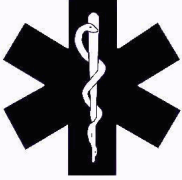


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 NPI:
 EMS Agency Number:

Run Number: 23605
Incident Number: 487893
Date of Service: 04/19/2016
Patient Name: william raun

| CREW INFO | RESPONSE INFO | DISPOSITION | TIMES |
|--|--|---|---|
| Vehicle: PCM10 Call Sign 224 Resp No: Primary Role Transport Crew #1 ID: Harris, Zachary Crew #1 Role Primary Patient Caregiver Crew #1 Level Paramedic Crew #2 ID: Somerville, Adam Crew #2 Role Driver Crew #2 Level EMT Crew #3 Role Crew #3 Level Disp Locn: Disp Zone SWO Disp GPS Locn: Other EMS Agency: Est First At Scene: First At Scene time: Doc'd By: Harris, Zachary Assisted By: Stillwater FD | Med/Trauma: Trauma Call Type: ALS FD Dispatch Resp Priority: 1-Emergency-Life Threat Nature Of Call: Traffic/Transportation Incidents EMD Performed: EMD Card No: Dispatch. Delay: None Resp. Delay: None Call Taken by: 911 Ringdown Resp. with: Fire Law Locn Type: Street or Highway Location: <None> N WASHINGTON ST & W BROOKE AVE STILLWATER, Payne, OK 74075 Scene Zone No: Payne Scene GPS Locn: Pt. At Scene Found: No of Patients: 1 Sending Fac Med Rec No: Mass Casualty Inc: Possible Injury: Yes Response Zone: | Type of Service: 911 Response (Scene) Outcome: Treated & Transported Dest. Reason: Closest Facility (none below) Trans. Priority: 3-Immediate Odometer Start: At Scene Mileage: 0.0 At Dest. Mileage: 2.9 Odometer End: Patients Txed from Amb: Stretcher Cond at Dest.: Unchanged Dest Type: Hospital Protocols Used: Level of care Barriers to Care: Pt. Transported: Supine - Stretcher Scene Delay : Trans. Delay: Dest Delay: Destination: STILLWATER Stillwater Medical Center Dept: ER 1323 W 6TH AVE STILLWATER, Payne, OK 74074 Dest Zone No: Payne Dest GPS Locn: Dest Fac Med Rec No: Recv Doctor Transporting Agency: LifeNet Ground Transporting Unit : SWO | Injury: 06:40 04-19-16 PSAP: Recvd: 06:46 04-19-16 Dispatch: 06:46 04-19-16 En route: 06:47 04-19-16 At scene: 06:49 04-19-16 At patient: 06:51 04-19-16 Trans of Care: Transport: 07:06 04-19-16 At dest.: 07:14 04-19-16 In service: 07:20 04-19-16 At base: |



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PATIENT INFORMATION

Name : william R raun Phone : (405) 762-0841 Home Country :
 SSN : 505-88-8857 DOB : 06/21/1957 (58 yrs) Home Addr. : 9000 LOST ACRES
 Sex : Male Weight : 140 lbs (63.50 kgs) STILLWATER,PAYNE, OK 74074
 Race : Caucasian Emergency Info Form :
 Ethnicity : Not Hispanic or Latino DL Info : Mailing Addr. :
 Broselow/
 Luten Color : Belongings Left With : Doctor:
 Email : Face Sheet : Homeless :
 Belongings : Medicare Questionnaire :
 Advanced Directives : None
 Patient Characteristics :

NEXT OF KIN

Name : Tanya Raun Phone : (405) 762-0841 Relationship : Spouse
 SSN : DOB :
 Sex : Female Home Addr. : 9000 Lost Acres Stillwater, OK 74074

INSURANCE

Condition code Modifier :
 Primary Method: Insurance Certificate Med Nec: No
 Response Urgency: Immediate CMS Service Level: ALS
 Work Related:
 Occupation: Occupational Industry:
 Pavor Info:
 Company: Oklahoma Blue Cross Policy #: YUP839729761 Group #: 022215
 Billing Priority: Primary

PATIENT COMPLAINTS

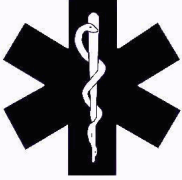
Chief Complaint
 Altered Consciousness - Confusion
 (Primary)
Primary Symptom
 Change in Responsiveness
Other Associated Symptoms
 Pain

HISTORY

Past Medical History
 Other
 Note: DENIES
Allergies
 NKDA
Medications
 None -
Medical History Obtained From
 Patient

ASSESSMENT

ETOH/Drug use: Not Known Pregnancy: Not Applicable



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04/19/2016 06:58:00 By: Harris, Zachary

| Body Area | Assessments and Comments | Body Area | Assessments and Comments |
|---------------|---|-------------------|---|
| Airway | Patent | Breathing | Normal Respirations |
| Circulation | Pulses - Radial - Normal (2+) | Blood/Fluid Loss | 0- 1000 ML |
| External/Skin | Bleeding | Medical Equipment | None |
| Mental Status | Confused : Retrograde amnesia Oriented-Event : Oriented-Person : Oriented-Place : Oriented-Time | | Confused : Retrograde amnesia Oriented-Event : Oriented-Person : Oriented-Place : Oriented-Time |
| Neurological | Normal | | |

IMPRESSIONS

Primary Impression: Altered mental status,awareness **
Secondary Impressions: Injury/Trauma Unspecified *

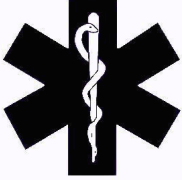
TRAUMA

MVA Details : Row Location : 1 Position : Driver Height of Fall :
 Trauma Severity : Trauma Assessment Time :
 Social Alert :

Trauma
 MVA Type - Broadside
 Note: bicycle vs car
Cause of Injury
 Bicycle Accident (E826.0)
Mechanism of injury
 Blunt
Injury Intent type
 Unintentional

VITAL SIGNS

| Time | PTA | BP | Pulse | Monitor Rate | Respiratory | SPO2 | EtCO2 | Glucose | GCS |
|--|-----|------------|----------------------------------|--------------|-----------------------|------|-------|---------|-------------------|
| 04/19/2016 6:57 | No | 119/75(90) | 88, Strong, Automated Cuff | 88 | 18 Normal, Regular | 100% | | | E4 + V4 + M6 = 14 |
| Skin Temp=Normal Skin Color=Normal Skin Moisture=Normal Cap. Refill=Normal Level of Consciousness: Alert; Pain Scale=6; Stroke Scale=Cincinnati Stroke Scale Negative; Cardiac Rhythm=Normal Sinus Rhythm Taken by: ZOLL E-Series | | | | | | | | | |
| 04/19/2016 7:08 | No | 133/81(98) | 85, Strong, Automated Cuff | 85 | 18 Normal, Regular | 99% | | | E4 + V4 + M6 = 14 |
| Skin Temp=Normal Skin Color=Normal Skin Moisture=Normal Cap. Refill=Normal Pupil size: Left=3-mm, Right=3-mm Pupil Reacts: Left=Reactive, Right=Reactive Pupil Dilation: Left=Normal, Right=Normal Level of Consciousness: Alert; Pain Scale=6; Arm Movement: Left=Spontaneous, Right=Spontaneous; Leg Movement: Left=Spontaneous, Right=Spontaneous; Stroke Scale=Cincinnati Stroke Scale Negative; Cardiac Rhythm=Normal Sinus Rhythm Taken by: ZOLL E-Series | | | | | | | | | |



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TREATMENT SUMMARY

| <u>Time</u> | <u>PTA</u> | <u>Treatment</u> | <u>Who performed</u> | <u>Authorized by</u> | <u>Comments</u> |
|-------------|------------|---------------------|----------------------------------|---------------------------|-------------------------|
| 07:02 | No | Venous Access | Harris, Zachary | Protocol (Standing Order) | |
| | | <u>Complication</u> | <u>Complication Narrative</u> | | |
| | | None | | | |
| | | Size=18 G | Successful IV Site=Forearm-Right | | Fluid Type=Saline Flush |
| | | Rate=IV Lock | Total Fluid=10 | | Dosage Units=ML |
| | | # of Attempts=1 | Successful=Yes | | Response=Improved |

NARRATIVE

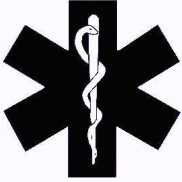
Called to patient who is involved in a MVC vs bicycle. Arrived to find patient laying on the concrete complaining of right lower back pain that would be low lumbar. Patient was riding his bicycle when he was struck by a full size pick up truck and thrown to the ground. Patient was placed in C-collar and assisted to cot. Moved patient to ambulance. started 18g IV and hooked patient to full cardiac monitor. Patient also had abrasions to the right forearm and a small abrasion or scratch under the left eye. Started to discuss pain medication and the patient refused. as we did patient care we noticed the patient to start repeating the same questions and displayed retrograde amnesia. I called DR. Muller and discussed the potential for a head injury. Dr. accepted the patient to SMC ER. Transported the patient without incident. Transferred care to ER RN Sherry.

MISCELLANEOUS

Trauma Registry ID:
 PD Case Number:

Pat ID Band/Tag #:
 Fire Inc Report #:

ER Dept Disposition Not Known
Hosp Disposition Not Known
Research Survey FRO on scene PTA? Yes
Required Report Cond Priority 2

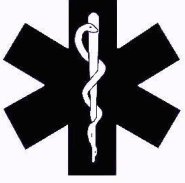


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SIGNATURES

| <u>Time</u> | <u>Type</u> | <u>Who signed</u> | <u>Why patient did not sign</u> |
|--|--|--|---------------------------------|
| 04/19/2016 08:03 | Section I - Authorization for Billing | Self - raun, william | Altered Mental Status |
| <p>X </p> | | <p>I acknowledge that I am legally responsible for the ambulance services provided to me. I request payment of authorized Medicare benefits and/or other insurance benefits be made on my behalf to LifeNet, Inc. for any ambulance services and supplies furnished to me by LifeNet, Inc., whether in the past, now or in the future. I authorize any holder of medical information about me or other relevant documentations about me to release to the Centers for Medicare and Medicaid Services and its agents and contractors, any and all appropriate third party payers and their respective agents and contractors, as and/or the benefits payable for related services, whether in the past, now or in the future.</p> <p>I acknowledge that I have been provided with a copy of LifeNet's Notice of Privacy Practices on this date.</p> | |
| 04/19/2016 08:04 | Section II - Authorized Representative Signature | Facility Representative - pinnegar, shelly | Signature Obtained |
| <p>X </p> | | <p>By signing below, I certify that I am one of the following individuals, and that I am authorized to sign on the patient's behalf. I understand that I am signing in order to permit the above-named company to submit a claim for its services to Medicare and /or any third-party payers. My signature is not an acceptance of financial responsibility for the patient.</p> | |
| 04/19/2016 08:05 | Section III - Crew Signature | LifeNet Crew Member - Harris, Zach | Signature Obtained |
| <p>X </p> | | <p>By signing below, I certify that the above-named patient was physically or mentally incapable of signing at the time of transport, and that none of the individuals listed above was available or willing to sign the claim on behalf of the beneficiary.</p> | |
| 04/19/2016 08:05 | Facility Acceptance Signature | Facility Representative - pennigar, Shelly | Signature Obtained |
| <p>X </p> | | <p>I certify that the above named patient was received by our facility on the date and time set forth above. In the event that you are unable to obtain the signature of the patient or another authorized representative, I hereby sign on the patient behalf in order to permit LifeNet, Inc. to submit a claim to Medicare and/or any other third party payers. My signature is not an acceptance of financial responsibility for the patient.</p> | |



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Patient Name: william raun

CREW INFORMATION

Start Date/Time : 04/01/2016 05:55

| | | | |
|---------------|-----------------|---------------|------------------|
| <u>Crew #</u> | <u>Name</u> | <u>Crew #</u> | <u>Name</u> |
| 0978 | Harris, Zachary | 1313 | Somerville, Adam |

| | | | |
|---------------|-----------|---------------|-----|
| <u>Level:</u> | Paramedic | <u>Level:</u> | EMT |
|---------------|-----------|---------------|-----|

X 

X 