version: 03.25.00



LabCorp Houston
7207 North Gessner, Houston, TX 77040-3143

Phone: 713-856-8288

SPECIMEN 302-004-1223-0	TYPE S	PRIMARY LAB HD	REPORT STATUS COMPLETE	Page #: 1
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ADDITIONAL INFORMATION		SS#: ***-**-4685
SRC: URINE	FASTING: N	
SRC: VA	PHONE: 713-464-4391	DOB: 10/08/1926

CLINICAL INFORMATION		
CD- 51066465904		

PATIENT NAME BRUNSTING,NELVA	SEX F	AGE(YR./MOS.) 84 /
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PHYSICIAN ID. TRINH J	NPI 1952594616	PATIENT ID. 481-30-4685
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PT. ADD.: 13630 PINEROCK Houston TX 77079-0000

ACCOUNT: Juliette Depue, DO
2405 S.Gessner, Ste B HOUSTON TX 77063-0000
ACCOUNT NUMBER: 42019580

DATE OF COLLECTION TIME 10/29/2010 17:11	DATE RECEIVED 10/29/2010	DATE REPORTED 10/31/2010	TIME 10:06	4723
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TEST	RESULT	LIMITS	LAB
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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
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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 302-004-1263-0	TYPE S	PRIMARY LAB HD	REPORT STATUS COMPLETE	Page #: 1
ADDITIONAL INFORMATION				SS#: ***-**-4685
FASTING: N PHONE: 713-464-4391 DOB: 10/08/1926				
PATIENT NAME BRUNSTING, NELVA		SEX F	AGE(YR./MOS.) 84 /	
PT. ADD.: 13630 PINEROCK Houston TX 77079-0000				
DATE OF COLLECTION TIME 10/29/2010 12:00	DATE RECEIVED 10/29/2010	DATE REPORTED 10/30/2010	TIME 7:15	4715

CLINICAL INFORMATION CD- 51066465891		
PHYSICIAN ID. TRINH J	NPI 1952594616	PATIENT ID. 481-30-4685
ACCOUNT: Juliette Depue, DO 2405 S.Gessner, Ste B HOUSTON TX 77063-0000 ACCOUNT NUMBER: 42019580		

TEST	RESULT	LIMITS	LAB
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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
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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 ²	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 ²
		MVA By PHT 3.8 cm ²	AVA (VTI) 2.9 cm ²
		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								
		SPO 2					79	

DATE: 7/6/05 8/16/10

L A B V A L U E S	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	6/15/06	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 ²	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 ²	AVA Vmax	3.1 cm ²
			E/E'	8.04	AVA (VTI)	3.3 cm ²
			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: 83 YEARS

Meds:
Class:
Dr: Dr white
Tech: Nada
User Field: FAA:

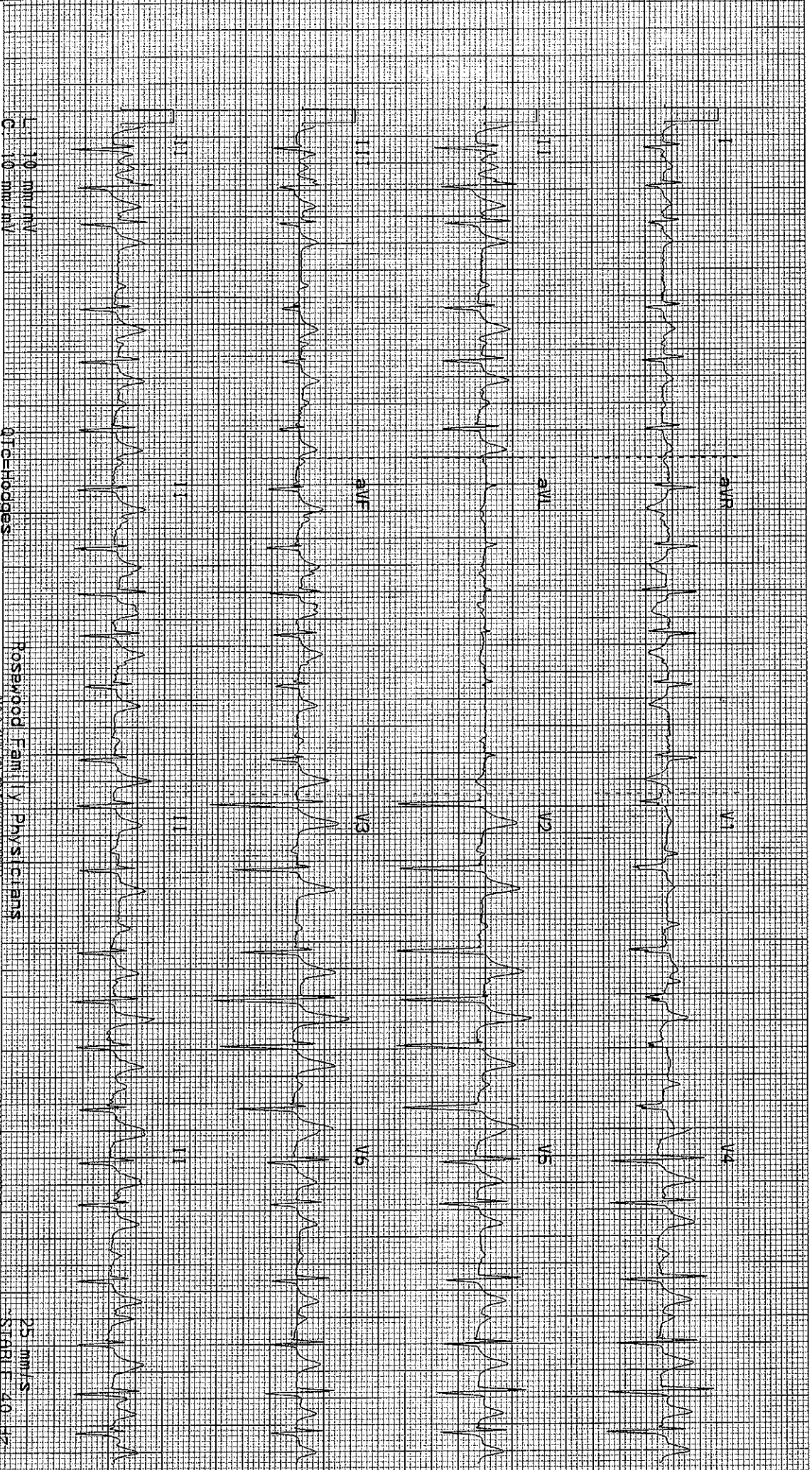
Vent. Rate:	60 bpm
RR Interval:	998 ms
PR Interval:	68 ms
QRS Duration:	438 ms
QT Interval:	438 ms
QTc Interval:	150 ms
QT Dispersion:	76°
P-R-T AXIS:	-112°

Atrial fibrillation.
Left axis deviation
Anterolateral T wave changes are nonspecific

Abnormal ECG

* Unconfirmed Analysis *

P6000



LS 10 mm/mV
C: 10 mm/mV

QTC-Hodges

Rosewood Family Physicians
Attn: STUW INT 7873207/10/19/09/937

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 in a cursive style.

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:

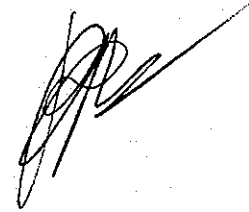
1. Check amylase and lipase.
2. CEA level.
3. CA 19-9 level.
4. The patient is to touch base within the next week to discuss results, report progress and make additional plans as might be appropriate.
5. The patient was advised to plan on repeat CT scan approximately eight weeks after her last scan.
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.



P6008

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 (OS)
(due to chronic infection = mycobacterium simial), Osteoporosis.

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.

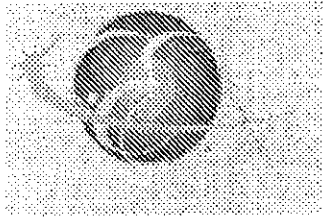
Should you need any further information, please contact me.

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 220-720-4398-0	TYPE S	PRIMARY LAB HD	REPORT STATUS COMPLETE	Page #: 1
ADDITIONAL INFORMATION				SS#: ****-4685
FASTING: N PHONE: 713-464-4391 DOB: 10/08/1926				
PATIENT NAME BRUNSTING, NELVA		SEX F	AGE(YR./MOS.) 81 / 9	
PT. ADD.: 13630 PINEROCK Houston TX 77079-0000				
DATE OF COLLECTION TIME 8/07/2008 12:16	DATE RECEIVED 8/08/2008	DATE REPORTED 8/08/2008	TIME 7:20	3892

CLINICAL INFORMATION CD- 51066423843		
PHYSICIAN ID. WHITE R	NPI	PATIENT ID. 481-30-4685
ACCOUNT: Robert White, M.D. 2405 S. Gessner, Suite B Houston TX 77063-0000 ACCOUNT NUMBER: 42888092		

TEST	RESULT	LIMITS	LAB
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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.

> 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
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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 220-720-4398-0	TYPE S	PRIMARY LAB HD	REPORT STATUS COMPLETE	Page #: 2
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ADDITIONAL INFORMATION		SS#: ***-**-4685
FASTING: N		
PHONE: 713-464-4391 DOB: 10/08/1926		

PATIENT NAME BRUNSTING,NELVA	SEX F	AGE(YR./MOS.) 81 / 9
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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. WHITE R	NPI	PATIENT ID. 481-30-4685
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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
7207 North Gessner, Houston, TX 77040-0000

DIRECTOR: Pamela Holder D MD

Pat Name: BRUNSTING,NELVA	Pat ID: 481-30-4685	Spec #: 220-720-4398-0	Seq #: 3892
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Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report

P6014

LCM Version: 03.21.00



SPECIMEN 022-720-5382-0	TYPE S	PRIMARY LAB HD	REPORT STATUS COMPLETE	Page #: 1
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ADDITIONAL INFORMATION		SS#: ***.**-4685
FASTING: N PHONE: 713-464-4391 DOB: 10/08/1926		

PATIENT NAME BRUNSTING,NELVA	SEX F	AGE(YR./MOS.) 83 / 3
PT. ADD.: 13630 PINEROCK Houston TX 77079-0000		

DATE OF COLLECTION TIME 1/22/2010 11:24	DATE RECEIVED 1/23/2010	DATE REPORTED 1/23/2010	TIME 8:18	698
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CLINICAL INFORMATION CD- 51066461437		
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PHYSICIAN ID. WHITE R	NPI 1437187549	PATIENT ID. 481-30-4685
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ACCOUNT: Robert White,M.D. 2405 S. Gessner, Suite B Houston TX 77063-0000 ACCOUNT NUMBER: 42888092		
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TEST	RESULT	LIMITS	LAB
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CBC With Differential/Platelet

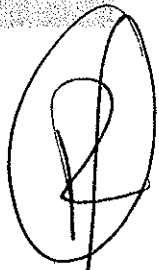
WBC	8.1	x10E3/uL	4.0 - 10.5	01
RBC	4.40	x10E6/uL	3.80 - 5.10	01
Hemoglobin	13.1	g/dL	11.5 - 15.0	01
Hematocrit	39.5	%	34.0 - 44.0	01
MCV	90	fL	80 - 98	01
MCH	29.9	pg	27.0 - 34.0	01
MCHC	33.2	g/dL	32.0 - 36.0	01
RDW	14.1	%	11.7 - 15.0	01
Platelets	184	x10E3/uL	140 - 415	01
> Neutrophils	78 H	%	40 - 74	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	
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	



Pat Name: BRUNSTING,NELVA	Pat ID: 481-30-4685	Spec #: 022-720-5382-0	Seq #: 698
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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 022-720-5382-0	TYPE S	PRIMARY LAB HD	REPORT STATUS COMPLETE	Page #: 2
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ADDITIONAL INFORMATION		SS#: ****-4685
FASTING: N PHONE: 713-464-4391 DOB: 10/08/1926		

CLINICAL INFORMATION CD- 51066461437		
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PATIENT NAME BRUNSTING, NELVA	SEX F	AGE(YR./MOS.) 83 / 3
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PHYSICIAN ID. WHITE R	NPI 1437187549	PATIENT ID. 481-30-4685
--------------------------	-------------------	----------------------------

PT. ADD.: 13630 PINEROCK Houston TX 77079-0000		
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ACCOUNT: Robert White, M.D. 2405 S. Gessner, Suite B Houston TX 77063-0000 ACCOUNT NUMBER: 42888092		
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DATE OF COLLECTION TIME 1/22/2010 11:24	DATE RECEIVED 1/23/2010	DATE REPORTED 1/23/2010	TIME 8:18	698
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TEST	RESULT	LIMITS	LAB
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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** 11 - 19 years will be changing to: 0.450 - 4.500 uIU/mL 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 7207 North Gessner, Houston, TX 77040-0000	DIRECTOR: Pamela Holder D MD
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Pat Name: BRUNSTING, NELVA	Pat ID: 481-30-4685	Spec #: 022-720-5382-0	Seq #: 698	P6016
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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 ***

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
ELECTROLYTES				
Na			139	
K			5.4 H	
Cl			101	
CO2			33 H	
ANION GAP			10	
CHEM PANEL				
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	
CBC				
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	
DIFF				
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	
URINALYSIS				
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	
RAD CT				
CT Abdomen/Pelvis w contrast and Abdomen		CT Abdomen/Pel		
RAD GU				
ABDOMEN 3 VIEWS		Abdomen 3 view		
Consent Documents (Imaged)				
Consent for Treatment (Imaged)				Consent for Trea
FINANCIAL AGREEMENTS IMAGED				
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 113-720-4711-0	TYPE S	PRIMARY LAB HD	REPORT STATUS COMPLETE	Page #: 1
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ADDITIONAL INFORMATION SS#: ****-**-4685
FASTING: N
PHONE: 713-464-4391 DOB: 10/08/1926

CLINICAL INFORMATION
CD- 51066422320

PHYSICIAN ID. WHITE R	NPI	PATIENT ID. 481-30-4685
--------------------------	-----	----------------------------

PATIENT NAME
BRUNSTING, NELVA

SEX
F

AGE(YR./MOS.)
.81 / 6

ACCOUNT: Robert White, M.D.
2405 S. Gessner, Suite B
Houston TX 77063-0000
ACCOUNT NUMBER: 42888092

PT. ADD.: 13630 PINEROCK
Houston TX 77079-0000

DATE OF COLLECTION TIME 4/22/2008 11:59	DATE RECEIVED 4/23/2008	DATE REPORTED 4/23/2008	TIME 10:27	2452
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TEST	RESULT	LIMITS	LAB
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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
7207 North Gessner, Houston, TX 77040-0000

DIRECTOR: Pamela Holder D MD

Pamela
5/17/08

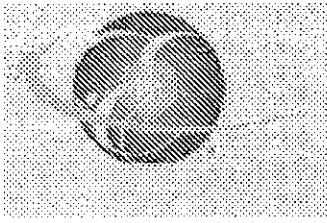
Pat Name: BRUNSTING, NELVA	Pat ID: 481-30-4685	Spec #: 113-720-4711-0	Seq #: 2452
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P6030

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.

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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 106-720-3706-0	TYPE S	PRIMARY LAB HD	REPORT STATUS COMPLETE	Page #: 1	
ADDITIONAL INFORMATION			SS#: ***-**-4685		
FASTING: N PHONE: 713-464-4391 DOB: 10/08/1926					
PATIENT NAME BRUNSTING,NELVA		SEX F	AGE(YR./MOS.) 81 / 6		
PT. ADD.: 13630 PINEROCK Houston TX 77079-0000					
DATE OF COLLECTION TIME 4/15/2008 14:26	DATE RECEIVED 4/16/2008	DATE REPORTED 4/16/2008	TIME 7:30	2363	
TEST		RESULT		LIMITS LAB	

CLINICAL INFORMATION CD- 51066422219		
PHYSICIAN ID. WHITE R	NPI	PATIENT ID. 481-30-4685
ACCOUNT: Robert White,M.D. 2405 S. Gessner, Suite B Houston TX 77063-0000 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
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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

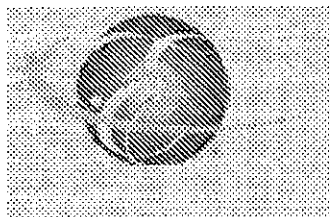
9809d

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

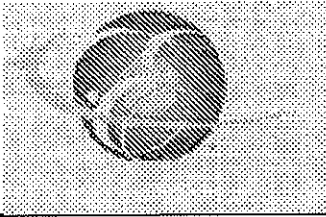
Saween Thompson M.D.

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

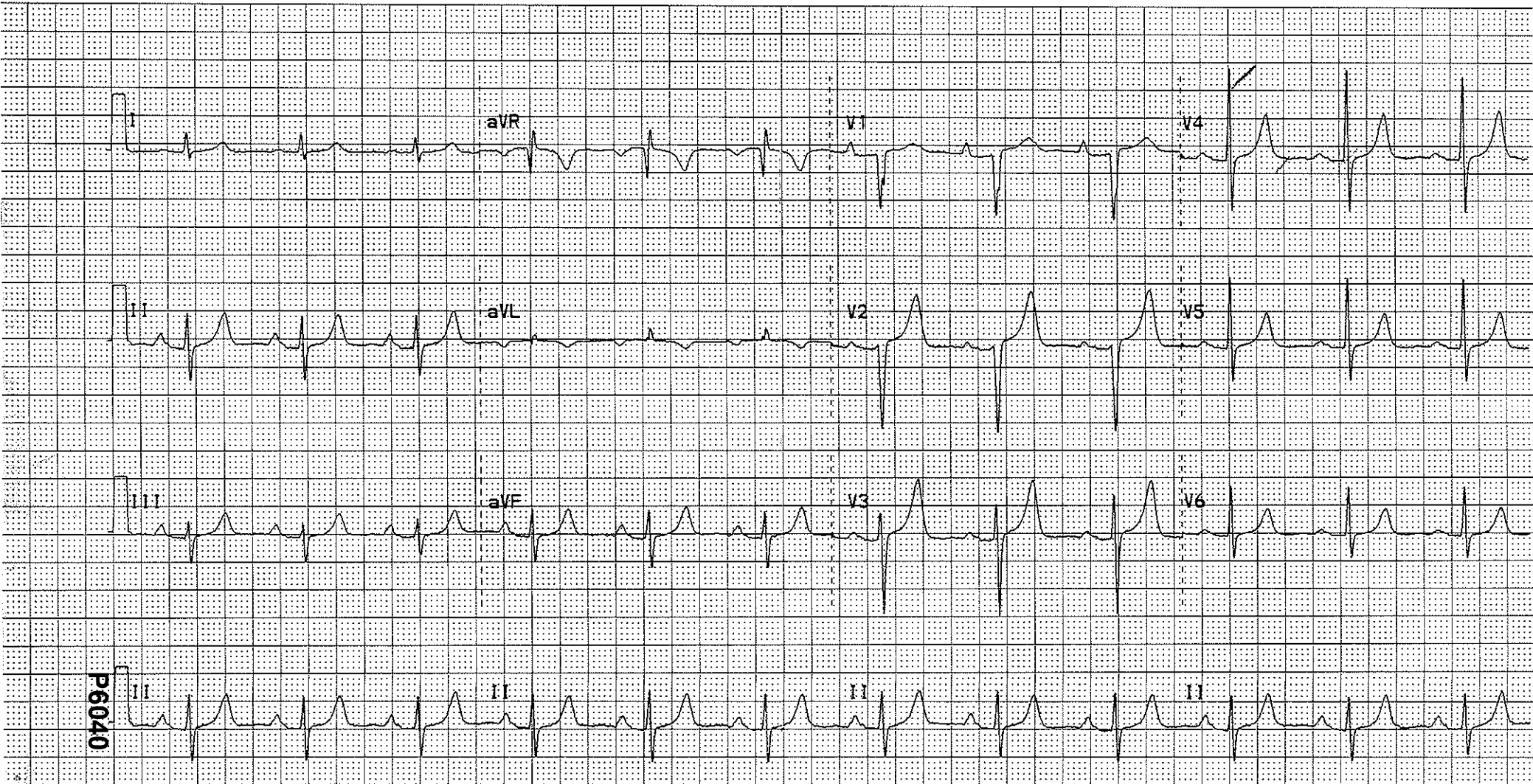
Normal rhythm with 1st degree AV block.
Possible right atrial abnormality

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 *



P6040

L: 10 mm/mV
C: 10 mm/mV

QTc-Hodges

ROSEWOOD FAMILY PHYSICIANS

850.1.9473.21725.4/1.66(0005)

Serial #: 0004338

25 mm/s
STABLE 40 Hz



SPECIMEN 129-596-2482-0	TYPE S	PRIMARY LAB HD	REPORT STATUS COMPLETE	Page #: 1
ADDITIONAL INFORMATION			SS#: 481-30-4685	
FASTING: N DOB: 10/08/1926				
PATIENT NAME BRUNSTING, NELVA		SEX F	AGE(YR./MOS.) 78 / 7	
PT. ADDR.: 13630 PINEROCK Houston TX 77079-0000				
DATE OF SPECIMEN 5/09/2005	TIME 11:25	DATE RECEIVED 5/09/2005	DATE REPORTED 5/10/2005	TIME 7:21
				6243

CLINICAL INFORMATION CD- 51066406544	
PHYSICIAN ID. WHITE R	PATIENT ID. 481-30-4685
ACCOUNT: Robert White, M.D. 9000 Westheimer, Ste. #100 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
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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 129-596-2482-0	TYPE S	PRIMARY LAB HD	REPORT STATUS COMPLETE	Page #: 2	
ADDITIONAL INFORMATION				SS#: 481-30-4685	
FASTING: N DOB: 10/08/1926					
PATIENT NAME BRUNSTING,NELVA			SEX F	AGE(YR./MOS.) 78 / 7	
PT. ADD.: 13630 PINEROCK Houston TX 77079-0000					
DATE OF SPECIMEN 5/09/2005	TIME 11:25	DATE RECEIVED 5/09/2005	DATE REPORTED 5/10/2005	TIME 7:21	6243

CLINICAL INFORMATION CD- 51066406544	
PHYSICIAN ID. WHITE R	PATIENT ID. 481-30-4685
ACCOUNT: Robert White,M.D. 9000 Westheimer, Ste. #100 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
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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.)


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
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.


Signature of First Witness

CHARLOTTE ALLMAN
11511 Katy Freeway, Suite 520
Houston, Texas 77079
Address


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

BID 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

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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:

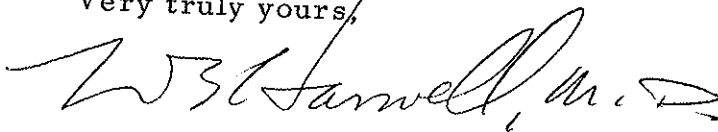
X-ray examination of the paranasal sinuses was done on Mr. Burnsting on 1-25-72.

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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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

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 NELVA E BRUNSTING	Date of Birth 10/08/26
------------------	---------------------------	---------------------------

No. 010337

DR. ROBERT WHITE
ATTN: MEDICAL RECORDS
9000 WESTHEIMER #100
HOUSTON TX 77063

Curtis R Lashley

Curtis R. Lashley, M.D.
Vice President & Medical Director

M.D.

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 Month Year	Complaints and Abnormal Physical Finding	Duration of Illness	Diagnosis	Describe Treatment or Operation
	12-22-96			
<i>Sent same as for Independent Ins. Services 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
------	-----------	------	-------------------------

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.

Nelva E. Bronstein 11-19-96
Signature of proposed Insured Date

Greg Jurgelent
Signature of Agent

N 16

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; Coccioid 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

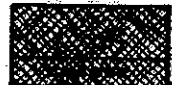
025709

R. E. White 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

CYTOLOGY REPORT: ~~XXXXXX~~ ~~XXXXXX~~ ~~XXXXXX~~ ~~XXXXXX~~ ~~XXXXXX~~ Other: Breast

- 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 *none*

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: _____

COMMENTS

A few normal squamous cells present in smears

PREVIOUS SMEARS (WHEN PERTINENT)

H. B. Powell M.D.
HAROLD WOOD, M.D.

46160

1973 JAN 9 PM 4 07

Mrs. E. H. Brunsting
13630 Pinerock
Houston, Texas 77024

Robert E. White M.D.
9099 Katy -Suite E.
Houston, Texas 77024

AGE: 46
SEX: F
PHYSICIAN: R.E. White

L.M.P.:
HORMONE THERAPY:

PREVIOUS RADIATION:
DATE RECEIVED: 1/9/73
DATE REPORTED: 1/9/73

PAP SMEARS
\$6.00
CHARGE

AREA CODE 713

LABORATORY MEDICINE DATA, INC.

HAROLD WOOD, I
P. O. BC
SON, T

P6068

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:

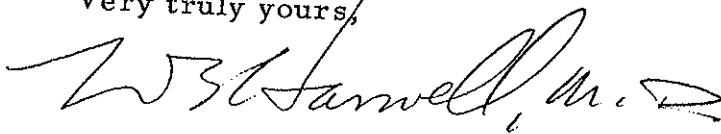
X-ray examination of the paranasal sinuses was done on Mr. Burnsting on 1-25-72.

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:
Marge 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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Osteoarthritis, right knee.
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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

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)

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 NELVA 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

Curtis R. Lashley, M.D.
Vice President & Medical Director

M.D.

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 Month Year	Complaints and Abnormal Physical Finding	Duration of Illness	Diagnosis	Describe Treatment or Operation
	12-22-96			
Sent same as for independent Ins. Services. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date	Signature			S.S. or Tax I.D. Number
				M.D.

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.

Nelma E. Bronstein 11-19-96
Signature of proposed Insured Date

Greg Jurgelent
Signature of Agent

713. 464. 4391

O₂ 98% (REST) @ 2L O₂ 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	N
<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 O₂ 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	N
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	N
<u>NAD</u> <u>↓ O₂</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 O₂ 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
- NESTA
- 1) 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 ↑ BUN ↑ creatinine ↑ Resolving PNA
 ✓ CXR ↑ BUN ↑ creatinine Cont Dr 2L
Flu Pulm

Physician's Signature: _____

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 FLORIDA, AL MONDAY FOR PNA

HPI		
Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.		
ROS	WNL	S
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"/>
<u>SOB</u> 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		
No change		
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		
WNL		
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"/>
<u>RAR</u> 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 R ALL

CC: AS ABOVE

HPI: wg do persistent SOB since AC FROM HOSPITAL FOR PNA. TX E IV ABX.

φ ALLERGY SYMPTOMS

PNEUMONIA

Flu e pulm p finish e curative 115 DIRECT

Complete course of abx

O2 2L PRN, e EXERCISE

AR

S: NesoneX

Cont e OTC at Hamm

Physician's Signature: Juhel Dey

Couns/coord > 50%

Total time: _____ min.

Couns/coord time: _____ min.

HOME ON PRN O2
Baseline O2 93%
NEBUZZ

STERIODS NASAL SPRAY
CURATIVE 10 days
ON DAY 6

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
 metoprolol
 Bromocriptin
 Azithromycin
 SPRIV 30mg
 Rifampin
 sertraline
 Alendronate
 Vit D

ROS: Constitutional
 HEENT
 Cardio BP - stable
 Resp Recent URI → tach
 GI
 GU
 MSK
 Skin/Breast
 Neuro see HPI
 Psych
 Endo
 Heme/Lymph/Other

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

PTA
 Bile duct Ca
 Post-traumatic TBI
 HTN
 MDD
 Dementia

Assessment: Advanced dementia
 Bile duct Ca
 HTN
 MDD

Plan: Te ψ/neuro
 ✓ owl to re reversible causes per M.D. Anderson
 Stable
 Te ψ

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 Red Thru Eryth	Eustachian dysfct	Neomycin
9/17/10	very SOB Coughing 48% bloody Sputum	WT 140 @ 101.9 BP 132/74		O ₂ Sat 91% Rate 130 + irregular after walking 87%
	PT - Chx of chronic lung infection	Rales @ base BS =	Pneumonia	
	Today very SOB & heavy ↑ cough & hemoptysis			

7134644591

NAME Nelda B.

DOB 10/8/26

ALLERGIES NICA

DRUGS _____

DATE	HISTORY	PHYSICAL	IMPRESSION	TREATMENT & LAB
3/19/10	① VS spots on nose	135 (98) 83		
	② Shaking	seb ker		Propranolol 10
	③ ? needs had letter for pharmacy for generic forms	hand tremor	BET	Koromax 70 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	Tender medial	Probid 7.5
	Pain (L) arm & elbow & hand (R) elbow numbness R hand 3-4 fingers		medial epicondyle	Patience for nasal spray
	2) Hoos poorly difca of liver			
	3) Seeing Dr. Mohit - chronic sinus ds.			

7134644391

NAME Nelra B.DOB 10/18/26ALLERGIES NKA

DRUGS _____

DATE	HISTORY	PHYSICAL	IMPRESSION	TREATMENT AND LAB
3/3/09	Nausea Upset stomach for last two wks	WT 134 @ 98.4 BP 122/80		
			Peptic Gastritis	Nexium 40 T BID
4/1/09	Blower			
4/17/09	Dr for Surgery Having Cataract OS by Dr Zaman	WT 132 @ 98.0 BP 122/80 HEENT Neck Lungs abd no exam mildly hypot	Dr for Surg	cont med

P6086

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 BP 122/80		
	Constant nausea prob - No tender- ably from meds. Ho 'bad taste in mouth'	ness in abd now.	Diverentials	Hold med & see if nausea clears; then add back one at a time & see what happens
10/3/08	Nausea vomited last pm; Bad taste in mouth Burr salad Cough prod clear gms Took Hazy & EMZ - Temp up helps less bloating & no gas	133 1/2 @ 980 BP 120/80 tender over epigastrium but not in LLQ.	Peptic gastritis	(Nexium #20 T BID for 3-4 d then 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 - "machi"	137 @ 980 BP. 124/82		
	Very tired Not filling "coming better"	Tender RT	Abel pain	CBC UA
	2) hives have cleared.	Right lower quadrant (appendicitis)		Flagyl 250 Sm 2 Tsp DS
	but she was on Ciprodol if started & has just started filling			

713 464 4391

NAME Nelva B.

DOB 10/8/26

ALLERGIES Nist

DRUGS _____

DATE	HISTORY	PHYSICAL	IMPRESSION	TREATMENT AND LAB
5/22/82	Eye surgery sore some HA's ↓ energy	MO @ 960 118/82 Dry & red	Hard skin	Factorio 5 & daily Garringer Ophthalmic soln
5/2/82	F/D ER	138 @ 980 BP 132/70		
5/24	DXG pneumonia & gi upset CT abd ok except pneumonia in RLL now has malaise flex of blood in sputum etc	Rals in both bases R > L out @ lateral	Pneumonia Ret'n to McGowan	

713 464 4391

NAME Nelva Bruner
 ALLERGIES NKA

DOB 10/8/26
 DRUGS _____

DATE	HISTORY	PHYSICAL	IMPRESSION	TREATMENT AND LAB
4/10/88	Pain on D arm D hand fingers numb	M1 @980 BP 124/80 HEENT ✓ Chest - Sc fibrous rals Tender over Ulnar nerve 8 suprad claw space also over C6 joints	Ulnar nerve entrapment C6-C7 radiculopathy	Naprosyn 500 #14 + BTD Def Contrast bath On C6 suprad claw space
4/22/88	Flu test CT Shaw's cavity 12/26/70 Having some hemoptysis no production but cough "annoying"	138 @920 Chest more clear	Pneumonia Abscess	CT 6 McGowan

713 464 4391

NAME Nelva Bronsing

DOB 10/2/26

ALLERGIES NKA

DRUGS _____

DATE	HISTORY	PHYSICAL	IMPRESSION	TREATMENT AND LAB
1/30/08	SOB. Some cough, fever 101.5 AM	132 @ 97.9 BP 122/74 Bilateral wheeze Some rhonchi	Respiratory Bronchitis	She never used Levofloxacin 500 Start Probutodvan in AM only Not better by 2/1 CXR
	Reaction Clarithromycin 500		Pneumonia	
2/4/08	Still runny fever mouth very sore 12 days			Mycelex troche
2/28/08	F/U pre- vmona ✓ ears	wt 135 @ 96.9 BP 130/90 Lungs clear now	Pneumonia resolved Chest xray lymph	Restart Bona 20 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 (R) shoulder lost aple wks conglig up blood for week Has had w/in for hemostasis Exemorphosis w/in in part	142 P980 BP 126/80 Tender long head of biceps Chest - clear to ausc	Tendinitis of shoulder w/ symptoms	Mobic 7.5 Contrast baths PT Chest & contrast (Costin 04)
1/25/08	Flu Flu Conglignae very weak	138 P981 BP 122/80 Bilateral wheezing & rhonchi	Asthmatic w/ rhonchi (post flu)	(Xerozem 500 & Advair 5 Tessalon 100 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 foot cramps at night for last couple months	M6 @980 BP 124/80 no r/r	no r/r cramps	Tonic w/ Vit D may be Hct in BP med
②	✓ finger nails nails split	Fifth finger ① - symphysis to mid nail bed clean	probably Moulin	Keep dry Thrombol or Dohu
				Benzoin pla instead of ctkta
9/18/07	F/U WTV q. QV. Dr. K.	N5 @980 BP 122/80		Xopenex pm ↓ pulmo ed to med day
	Saw Dr K & was rx for reactive airways	no wheez raw	Reactive airways	
	steroid spray but q. r/r & bronchodilator response when she scratched her back			

Name: Bransting, Nelva DOB: 10-8-26 Date: 9-10-07 Allergies: NKDA

CC: headaches

meds
Amoxy
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 ✓ w. w. r. 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) w/ wheezes ILE
Abd: nl abnl
Neuro: nl abnl
Ext: nl abnl
Skin: nl abnl
C: nl abnl

PMH
migrain HA
Tinnitus

PSM
(B) knee TKR.

Labs:

A/P: (1) Headache - Tylenol, Alevin - food HRN
nsr.

(2) Acute Asthma Exac Flu 2wk.
- Xopenex
- pulmicort ofloxacin 180mg
2 resp BID

(3) Tinnitus - prob 20 minutes dz.
no multiple med 3 relief

(4) Migrain HA Amoxy 2-5mg ✓

Soc
(+) 1st occ w/ni
2/uh
(+) 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		
		exp 6/30/07		
4/4/07	lab test			
4/5/07	gym pg	WT 150 @ 980 HT 68" BP 124/78		UA dp
	1) Recently put on Lisinopril for ↑ BP by Cardiac now hoarse		Cough 2° to meds	DC Lisinopril (Benicar 20 2)
	2) Not sleeping well (Anxiety) due to hip pain Uses pillow between knees.			Try mattress on floor (Ultracore 16 100) TKS

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 Cardio, tests (Bun) e			Calan @ pi
	Conducta - haz			(if no help
	2) Leg cramps especially after 2x1W		nocturnal cramps	Quinine sulfate
	Gen (fem) Healthy He ↓ headaches		malaise	
	ea ✓	✓		
	ev ✓	✓	poorly tolerated	
	N	✓	abnormal OS	
	T some hoarseness on 200	✓		
	Neck ✓	✓	Diaplo seems undulated	
	Chest - ✓	✓	no osteopenia	
	CV - keep	no @ WSR		
	Resp - ✓	✓		
	BT colonoscopy	no masses		

Synsage
 CV - what are
 lower lip
 very
 N/A - ✓

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
 (arm) fingers B 126/70
 getting numb
 (pained)

Tenderness med
 humerus area
 (all) 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

11/29/09 (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 ✓

Tn ✓

✓

Nak - ✓

✓

Chest - ✓

✓

Brst - ✓
TV - ✓ sept #1

no (w) Reg
Sept 1968
Gonorrhea 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 + Pap @ Hunt ✓

P6103

10/08/26

NAME Brunsting, Nelva

DATE	HISTORY	PHYSICAL	IMPRESSION	TREATMENT AND I.A.B
05/07/01	Chest feel heavy discomfort Onyx x 1 wk. Then gast. felt twinge under ll breast 6 SOB / radiation 6 palpitations Denies trauma.	WT: 156 BP 142/78 HEENT - nl Neck - supple Chest - clear CV - RRR 5 ml/l Tender to palpation RL midsternal.	Chest pain most likely costochondritis	EKG - LAD o/w ⊖ Celebrex (s) Flu pain
5/10/01	P. P. lat next vs CP			JEN
5/13/01	Gym 570	WG 158 @ 98-0 HT 69" 159/74		
	1) Pain in chest well see 5/7	nodular swelling along rib feels like callus		CXR
	2) Pelvic discomfort		cause?	
	3) Heavy feeling across upper abd usually at night Heart helps some		Reflux? gastitis?	Try Nexium
	4)			
	Gen - ✓ ↓ energy	✓		
	HE ✓	✓		
	EA ✓	✓		
	EW - ✓ when typ no sx	cataracts early myopic pres of fundi		
	No ✓	✓		
	HA ✓	✓		

P6105

2/26

Nelva Posumbig

NVP

NAME

IMPRESSION

TREATMENT AND LAB

HISTORY

PHYSICAL

Low back pain
also pain
low vaginal
pelvic area

158 9980
PP-126/70

On pelvic
exam tender
over pubic
area
Soft tissue
swelling

lumbar
& pelvic
pain

Key
pelvic
pain
plus
lumbar
area

PP

from bone
vs soft tissue?

Pain radiated
up into
suprapubic
area

UA micro
normal

2/27/04

UA

UA suggests
infectious
stone

3/1/04

Still low back
pain on exam

wt 157 9980
PP-122/70

It hasn't seen
stone but
pain comes & goes

No flank tenderness
suprapubic

infectious

IVP
Normal

On pelvic exam

Low back pain

Nelva
Posumbig

P6106

2 BTD

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 ht 68" fb 122/72		vag
	① neg Oranup Cervix leg & feet straight			
	② low back pain Dull tender point in R low back		[malaria]	
	③ when I walk some sleep & sneeze			
	④ Gen - very itchy some hot flashes H frontal HA			
	Ea - ✓	✓		
	Ea - ✓	✓		
	No - ✓	✓		
	the	✓		
	Nak - ✓	✓		
	Chest - ✓	✓		
	CV - ✓	no to ASD		
	Resp - ✓ some wheezing, clear one off no cough			

D/B 10/8/26

(7B) 464-4391

NKA

NAME

Nelva Brunero

HISTORY

PHYSICAL

IMPRESSION

TREATMENT AND I

10/2/02	Allergy on Sinus infection drenise, some amalgam also 3 presyo wants to restart HRT-	wt. 154 @ 98.1 Bp. 134/80 Erythro chest x nasal mu moyy	Allergic rhinitis Cyclo M e prem 0.625 x 90d C. pneumoniae last 15 days	
---------	--	--	---	--

11/25/02	Joint UTI? but pain on (R) side low back more to (R) leg some low abdominal comp.	wt 156 @ 98.1 Bp 126/70 DTR ⊖ SLR ⊖ tender S1 int R	L5/S1 neuralgia entrapment on (R) leg	UTI pulses 2/15
----------	--	---	---	-----------------------

3/6/03	lost taste for two months also sinus HA's ↓ smell (cancer @ nose) (w/ taste) (w/o smell in mouth)	wt 156 @ 98.1 Bp. 122/70 nasal mu sinusitis	Avormin Stavudine 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 HT 62 1/2" 4' 136/80		UA-U
	1) Went to stop prem pro Bone density @ Hatters.			
	2) Clearer better on mobil.			
	3) Had to follow up of low levels by McCowan today.			
	Gen. general weakness He recent h.c. smog P.N.D. - yellow		malaria	CBC
	Ca - v Hum AD	✓		
	EV ✓	✓ low defit OD	? mycular changes OS	watch
	No ✓			
	Th ✓			
	Neck ✓	Eustachian		
	Chest ✓	Hrt reg normal		
	CV ✓	no all		
	Resp ✓			
	GI ✓			
	Gyn ✓	Cervical cyt 2 weeks		
	GU ✓			
	NM - sleep			
	Skin ✓			

DOB: 10/8/26

Patient Name: Melva Brumby NKA

Date	History	Physical	Impression	Treatment/Lab
8/7/01	Some cough & bloody sputum congestion	wt 157 @ 980 BP 140/70 non-hess	Hemoptysis per sputum hess	Cipro 500 BID Flonase
	Some flecks of blood in sputum No alveolitis	late @ some lung field.	Sinusitis	Mucafac CT chest
12/7/01	flu shot	wt 157 @ 980 exp 6/30/02		
2/28/02	Rash on upper chest for couple days some itching	wt 159 @ 980 BP 136/70 erythema on chest wall	Contact derm	Course? Hct 21% 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
5/2/0	4-5 wks chest congestion now in head some cough	WT 158 @ 97.5 Pp, 115/80 Wheezing & rhonchi	Asth	Salbutamol Singulair X4
5/3/0	head / chest congested & cough sinus HA's od (R) side	WT 158 @ 98.0 Pp 120/80 Rales bases L > R no wheeze R/W	Allergic rhinitis	Prednisone 10 Branix 50
7/10/01	CX lump cyst under (R) arm	WT 160 @ 98.8 Pp 124/84 Some induration & tenderness in soft tissue.	Cause? soft tissue inflammation	Watch change discharge
	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 HT 69" P28 130/72		UAdp
	Abd pain ↓ edema metamail !! redness Hof colonoscopy 11/26 - neg			
	② Fingernails brittle, ridges			
	Gen - ✓ He looks ✓ on a off uses reverse Ca - ✓ EV ✓ No - ✓ Th - ✓	good ✓ ✓ ✓ ✓ ✓		
	neck - Chest - Brest CV.	✓ thyroid not ✓ ✓ ① ② Multiple subareas ✓ (normal)		Average 2.5 Had mono 3/30 Mon C.R.
	Temp and wheeze ✓			

DOB: 10/8/26

Patient Name: Nelra Bunting

Date	History	Physical	Impression	Treatment and Lab
7/21/00	Direnticuli nausea, also nasal drainage	Wt 165 & 98 Pp 130/70		
	Had had 2 flacs since Jan 02 seems to clear & recur	non trans D max ↓ trans P max Frankel's trans well	Stomach	Sm 2 Imp DS Pp 130
		abd tender fullness over UO	Direnticuli ↑	
11/17/00	flu shot	Lot UO 14 BBR		
2/27/01	can't lower Abdominal Pain. Discuss Migraine Meds behind eye Had GI W/ Japan. pain clears after bmi in Am but increases day progresses until evening.	Wt 165 154/90 97 Pp 130 & #E	Cluster's Migraine	Emerges Add Lodine

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 BP. 120/70 Tender traps	Biceps tendinitis	Tracings ROM exercise
2-17-00	Chcek lump in axillary area	wt. 170 BP. 155/89 Tender/par node on R	Axillary lymphadenitis	no rx
4/4/00	R knee "feels like dust" - hx of bursitis -	wt 169 BP 152/90 Synovial swelling around	Synovitis	Colchicine Colchicine
6/2/00	Stomach cramps Low back pain Tired HA's Low abd cramp & nausea - so no help c pepko. Stools @	wt 166 @ 97.9 BP. 120/70 Tender sigmoid discusion	Diverterculitis	UFA Ceftriaxone Beats

Low back discomf
some night headaches
& feeling weak
Dizzy esp c lying down

DOB: 10/8/26

Patient Name: Nelva Brunking

Date	History	Physical	Impression	Treatment
11/4/99	Low abd, no UTI problems CK sore spot on @ breast	WT 170 @ 98.3 BP 115/70		and Lab UA dip
	1) Low abd pain for sev wks comes & goes no bowel ex	Tender supra pub area Cervix normal		UA neg Stool softener
	Malaise Epigastric pain "Very hungry"	Pelvic mark-ups Tender suprapubic area	for pelvic tenderness endometritis? infected ova?	Hct 25 Kovogin 500
	2) Breast pain			U/E
12/3/99	(R) Shoulder pain also (R) Knee problem	WT 177 1/2 @ 99.2 BP 120/70 Tender knees hips low back	Tenderness throughout	Precto 2/d, X5 1/d, X5 Hand

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>fl 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 & 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>Hampton's</p> <p>lyziness</p> <p>lyziness</p>	<p>Hampton's</p> <p>fluff</p> <p>Hampton's</p> <p>lyziness</p> <p>lyziness</p>

D/B 10/8/26

Neva Bounsting

NK

NAME

	HISTORY	PHYSICAL	IMPRESSION	TREATMENT AND LAB
2/2 48	<p>① (1) logins vaginal Psa 125/70 int some bleeding low back pain</p> <p>② low back pain worse at flexion Ⓣ = osteoporosis</p> <p>③ monthly headaches over 10 yrs usually lasts 2-3d</p>	<p>WT 168 @ 97.2 Psa 125/70</p> <p>Ery labia but not vaginal soreness no ery</p>	<p>Vaginitis</p> <p>Migraine the the late</p>	<p>UA</p> <p>Diffusion ↓ Prosal</p> <p>Joint/prog back sensitivity</p> <p>Smiles would Amers</p>
11/9 98	<p>Over the wk coughing up blood</p> <p>Cold in m ago cough since - On Saturday coughed up bright red blood stopped after 3pm coughing resumed feels wheezy</p> <p>Awakens in blood in mouth x 2 hrs ago @ again low ago</p>	<p>WT 162 @ 97.4 Psa 122/70</p> <p>HEENT prominent veins on ① post faint pulsus</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"
Bo. 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 V. out @ nose

✓

TA -

✓

Neck ✓

✓

Chest - ✓

✓

CV - ✓

no m

Resp - ✓

✓

GI ✓

✓

GU ✓ see pi

marked ectopy
of cervix utk
atrophic admp

NM Pain hyposthen
Skin

✓
✓

(#) (713) 464-4391

1/18 10-8-26

NKA

NAME

Melva Brumby

TREATMENT AND LAB

HISTORY

PHYSICAL

IMPRESSION

9/12 97	Stomachache, for months off/on Pr. 140/120 nausea - cramps no diarrhea or vomiting On morning ↑ nausea on she eats & goes through day - feels like she did a garden	WT 168 (99/119) Tender over (L) lower quad abd. - mod distension	Intestinals vs (garden) vs (Cystogram)	Fluorobso 8m2 Temp
---------	--	---	--	--------------------

11/7 97	flu shot			
---------	----------	--	--	--

1/2 98	fever d/ds loady adeny cough 5 days St Sick for On Thursday & dyspnea Reflex Sv & abd pain	WT 172 (P, 102.8) Pr. 140/110 Wheezing (L) base & expiratory	Influenza? (A) 875 doubt abundant	
--------	--	--	---	--

2/24 98	Low back pain on (R) side Pain (L) flank for sev mos Comes & goes esp on arising	WT 170 (P) Pr. 135/114 Tender (L) low rib area of para sp. muscle	Flank pain Chronic lumbosacral strain	Splenome 6/22 Skelph 4/30 P6119 Wine dip
---------	--	---	---------------------------------------	---

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 for two weeks	WT 168 (T) 96.8 Pp. 130/90 Bleeders in bath no history of Septum dry nasal muc	Epistaxis from allergic rhinitis	Vitamin DS Plavix Vite 100 Held over
--------	---------------------------	---	--	---

0-2-96	fever shot			WYETH Fishbein® 4968138
--------	------------	--	--	-------------------------

1-11-96	(R) ankle-ck Tripped on stairs Doesn't know exact mechanism of injury 1wk ago Pain in ankle and mid foot	WT 169 Pp. 130/90 Exam very mild ankle tenderness and some dor-sal midfoot tenderness no marked swelling or ecchymoses	ankle/foot sprain	Will x-rx as much as needed known and midfoot pain About 4600 tid
---------	--	---	-------------------	---

11-25-96	lump on back (C) knee N sharp pain in knee & then she noted swelling when she walked	WT 169 Pp. 132/90 Swelling foot for a knee - Colu 5018	synovial swelling (Lipid?) (Synovial Cyst?)	DR 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 Coyn (R) Side - Hurts to walk may clear for a few hrs but then returns on Oruail.	WT 168 BP 130/75 Tender over Suprotroch & Ghutal area	Tender over (R) hip	Indomet
7-2-96	(D) med for "buritis" hasn't helped at all			PREW try II 3X daily - if no help, well try cortisone
7-5-96	(D) Double dose of Indometacin 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 Prells (30) 98768035

D/B 10-8-26

(4) - 404-4551

Civil
Mavena
prev 96

NAME

Nelva Brunsting

TREAT
AND I

HISTORY

PHYSICAL

IMPRESSION

DATE	AGE	HISTORY	PHYSICAL	IMPRESSION	TREAT AND I
11-2	95	pain in low abd. mass on left side	WT 177 Bp. 130/82	Diver's Ceph	UA
		2 wk. h/o hypogastric pain LIA > RIA irradiation to epaule. Perio episode intermittent dull & sharp. No color stool Ø E/C/N/V N/P/M voiding.	Tender & fullness over LIA	WYETH FluShield® 495 81 15	
3-26	96	Needs written for Premarin & Provera			Premaro .625mg/2.5mg #40 PKX
4-12	96	gyn. paps	WT 170 Bp. 136/70		Vadip
		<p>uses Oruvail for knee pain.</p> <p>(2) Some back & supra pubic area. Feels like muscles weak but exercises regularly.</p>		<p>after arthritis knee ↓ fracture ↓ series of break of break of art.</p>	
		<p>Headache end of mo</p> <p>Ev ✓ Ev ✓</p> <p>No ✓ Th ✓</p>			
		<p>Neck ✓</p> <p>Chest ✓</p> <p>CV ✓</p> <p>Resp ✓</p>		<p>paired nodular over art. near op</p>	
		<p>GI ✓</p> <p>GU ✓</p> <p>Gen ✓ see # 192</p> <p>NM ✓</p> <p>SpM ✓</p>	<p>Ecstasy of low</p> <p>Wt art</p>	<p>Proposed 12/99</p> <p>P6123</p>	

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 tender nodes & Soreness on pressure 1/2 bed etc -	WT. 176 B.P. 120/70 Very tender 625 medially & around nipple	Fibrosy as of breast	Vit A Vit E mamm
2/17	95	S.T. cough cough pain chest onset now cough cub 10.2	WT 175 (97.1) B.P. 120/ 75 Crysha E in nose Wheezing & rales (R) rales	Bronchitis	Provera Provera
7/13	95	rec cough chest problem ① Ran tired feeling in chest followed by productive cough & clear phlegm. X mirrored red after swimming & golf. ② Oct. Hx of cough & blood & T weeks ago. I seen @ that time by pulmonologist who wanted a lung bx - but did not "passed breathing test."	WT. 171 B.P. 125/ 70 F & W breast	Asthmatic bronchitis	Provera Provera Euphor 500 Provera 02804P P6124/95

H 464-4371

1/8 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)
Hy meniscus injury approx
for 2 m since trip has
increased.

tender over
ligamentum
tendon

Pain is posterior -
& feels stiff -
no click or give way.

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 ✓

✓

Bain

To Thores
ph papers

P6125

12-7-94

Orusid #20
idandy

D/B 10-8 26

NKA

NAME Nelva BEUNSTING

Estroce

HISTORY

PHYSICAL

IMPRESSION

TREATMENT AND LAB

1/10/89

② hand
painful bruised
radial to up arm -
began 2-3 mo ago
feels constantly
bad sometimes
worse

wt 167# BP 135/74
Tender over (R)
hand over then
eminence

Muscular
inflammation

Nalpan

10-1-73

Needs script for
Estroce
off all rx for
3 mos. but ex
are still bad
(on estrogenics
for 15 yrs)
was cycling
monthly w/b
bleeding for
several yrs.

WT 172

Morphine
(62.72)

Prox 0.25
Medial
Prox 10
#10

7-15-94

Ache starts in
neck going down
(R) to wrist - worse
after being still
for 1 month

WT 171
110/70

Cervical
nerve root
Cous
(953.0)

↑ Triceps weakness
↓ Biceps reflex

Medial
Cervical
spine

D/B 10/8/26
n/A

NAME

Nelva Brunsting / Estroze

HISTORY

PHYSICAL

IMPRESSION

TREATMENT AND LAB

10/13/86	(cont)	HEENT Amel	Migraine vs Trigeminal neuralgia	Inderal 80 T. dulc. 80 @ onset Furva 23
	fell 25 y ago. may have been onset pain @ first work episode 10 last part of month, now comes & goes @ various times.			

10/21/86	chest cong - feels like someone beating on chest coughed up blood - tinged phlegm 3d ago no fever	wt 166# 798° Wheezing on R 0 rales		Amox Theophyllin 500
	not on Inderal tools @ onset force has had cough for 7 m on & off. had hemoptysis 3d X chest			CXR

10/30/87	ear - closing long time feels like pressure inside now c occ'l ache	wt 167# BA 112/74 797° sl tender over hoxes sl retraction neg otherwise	OT RT Eustachian dysfunction Allergic rhin	Seldane sudafed
----------	---	--	---	--------------------

11/10/88

P6127

D/B 10-8-26

NCA

NAME Neva Brunsting

Estrace

	HISTORY	PHYSICAL	IMPRESSION	TREATMENT AND LAB
--	---------	----------	------------	-------------------

6/6/84	ragging cough - mostly when lies down wheezes then coughs w/ phlegm began 2-3 mo ago no Rx's - no fever	wt 159# T 97	BP 154/82	
		cf wheeze bilat	Bronchitis	Touxid
				Tet 500 qd

3/22/85	neck - (1) post-2mo radiates to shoulder no injury comes & goes worse 1st thing in AM's & turn head	wt 163#	Tender C7 int 1st rib & SC arch pulse ↓ & elevated	Thyroid Outlet syndrome
				Naproxen BID

	(2) rails bottle etc on other thyroid		Thyroid not palp	Cause? (circled) ORC 5/1/85
--	---------------------------------------	--	------------------	-----------------------------------

1/30/85	rechk neck - great while on Nap - finished 2 wks ago running to	wt 162#	Thor outlet us ↓ SD trays ↓ DTRD trays	Thor outlet us Cerv Sphax CNRC
				Restart nap
				Exercise

2/20/85	rechk neck shell painful Cervical spine	wt 162#	Tender over Cerv spine & para sp muscles NTR ↓ ↓ hiccups strength seems better	Overhead traction 2 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 (circled) 5/1/85

D/B 0826

UKA

NAME

Nelva Brunetino

HISTORY

PHYSICAL

IMPRESSION

TREATMENT AND LAB

9/20/81	✓ R shoulder fell landed on - 5 days - also in (2) side neck	wt 158# BP 136/90 Tender over ac joint.	AC separation	Motrin 600
---------	---	---	---------------	------------

6/10/83	Chest Cong cough - hurts to cough prod - phlegm head congestion - sinus h/a - began 8 days ago - 8 days ago 8 days ago no fever	wt 159# T 98° BP 130/80 Chest clear	Bronchitis Sinusitis??	Amox Ester
---------	--	--	---------------------------	---------------

	Neckache around Ray down neck & R hand area	Sinusitis HEENT WNL	Cluster?	Mucin Tyndal Ester
--	---	------------------------	----------	--------------------------

6/14/83	neck - still coughing finished Rx feels like "someone sitting on chest" tired - Wheezing tickle hurts to breath deep in upper abd & R - no fever. ✓ Chest	T 98° Tender over R chest 1.5 inch level	bronchitis Corticoid	Tet 600 heat
---------	--	---	-------------------------	-----------------

4/5/84	① ✓ ankle - swollen painful. no injury began 3-4 wks ago ② ✓ pain R chest sudden onset during night - sharp still sore.	wt 159# BP 126/78 Tender post fib tendon	Tendonitis Corticoid	Mupron 1500 P6129 Tet 600 to food
--------	--	--	-------------------------	--

NKA

NAME

Mrs E K Brunsting

HISTORY

PHYSICAL

IMPRESSION

TREATMENT AND LAB

12-20-78	Soreness under Right Breast	T 98.2 Tender chest just 5" under sternum Even vent at top	Chronic bronchitis	Bust a lba Heart
----------	-----------------------------	--	--------------------	---------------------

10-8-79	✓ (B) lower chest thought might have cracked rib doesn't hurt now headache - passed out during night	T		
---------	---	---	--	--

	(1) Much deeper along (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 chest clear 100/60	WRS Otolaryngology	Antibiotic Ery
--	---	------------------------------------	-----------------------	-------------------

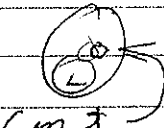
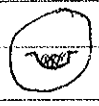
2-9-79	(R) lower chest flared up - chills fever coughing	wt 153# T 98.6 HEENT. Rales (R) base minimal		Erythro PVC etc
--------	---	--	--	--------------------

2-9-80	has had cough since last winter - coughed up blood yesterday Low grade cough prod clear sput. - 2 by 1d no fever or night sweats no sput - bright bld - postnasal cough 100 mg doxyc	wt 158# T 98 BP 116/74 HEENT O R Infl bone (probably but) not dull to percussion sl 79 W /	chronic bronch as small segments bronchiectasis VS allergic cough syn	Tet 500 qid Tusomad
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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° no discharge		aspirated fluid to lab
7-18-74. Papanow	fine		
1-21-74 - Stitches out			
1-20-75 Gyn check & Pap no complaints RBS Gen	Ht 69 1/2 Wt 154	✓	
SENT ✓ @ V ✓ Pres ✓ Bost - over above recans		✓	
Hbd over const Gyn S and period of 6 m.	 cervix 1/2 inf over upper lip.  over lip	Cystic Dis mild cervicitis early menopause	Aspirated
Ext - pain legs	varicosis		
1-8-76 Vag. pr - itching mildly no discharge Monostat didn't help.	S ery 204	NSU	All cream

NAME

Mrs E. H. Bransting (Melua)

Age: 49

HISTORY

PHYSICAL

IMPRESSION

TREATMENT AND LAB

11-76	Spine Ch. & Pap see Eym by Gen - ✓ H&ENT ✓ CR palp. on "off. irregular" Bist - Had cont that "mole" injury GI neg Bnis recently & S. discont. urin. Cytology. neg Eym - Bleeding intermittently for 2 yrs bleed a 3 times spotted this last Mo after rel. NM - ✓	Ht 70 1/4 Wt 156 ✓ LW ✓		
1-16-76	Ch. D Knee Joint pain & stiffness esp after sitting swelled a 8 mo ago but no injury seen	Effusion Medial joint tenderness no instability		motion
X	Ch. D Knee			
2-7-76	Ch. D Knee pain localized to med joint	Tender med joint		Quad exercise Butalika He 1/2 5 for Edunk
2-13-77	Left leg swollen	Gry & swelling below & post to pat malleolus over per bre tendon		P6132 Tenonpout Butalika