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 10/30/10

***

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

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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

Local Phone:
(713)448-5502

Toll Free:
(800)526-2121

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

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 10/30/10

P5557

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.

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

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	
☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐ AMERICAN EXPRESS	
CARD NUMBER	VERIFICATION #
CARDHOLDER NAME	EXP. DATE
SIGNATURE	AMOUNT

IF PAYING BY CREDIT CARD, FILL OUT ABOVE.

WE01 1003 68912 2268912

[redacted] ADDRESSEE [redacted]

NELVA BRUNSTING

[redacted] REMIT TO [redacted]

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

P5560

Patient Balance: Continued

92096S11028

00975 7772026 002925 002925 00002/00003

BRUNSTING000456

PLEASE UPDATE ANY INFORMATION THAT HAS CHANGED SINCE YOUR LAST STATEMENT

YOUR NAME (Last, First, Middle Initial)			
ADDRESS			
CITY	STATE	ZIP	
TELEPHONE ( )	MARITAL STATUS ☐ Single ☐ Married	☐ Separated ☐ Divorced ☐ 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	

P5561

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	
☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐ AMERICAN EXPRESS	
CARD NUMBER	VERIFICATION #
CARDHOLDER NAME	EXP. DATE
SIGNATURE	AMOUNT

IF PAYING BY CREDIT CARD, FILL OUT ABOVE.

WE01 1003 68912 2268912

[redacted] ADDRESSEE [redacted]

NELVA BRUNSTING

[redacted] REMIT TO [redacted]

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

P5562

Patient Balance: 37.99

92096S11028

00975 7772026 002926 002926 00003/00003

BRUNSTING000458

PLEASE UPDATE ANY INFORMATION THAT HAS CHANGED SINCE YOUR LAST STATEMENT

YOUR NAME (Last, First, Middle Initial)		
ADDRESS		
CITY	STATE	ZIP
TELEPHONE ( )	MARITAL STATUS ☐ Single ☐ Married	☐ Separated ☐ Divorced ☐ 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

P5563

United Health Care
Record

P5564

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.

Conrad

CF9903-011101

P5565

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 NONE USED	$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

UHG-0247848-00291201-P

P5566

0000000001961-146SEPRT1F0754001

BRUNSTING000476

Medical claims processed after other insurance/Medicare review

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

	Provider Billed	Plan Discount & Adjustments	UHC Allowed Amount	UHC Plan Benefit	Your Other Insurance Paid	Health Plan Paid	Applied to Deductible
04/04/10 services provided by 'RADIOLOGY WEST LLC'							
Claim Number: **0251416283201**	$38.00	-$36.16	$1.84	...	-$7.38	...	$1.84
04/04/10 services provided by 'MHHS MEMORIAL CITY'							
Claim Number: **0251419387101**	$1,828.25	-$1,519.53	$57.24	...	-$251.48	...	$57.24
04/04/10 services provided by 'ACS PRIMARY CARE'							
Claim Number: **0252465529701**	$502.00	-$478.22	$23.78	...	-$95.14	...	$23.78
04/08/10 services provided by 'R POHIL'							
Claim Number: **0251491933701**	$207.00	-$163.28	$43.72	...	-$86.45	...	$43.72

For more information about your claims, please visit: www.myuhc.com.

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

UNITEDHEALTHCARE INSURANCE COMPANY

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

UnitedHealthcare
A UnitedHealth Group Company

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

UNITEDHEALTHCARE INSURANCE COMPANY

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

UnitedHealthcare
A UnitedHealth Group Company

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	Pick Up Your Pace!
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.	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.

B2-00825*01*001561-EO-10005-G0121-ACN 11900
CFEB02-030826

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	RR PROPATH SERVICES LLP								
8179791401	LABORATORY SERVICES	11/11/09	250.00	145.53	20.89		80%	16.71*	51
	LABORATORY SERVICES	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	RR P MAUK								
8293923401	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.

* * * * * * *

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)

P5571

THIS IS NOT A BILL

B2-00825*02*001562-EO-10005-G0121-ACN 12900
CFEGA2-030826

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

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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

UnitedHealthcare®
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 FALSE, INCOMPLETE, OR MISLEADING INFORMATION MAY BE GUILTY OF A CRIMINAL ACT PUNISHABLE UNDER LAW.

P5572

DATE: SIGNATURE:

J2-02634*01*005049-EO-09236-G0121-ACN 11900
CFEB02-030826

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

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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 SP P MAUK									
5732159501	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

P6-00130*01*000235-EO-09244-G0121-ACN 11900
CFEB02-030826

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

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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 SP R POHIL									
5639931301	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

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

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* * * * * * *

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* * * * * * *

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P5574

THIS IS NOT A BILL

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

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UNITEDHEALTHCARE INSURANCE COMPANY

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

P5575

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:** 0225299553601 **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

- 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: 01/13/09 **Member:** ELMER **Provider:** HOUSTON FIRE CITY **Claim Number:** 0225074563201 **Type of Service:** MEDICAL	$455.00	...	...	$455.00

- 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:** 0221772B11801 **Type of Service:** MEDICAL	$279.11	...	-$27.75	...

- 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

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	$32.26	...	-$4.38	...

- THIS CLAIM WAS PROCESSED ON 06/12/09.
- 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	$40.97	...	-$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	...

- 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	...

- 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

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:** 0225639931301 **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

B2-01758*01*003370-EO-09273-G0121-ACN 11900
CFEB02-030826

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 RR	P MAUK								
8225146001	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

CMS/ CENTERS for MEDICARE & MEDICAID SERVICES Medicare Summary Notice

September 23, 2009

NELVA E BRUNSTING
13630 PINEROCK
HOUSTON TX 77079-5914

3015B9 019518
0001 of 0003

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: 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						a
Dr. Mauk, Paul M. M.D.						
06/22/09	1 Office/outpatient visit, est (99214)	$129.00	$93.22	$74.58	$18.64	
Claim number 22-09216-326-380						
Digestive And Liver Speciali, Suite 850, 915 Gessner , Houston, TX 77024-0000						a
Dr. Mauk, Paul M. M.D.						
07/31/09	1 Office/outpatient visit, est (99214)	$129.00	$93.22	$74.58	$18.64	

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

EOF 1758(05/05)

P5582

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.

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)

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0002 of 0003

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						a
Dr. Mauk, Paul M. M.D.						
08/31/09	1 Office/outpatient visit, est (99214)	$129.00	$93.22	$74.58	$18.64	
Claim number 29-09194-509-990						
Memorial Clinical Associates, Suite 200, 1201 Dairy Ashford , Houston, TX 77079-3023						d,a
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						d,a
Dr. Pohil, Richard M.D.						
07/07/09	1 Office/outpatient visit, est (99215-25)	$190.00	$126.24	$100.99	$25.25	
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						d
Dr. Pohil, Richard M.D.						
09/02/09	1 Office/outpatient visit, est (99213-25)	$93.00	$61.84	$49.47	$12.37	
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**	

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						a
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	
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						a
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	
Claim number 38-09181-211-820						
Rosewood Family Physicians, Suite B, 2405 South Gessner , Houston, TX 77063-2005						g,d,a
Dr. White, Robert E. M.D.						
06/04/09	1 Office/outpatient visit, est (99213)	$115.00	$61.84	$49.47	$12.37	

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_____

P5587

E2-00076*01*000156-EO-09343-G0121-ACN 11900
CFEB02-030826

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: 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**	
						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**	
						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**	
						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**	
						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)

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THIS IS NOT A BILL

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

UnitedHealthcare
A UnitedHealth Group Company

UNITEDHEALTHCARE INSURANCE COMPANY

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:** 022951866940 1 **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:** 0235337644901 **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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www.myuhc.com

Details for Claim # 0231752027501

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

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

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

	Originally Billed by Provider	Health Plan Discount	Paid by Health Plan	You Owe the Provider	Applied to Your Deductible
RADIOLOGY SERVICES	$319.00	...	...	...	$14.54
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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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.

P6-01986*01*003678-EO-09302-G0121-ACN 11900
CFEB02-030826

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

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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	SP R POHIL								
3933873101	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	
							PLAN PAYS	0.00	
							** PATIENT PAYS	272.00	
NELVA	SP RADIOLOGY WEST LLC								
4388286501	RADIOLOGY SERVICES	07/09/09	319.00	319.00				0.00*	07
		TOTAL	319.00	319.00				0.00	
							PLAN PAYS	0.00	
							** PATIENT PAYS	319.00	
NELVA	SP HOUSTON OPTICAL 140								
4059156101	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	
							PLAN PAYS	0.00	
							** PATIENT PAYS	240.00	
NELVA	SP P MAUK								
2438672601	OFFICE VISITS	06/22/09	129.00	129.00				0.00*	07
		TOTAL	129.00	129.00				0.00	
							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

P6-01986*02*003679-EO-09302-G0121-ACN 12900
CFEGA2-030826

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

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A UnitedHealth Group Company

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

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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.

P5597

DATE: SIGNATURE:

A2-02306*01*004426-EO-09301-G0121-ACN 11900
CFEB02-030826

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

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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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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	$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.

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

* * * * * * *

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* * * * * * *

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

P5598

THIS IS NOT A BILL

A2-02306*02*004427-EO-09301-G0121-ACN 12900
CFEGA2-030826

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

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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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MAIL TO:

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

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Claim Transmittal

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

☐ ACTIVE ☐ RETIRED

EMPLOYEE ADDRESS (IF CHANGED): _____

PATIENT NAME: _____ NATURE OF ILLNESS OR INJURY: _____

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

_____ ( ) ____ - ____

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

DEPENDENT NAME: _____ DEPENDENT SOC. SEC. NO.: _____

DEPENDENT EMPLOYER: _____

DEPENDENT BENEFIT PLAN NO. AND INSURER: _____

I HEREBY DIRECT PAYMENT BE MADE TO: ☐ MY PHYSICIAN ☐ MYSELF

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

P5599

DATE: SIGNATURE:

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

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	07/07/09	215.00	215.00				0.00*	UW
	RADIOLOGY SERVICES	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 $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?
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FURTHER EXPLANATION OF BENEFITS INFORMATION IS ON CONTINUATION PAGE(S)

P5600

THIS IS NOT A BILL

A2-01461*01*002812-EO-09224-G0121-ACN 11900
CFEB02-030826

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

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	SP RADIOLOGY WEST LLC								
4388286501	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	SP HOUSTON OPTICAL 140								
4059156101	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	

(*) INDICATES PAYMENT ASSIGNED TO PROVIDER

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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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* * * * * * *

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

P5601

THIS IS NOT A BILL

B2-00298*01*000551-EO-09196-G0121-ACN 11900
CFEB02-030826

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 SP P MAUK									
2438672601-	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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* * * * * * *

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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

Nevada-UN Health Care Project

P5603

BRUNSTING000513

2011 Open Enrollment Worksheet

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

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

0290880.0064.0078
NELVA E BRUNSTING
13630 PINE ROCK
HOUSTON TX 77079

September 20, 2010

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

If You Don't Make Changes

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

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

Medical Plan

Current Coverage: Chevron Medicare Plus Plan for You Only

		Monthly Cost for 2011 by Coverage Level			
Your 2011 Options		You Only	You and One Adult	You and Child(ren) or Other Dependents	You and Family
501	Chevron Medicare Plus Plan	$183.10	N/A	N/A	N/A
502	Chevron Senior Care Plan	$106.70	N/A	N/A	N/A
503	Chevron Medicare Standard Plan	$129.40	N/A	N/A	N/A
712	Chevron Medical Plan Option 1 (UHC)/CSCP♦	N/A	$487.70	$240.70	$620.70
715	Chevron Medical Plan Option 2 (UHC)/CSCP♦	N/A	$436.70	$212.70	$542.70
704	Chevron Medical Plan Option 1 (UHC)/CMPP♦	N/A	$564.10	$317.10	$697.10
705	Chevron Medical Plan Option 2 (UHC)/CMPP♦	N/A	$513.10	$289.10	$619.10
790	Chevron Medical Plan Option 3 (UHC)/CMPP♦	N/A	$397.10	$231.10	$446.10
793	Chevron Medical Plan Option 3 (UHC)/CSCP♦	N/A	$320.70	$154.70	$369.70
780	Chevron Medical Plan - Option 1 (UHC)/CMSP♦	N/A	$510.40	$263.40	$643.40
781	Chevron Medical Plan - Option 2 (UHC)/CMSP♦	N/A	$459.40	$235.40	$565.40
783	Chevron Medical Plan - Option 3 (UHC)/CMSP♦	N/A	$343.40	$177.40	$392.40
000	No Coverage	$0.00	$0.00	$0.00	$0.00

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

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

P5604

Dental Plan

Current Coverage: No Coverage

	Monthly Cost for 2011 by Coverage Level			
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.

P5606

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

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

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/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	100%; after Medicare payment and OOP Max is reached
Surgery	100%; after Medicare payment and OOP Max is reached
Lab/X-Ray	100%; after Medicare payment and OOP Max is reached
INPATIENT HOSPITAL EXPENSES	
Room	80%; of Part A deductible, then 100% after Medicare payment and OOP Max is reached
Surgery	100%; after Medicare payment and OOP Max is reached
Lab/X-Ray	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)	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	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**

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 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

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◎
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◎	
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◎	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.

P5611

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

Internet address:
www.myuhc.com

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

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 COVERAGE①
PREVENTIVE CARE		
Physical Exam	100%, no deductible	100%, no deductible
Well-Baby	100%, no deductible	100%, no deductible
OUTPATIENT CARE		
Office Visits	100% after a $25 copy, no deductible	80%, after deductible
Surgery②	90%, after deductible	80%, after deductible
Lab/X-Ray	90%, after deductible	80%, after deductible
INPATIENT HOSPITAL EXPENSES②		
Room	90%, after deductible	80%, after deductible
Surgery	90%, after deductible	80%, after deductible
Lab/X-Ray	90%, after deductible	80%, after deductible
MATERNITY CARE		
Office Visits	100% after $25 copy for first visit only, no deductible	80%, after deductible
Hospital	90%, after deductible	80%, after deductible
EMERGENCY SERVICES③	90%, after deductible	90%, after deductible
PRESCRIPTION DRUGS④		
Retail (30-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**	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.
Mail Order (90-day supply)	**Generics: $15 member copay; Preferred Brand-Name: 85% with a $35 minimum copay; Non-Preferred Brand-Name: 75% with a $75 minimum copay**	Not covered
VISION⑤	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 CARE⑥		
Office Visit	100% after a $25 copay, no deductible	80%, after deductible
Treatment in Outpatient Facility	90%, no deductible	80%, after deductible
PHYSICAL THERAPY⑥		
Office Visit	100% after a $25 copay, no deductible	80%, after deductible
Treatment in Outpatient Facility	90%, no deductible	80%, after deductible
HOME HEALTH CARE⑥		
up to 60 visits per year	100%, no deductible	70%, no deductible
SKILLED NURSING FACILITY⑦	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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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	100%, no deductible	100%, no deductible
Well-Baby	100%, no deductible	100%, no deductible
OUTPATIENT CARE		
Office Visits	100% after a $25 copy, no deductible	80%, after deductible
Surgery	90%, after deductible	80%, after deductible
Lab/X-Ray	90%, after deductible	80%, after deductible
INPATIENT HOSPITAL EXPENSES		
Room	90%, after deductible	80%, after deductible
Surgery	90%, after deductible	80%, after deductible
Lab/X-Ray	90%, after deductible	80%, after deductible
MATERNITY CARE		
Office Visits	100% after $25 copy for first visit only, no deductible	80%, after deductible
Hospital	90%, after deductible	80%, after deductible
EMERGENCY SERVICES	90%, after deductible	90%, after deductible
PRESCRIPTION DRUGS		
Retail (30-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**	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.
Mail Order (90-day supply)	**Generics: $15 member copay; Preferred Brand-Name: 85% with a $35 minimum copay; Non-Preferred Brand-Name: 75% with a $75 minimum copay**	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	100% after a $25 copy, no deductible	80%, after deductible
Treatment in Outpatient Facility	90%, no deductible	80%, after deductible
PHYSICAL THERAPY		
Office Visit	100% after a $25 copy, no deductible	80%, after deductible
Treatment in Outpatient Facility	90%, no 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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2011 BENEFIT SUMMARY
Medical PPO (Option 2) - UHC — 315

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 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	100%, no deductible	100%, no deductible
Well-Baby	100%, no deductible	100%, no deductible
OUTPATIENT CARE		
Office Visits	90%, after deductible	80%, after deductible
Surgery	90%, after deductible	80%, after deductible
Lab/X-Ray	90%, after deductible	80%, after deductible
INPATIENT HOSPITAL EXPENSES		
Room	90%, after deductible	80%, after deductible
Surgery	90%, after deductible	80%, after deductible
Lab/X-Ray	90%, after deductible	80%, after deductible
MATERNITY CARE		
Office Visits	100%, no deductible	80%, after deductible
Hospital	90%, after deductible	80%, after deductible
EMERGENCY SERVICES	90%, after deductible	90%, after deductible
PRESCRIPTION DRUGS		
Retail (30-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**	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.
Mail Order (90-day supply)	**Generics: $15 member copay; Preferred Brand-Name: 85% with a $35 minimum copay; Non-Preferred Brand-Name: 75% with a $75 minimum copay**	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	90%, after deductible	80%, after deductible
Treatment in Outpatient Facility	90%, after deductible	80%, after deductible
PHYSICAL THERAPY		
Office Visit	90%, after deductible	80%, after deductible
Treatment in Outpatient Facility	90%, 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*.

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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, Partials, 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** • **Children up to age 19**	 50% 50%	 50%, no deductible 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** • **Children up to age 19**	 $2,300 $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.

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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.

  - 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

Mon Medical Insurance

P5625

- St. Farm Insurance

P5626

41,023
5875

40,148
450

39,698
200

39,498

bread macaroni
Canned veggies
16,490 beef dinners
7 ens. potatoes
1 490 tomato sauce
spaghetti
4 490 rice
7 dried veg
16 Tuna
peanut bu

MAY 28
6.6.13.53

P5627

United Health

erleen1

Hernandez

~~Lima~~

800:654-0079

Health: 911-87726-04

ID- 852243769

Group: 247848

P5628

Anita Brunsting

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

United Healthcare numbers

840246620 Group number 247848 or 87726

Their number is 800-654-0079

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

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

CMS/ CENTERS for MEDICARE & MEDICAID SERVICES

Medicare Summary Notice

July 7, 2011

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.

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

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

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 02 (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 02 (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.

(continued)

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

General Information: (continued)

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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 _____.

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

Medco Medicare Prescription Plan® (PDP)

Chevron

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

MD060006000676010400000

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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(continue)

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

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

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

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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	STAGE 2 Initial Coverage	You are in this stage: STAGE 3 Coverage Gap	STAGE 4 Catastrophic Coverage
• 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).	• 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.	• 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). 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).	• 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).

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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"
$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

(continue)

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.*

BRUNSTING001663

CMS/ Medicare Summary Notice

June 24, 2011

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 Syste						**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.

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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)

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 mngment 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**	

Control number 21116600290504TXA
Memorial Hermann Hospital Syste l,m
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

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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 mngment 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)

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.

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Deductible Information:

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. Afican-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.

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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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UnitedHealthcare

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

MIDDLE OF FOLD

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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.

MIDDLE OF FOLD

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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

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

START OF FOLD

0017 2

P5657

UnitedHealthcare®

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

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P5659

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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P5661

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

0023 0

P5663

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

0023 2

P5665

OSS20110716_000057

S11196_1526_099

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

END OF FOLD

0023 1

P5667

BRUNSTING001689

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

Local Phone:
(713)448-5502

Toll Free:
(800)526-2121

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

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

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.

John Hancock
the future is yours®

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

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

Deposited 8.18.11

P5670

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

Bank of America

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 0008519 Tlr 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

CARDIOLOGY ASSOCIATES OF HOUSTON, P.A.

Elmer H. Brunsting

503 · PATIENT AND INS. REFUNDS O/P Refund 7/21/2011 22897

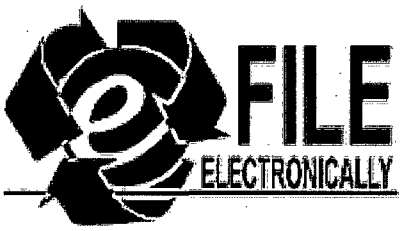
76.27

Deposited
8.18.11

Bank Of Texas

76.27

P5673



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

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

- [X] 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.
- [X] 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.
- [X] 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

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

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 it's 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.

PAYMENT COUPON - RETURN WHEN PAYING BY CHECK OR MONEY ORDER

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

PHYSICIAN SERVICES RENDERED AT: MEMORIAL HERMANN MEMORIAL CITY

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

☐ CHECK HERE FOR CHANGE OF ADDRESS

MAKE CHECKS PAYABLE TO:

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

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

0180003262257110181063333802667000000723 79

P5678

Change of Address:

Address: _____

City: _____ State: _____ Zip: _____

ONLY RETURN THIS COUPON WHEN PAYING BY CHECK

P5679

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	
		07/25/11	Pmt adj - charges pd by		$0.00	
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	ACCOUNT NUMBER
7/27/2011	11908-27901163

MAKE CHECKS PAYABLE TO: AZMAT KHAN MD PA

PATIENT IS RESPONSIBLE FOR "PATIENT BALANCE" SHOWN.

000000246-A

P5680

CenterPoint Energy

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	Gas charges
Previous balance	$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		Meter # 3798500640542
32 Day billing period	06/30/2011 to 08/01/2011	
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			R-2080-GRIP 2011-CH
Customer charge			$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

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

P5681

CenterPoint Energy

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.

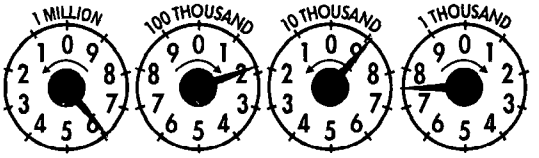
In accordance with Federal Reserve Board guidelines, personal checks that you send us for payment may be processed electronically. This means your check will not be returned by your financial institution. Please contact the customer service number printed on your invoice with questions concerning this 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.

P5682

CHECK LIST

- ☐ **COMPRESSOR**
  - ☐ SUCTION _____ PSI
  - ☐ HEAD _____ PSI
  - ☐ VOLTS _____ AMPS
  - ☐ ELECTRICAL CONNECTIONS
  - ☐ CONTACTS TIGHT & CLEAN
  - ☐ OIL LEVEL & CONDITION
- ☐ **CONDENSER COIL**
  - ☐ CLEAN COIL & CHECK FIN COND.
  - ☐ ENT _____ °F LVG _____
- ☐ **REFRIGERANT**
  - ☐ LEAK ☐ CHARGE
- ☐ **FAN AND MOTOR**
  - ☐ VOLTS _____ AMPS _____
  - ☐ ELECTRICAL CONNECTIONS
  - ☐ CONTACTS TIGHT & CLEAN
  - ☐ FAN PULLEYS (ADJUST BELT)
  - ☐ CHECK, LUB BEARINGS & MOTOR
- ☐ **EVAPORATOR COIL**
  - ☐ CLEAN COIL & CHECK FIN
  - ☐ ENT DB _____ °F | LVG DB _____ °F
  - ☐ ENT WB _____ °F | LVG WB _____ °F
- ☐ **CONDENSATE AREAS**
  - ☐ INSPECT & CLEAN DRAIN PAN
  - ☐ INSPECT & CLEAN DRAIN
- ☐ **AIR FILTERS**
  - ☐ CLEANED ☐ REPLACED
- ☐ **HEATING ASSY.**
  - ☐ BURNER & HEAT EXCHANGER
  - ☐ FUEL SUPPLY & PRESSURE
  - ☐ PILOT ASSEMBLY
  - ☐ FLAME ADJUSTMENT
  - ☐ PRIMARY RELAY & FLUE
  - ☐ FAN & LIMIT SWITCH OPER.
  - ☐ BLOWER ASSEMBLY
  - ☐ RV VALVE
  - ☐ STRIP HEAT
  - ☐ DEFROST CYCLE
- ☐ **ELECTRICAL COMP'TS.**
  - ☐ RELAYS ☐ CONTACTORS
  - ☐ OVERLOAD ☐ PRESS. SWITCH
- ☐ **THERMOSTAT**
  - ☐ O.K. ☐ REPLACE
  - ☐ 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

P5683

QUANTITY	ITEM OR PART DESCRIPTION		PRICE
1	Clear drain line.		$ 63.38
	Evap coil.		
	M# CSCF4860N6CA		
	S# 0907090283		
	Cond.		
	M# 5SX140C48AE		
	S# 0907055803		
	17 DT		
	RECLAIM	40.00	
	WELDING RIG & VACUUM	25.00	
	TOTAL PARTS		

PARTS WARRANTY
All parts as recorded are warranted as per manufacturer specifications.
LABOR GUARANTY
The labor charge as recorded here relative to the equipment serviced as noted, is guaranteed for a period of 30 days.
We do not, of course, guaranty other parts than those we install. If repairs later become necessary due to other defective parts, they will be charged separately.

CHARGES FROM BELOW

WRITE OR CODE	AMOUNT
	$
TOTAL OTHER CHARGES	$

By accepting the goods and services supplied to the Customer by P & M Air Conditioning pursuant to this transaction, the Customer agrees that P & M Air Conditioning will not be liable to the Customer for injury to the Customer's home, business, or property, arising out of, or occasioned by, directly or indirectly, the failure or defectiveness of any item, or any services, furnished by P & M Air Conditioning pursuant to this Agreement, including all cases in which the defect or failure, or the resultant injury results from, the design, manufacture, marketing, distribution, servicing, or operation of any item supplied under this Agreement, or from any services provided by P & M Air Conditioning under this Agreement, or from the failure of P & M Air Conditioning to provide timely warnings concerning the items supplied or the services performed under the Agreement whether or not that failure or defectiveness is the sole or contributory cause of the resultant injury. This section shall expressly pertain to any claims of toxic mold contamination or other environmental hazard, and any injuries or damages consequential thereto, alleged to be in any way occasioned or caused, directly or indirectly, by any product sold, installed, or serviced, or by any services provided by P & M Air Conditioning.

It is the expressed intention of the Customer and P & M Air Conditioning that this section is designed and intended to protect P & M Air Conditioning from the consequences of defects in the design, manufacture, marketing, distribution, servicing, or operation of any item supplied, or any services rendered, under the terms of this Agreement, or from the failure of P & M Air Conditioning to provide timely warnings concerning the items supplied or the services rendered under the terms of this Agreement.

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

DATE 7/19/11
P.O. NUMBER
DATE SCHEDULED / /
PHONE
WK. PHONE

NAME Brunsting
STREET 13630 Pinerock Ln.
CITY _____ STATE _____ ZIP 77079

MAKE	MODEL	SERIAL NUMBER

☐ WARRANTY
☐ CONTRACT
☐ SERVICE CONTRACT
☐ NORMAL
☐ RES. ☐ COMM.
☐

JOB LOCATION

DESCRIPTION OF WORK | **SERVICE**

Performed spring check
Found drain line stopped up
Flushed out and left draining
Evap coil & AUTHORIZED DEALER Filters
Cleaned 2-16x25 Return Air Supply Air
boxes w/ sealed Properly.
Recommend Condensate Installing TXV
sealing supply boxes. Reinstalling
Plenum Turn to the Blower Door

LABOR CHARGES HRS. @ /HR. =
TECHNICIAN SIGNATURE CERT.#
TOTAL OTHER CHARGES 63 38

TERMS: DUE UPON COMPLETION

MISC. MATERIALS CONSISTS OF TAPE, SCREWS, WIRE NUTS, GLUE, ETC.

FINANCE CHARGES: Balances due over 30 days (1½% INTEREST) PER MONTH (18% ANNUAL RATE) will be imposed.

PLEASE PAY FROM THIS INVOICE

CHECK # _____ TDL # _____
VISA _____ MASTERCARD _____
DISCOVER _____ AMEX _____

SUB-TOTAL	
MISC. MAT'L	
TAX	
TOTAL AMOUNT DUE	148 38

ABOVE ORDERED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY.

X _____ DATE / /

BRUNSTING001705

LABOR RECORD

EMP. NO.	OPER. NO.	COST	ELAPSED TIME	TIME CLOCK
				OFF
				ON
				OFF
				ON
				OFF
				ON
				OFF
				ON
				OFF
				ON
				OFF
				ON
				OFF
				ON
				OFF
				ON
				OFF
				ON
				OFF
				ON
				OFF
				ON
				OFF
				ON
TOTALS				

DIAGRAM HERE

P5684

BRUNSTING001706

Please detach and return above portion with your payment

HOUSTON CHRONICLE
chron.com

HOUSTON CHRONICLE
8010 KEMPWOOD
HOUSTON, TX 77055

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chron.com/ez

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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.

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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.

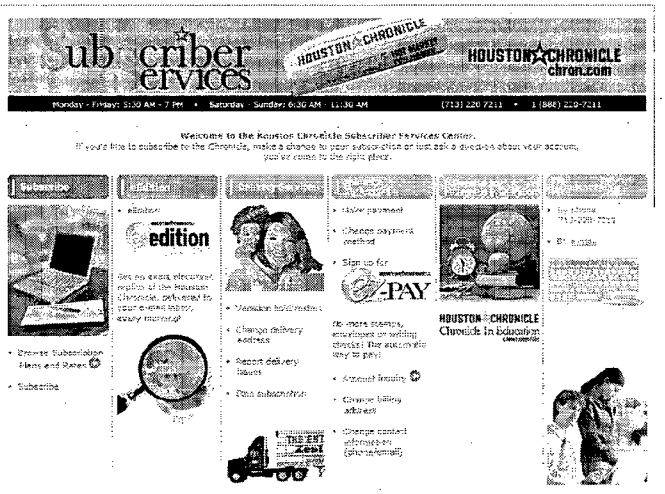
PD. Check # 294

Thirty

P5685

BRUNSTING001707

MANAGE YOUR ACCOUNT ONLINE 24/7/365 @ Chron.com/subscribers



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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**

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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

P5686

STATEMENT OF SERVICES RENDERED

Schleicher-Read Dental, PLLC
9099 Katy Freeway Ste.180
Houston, TX 77024

(713)932-0441

CHART NO.	PAGE NO.
BR0017	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		-143.00
			Check #200		

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

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P5687

Mr. Pham Chan
13410 Beechglen 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	00

Thank You

pd. July 22 Friday

P5688

Mr. Pham Chan
13410 Beechglen 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	00

Thank You

pd. July 22 Friday

P5689

LEGENDS PHARMACY 4535 FREDERICKSBURG #223 SAN ANTONIO, TX 78201 866-877-2477

DATE	RX NUMBER	QTY.	DESCRIPTION	DPT. CD	N/L	MED DED	AMOUNT		SALES TAX	ITEM TOTAL
** ACTIVITY FOR BRUNSTING, NELVA						-BRUNN	-			
07/11/11	6048463	60	BROVANA 15 MCG/2	01		*	42.00		.00	42.00C

PD Check # 293

42.00	42.00					.00
MED DED FOR MONTH	YTD MED DEDUCTION					TOTAL TAX

PREVIOUS BALANCE		CHARGES THIS MONTH		FINANCE CHARGE		TOTAL CHARGES		TOTAL PAYMENTS & CREDITS		AMOUNT DUE
.00	+	42.00	+	.00	=	42.00	-	.00	=	42.00

PD Check 293

50_244580 REORDER FROM: INTEGRAL SOLUTIONS GROUP 800-235-0767 FORM # 501311 www.integralsupplies.com

P5690

BRUNSTING001712

MAKE CHECKS PAYABLE TO:
MEMORIAL HERMANN MEDICAL GROUP
PO BOX 848662
BOSTON, MA 02284-8662

FOR ACCOUNT QUESTIONS CALL:
713-448-5566
DUE DATE: 08/21/2011
PAGE: 1 of 2

DATE	DESCRIPTION	CHGS/CREDITS	OUTSTANDING
PATIENT:	NELVA BRUNSTING		
06/08/2011	INIT HOSP-DAY E&	$ 351.00	
	PROVIDER: HAROLD A CONDARA JR MD		
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	$ 129.00	
	PROVIDER: HAROLD A CONDARA JR MD		
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	$ 129.00	
	PROVIDER: HAROLD A CONDARA JR MD		
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 DATE: 08/03/2011
ACCOUNT NUMBER: 163085A1087 7890

P5691

MAKE CHECKS PAYABLE TO:
MEMORIAL HERMANN MEDICAL GROUP
PO BOX 848662
BOSTON, MA 02284-8662

FOR ACCOUNT QUESTIONS CALL:
713-448-5566

000508 0102

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.

000000197-A

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

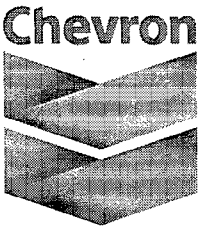
612893

34035*TA40P746D002429

P5692

medco®

Medco Medicare Prescription Plan®(PDP)



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

We value your membership and hope to continue to serve you next year.

Sincerely,

Mary Daschner

Mary Daschner
Group President
Medco Retiree Solutions®

5236 32-IT3895 00-452

P5694

BRUNSTING001716

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

November 20, 2010

Prescription Benefit Update

Explanation of Benefits (EOB) for Your Medicare Prescription Drug Coverage (Part D)

Medco Medicare Prescription Plan™

Chevron

Prepared for:

3896 0001818
Nelva E Brunsting
13630 Pinerock Ln
Houston, TX 77079-5914

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.

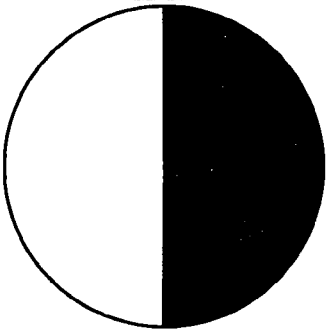
Your personalized Prescription Benefit Update provides you with more than a summary of your prescription drug purchases each month. We also provide other useful information that can help you get the best value from **Medco Medicare Prescription Plan for Chevron.**

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.

Benefit Highlights



Your total drug costs for 2010 ..... $876.21

Medco Medicare Prescription Plan for Chevron
paid $439.70

YOU paid $436.51

BRUNSTING001717

MD10574500181801040000

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:
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.	$439.70	$126.51	$126.51	$0.00	Out-of-Pocket Costs left before catastrophic coverage: $4,113.49
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.	$0.00	$0.00			

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

P5697

BRUNSTING001719

Coverage Status continued

- **Out-of-Pocket Costs** Includes payments that you and/or certain others on your behalf paid for covered drugs during the coverage year. This includes payments made in the deductible and/or initial coverage period this coverage year. Payments made by certain others that count toward your out-of-pocket costs include those made by family members, State Pharmaceutical Assistance Programs (SPAPs), and most charities. This amount does not include amounts paid by **Medco Medicare Prescription Plan** or certain others making payments on your behalf.

  Payments made by certain others that don't count toward your out-of-pocket costs include those made by group health plans (like from your spouse's current or former employer), other insurance, or government-funded health programs.

  Once your out-of-pocket costs reach $4,550.00, you move into the catastrophic coverage period.

- **Total Drug Costs** This is the total amount spent on your covered drugs this coverage year by **Medco Medicare Prescription Plan**, you, and/or all others making payments on your behalf during all coverage periods.

Note: We offer extra coverage for some drugs not generally covered by Medicare. These drugs are noted on your summary of claims in the Rx Month at a Glance section. The amounts paid for these drugs don't count toward your out-of-pocket costs or total drug costs.

Rx Month at a Glance

For October 2010

This chart shows you a summary of Prescription Claims Processed from 10/01/2010 through 10/31/2010. It enables you to track and manage your expenses.

Date Prescription Filled	Name of Drug / Claim Number	Quantity Filled	Amount 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

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.

BRUNSTING001722

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.

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P5701

the 6 months before you retire to update your records. Make sure your health care bills are paid correctly.

ALERT: Coverage by Medicare is limited to $1840 in 2009 and $1860 for 2010 for outpatient physical therapy and speech-language pathology combined. Occupational therapy services have the same limits. Medicare pays up to 80 percent of the limits after the deductible has been met. Exceptions to these limits apply to therapy billed by hospital outpatient departments and may also apply to medically necessary services.

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

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

Early detection is your best protection. Schedule your mammogram today, and remember that Medicare helps pay for screening mammograms.

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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

MD10574500181804040000

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.

CMS CENTERS for MEDICARE & MEDICAID SERVICES

Medicare Summary Notice

October 28, 2010

NELVA BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079-5914

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

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-RRKHKX) 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	

P5704

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

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.

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

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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 _____

Medicare Summary Notice

December 22, 2010

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: 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					**a**
09/17/10-09/20/10	3 days	$0.00	$1,100.00	$1,100.00	b,c

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

EOF 2119(07/06)

P5708

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.

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 21025901673701TXA						
Frances H Brown Medical Facilit						**d,e,f,**
2600 Gessner Dr Ste 160						**g**
Brown Rehabilitation And Treatm						
Houston, TX 77080-3842						
Referred by: Richard Pohil						
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 mngment training (97535)	29.35	0.00	0.00	0.00	h,i
	Self care mngment 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						**d,e,f,**
2600 Gessner Dr Ste 160						**g**
Brown Rehabilitation And Treatm						
Houston, TX 77080-3842						
Referred by: Richard Pohil						
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 mngment training (97535)	29.35	0.00	0.00	0.00	h,i
	Self care mngment training (97535)	31.65	0.00	6.33	6.33	s
	Claim Total	**$607.00**	**$0.00**	**$55.73**	**$55.73**	

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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 Syste						t
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.

625610 004180
0003 of 0004

Deductible Information:

You have met the Part A deductible for this benefit period.

You have met the Part B deductible for 2010.

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. Afican-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.

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0004 OF 0004

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: _____

P5714

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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 22-10314-267-670						
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

P5716

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.

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.

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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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Your Medicare Number: XXX-XX-8905D

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_____

P5719

Medicare Summary Notice

December 22, 2010

NELVA E BRUNSTING
13630 PINEROCK
HOUSTON TX 77079-5914

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0001 of 0006

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: 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	

EOF 1758(03/05)

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

P5720

IMPORTANT INFORMATION
You Should Know About Your Medicare Part B Benefits

541196364

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.

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
11/30/10	1.0 12-lead ecg performed (3120F)	0.00	0.00	0.00	0.00	e
	Claim Total	**$816.00**	**$189.09**	**$151.27**	**$37.82**	
Claim number 29-10266-688-410						
Cardiology Assoc Of Houston, Suite 400, 925 Gessner , Houston, TX 77024-2545						f
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, 925 Gessner , Houston, TX 77024-2545						f
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, 925 Gessner , Houston, TX 77024-2545						f
Dr. Yeoman, Mark A.						
12/04/10	1.0 Subsequent hospital care (99232)	$95.00	$71.54	$57.23	$14.31	

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 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	

Your Medicare Number: XXX-XX-8905D

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)

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Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 32-10277-622-120						
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,						f
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**	

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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 28-10348-409-180						
Medical Chest Associates PA,						f
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	
Claim number 28-10348-407-940						
Medical Chest Associates PA,						f
902 Frostwood Suite 188 , Houston, TX 77024-2402						
Dr. Jain, Ajay						
12/01/10	1.0 Subsequent hospital care (99232)	$140.00	$71.54	$57.23	$14.31	
Dr. Jain, Ajay						
12/02/10	1.0 Subsequent hospital care (99232)	140.00	71.54	57.23	14.31	
	Claim Total	**$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,						f
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	

Your Medicare Number: XXX-XX-8905D

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 22-10264-108-830						
Memorial Clinical Associates, Suite 200,						f
1201 Dairy Ashford , Houston, TX 77079-3017						
Dr. Gidvani, Bhakti D. M.D.						
09/17/10	1.0 Initial hospital care (99223)	$300.00	$199.00	$159.20	$39.80	
Claim number 22-10264-108-840						
Memorial Clinical Associates, Suite 200,						f
1201 Dairy Ashford , Houston, TX 77079-3017						
Referred by: Gidvani, Bhakti D						
Dr. Pohil, Richard M.D.						
09/18/10	1.0 Critical care, first hour (99291)	$404.00	$226.43	$181.14	$45.29	
Claim number 22-10264-108-850						
Memorial Clinical Associates, Suite 200,						f
1201 Dairy Ashford , Houston, TX 77079-3017						
Referred by: Gidvani, Bhakti D						
Dr. Pohil, Richard M.D.						
09/19/10	1.0 Subsequent hospital care (99233)	$155.00	$102.85	$82.28	$20.57	
Claim number 22-10271-253-560						
Memorial Clinical Associates, Suite 200,						f
1201 Dairy Ashford , Houston, TX 77079-3017						
Dr. Gidvani, Bhakti D. M.D.						
09/20/10	1.0 Hospital discharge day (99239)	$155.00	$103.00	$82.40	$20.60	
Claim number 22-10281-522-320						
Memorial Clinical Associates, Suite 200,						f
1201 Dairy Ashford , Houston, TX 77079-3017						
Dr. Gidvani, Bhakti D. M.D.						
10/06/10	1.0 Office/outpatient visit, est (99214-25)	$152.50	$101.45	$81.16	$20.29	
10/06/10	1.0 Measure blood oxygen level (94760)	15.50	0.00	0.00	0.00	i,j,k
	Claim Total	**$168.00**	**$101.45**	**$81.16**	**$20.29**	

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PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 32-10295-134-990						
Memorial Clinical Associates, Suite 200,						f
1201 Dairy Ashford , Houston, TX 77079-3017						
Dr. Gidvani, Bhakti D. M.D.						
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,						f
1201 Dairy Ashford , Houston, TX 77079-3017						
Dr. Gidvani, Bhakti D. M.D.						
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,						f
1201 Dairy Ashford , Houston, TX 77079-3017						
Hodge, Deborah A.						
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**	

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

December 17, 2010

Prescription Benefit Update

Explanation of Benefits (EOB) for Your Medicare Prescription Drug Coverage (Part D)

Medco Medicare Prescription Plan℠

Chevron

Prepared for:

3896 0004058 0002
Nelva E Brunsting
13630 Pinerock Ln
Houston, TX 77079-5914

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.

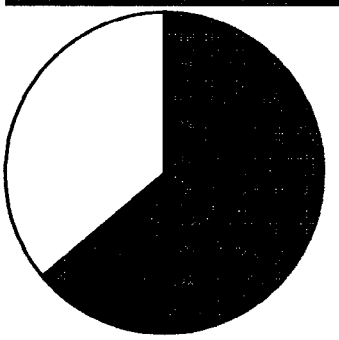
Your personalized Prescription Benefit Update provides you with more than a summary of your prescription drug purchases each month. We also provide other useful information that can help you get the best value from **Medco Medicare Prescription Plan for Chevron**.

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.

Benefit Highlights



■ PLAN paid $880.67

□ YOU paid $497.51

Your total drug costs for 2010 ..... $1,378.18

Medco Medicare Prescription Plan for Chevron paid $880.67

YOU paid $497.51

BRUNSTING001750

MD1100020040580104000O

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

P5729

BRUNSTING001751

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:
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.	$880.67	$187.51	$187.51	$0.00	Out-of-Pocket Costs left before catastrophic coverage: $4,052.49
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.	$0.00	$0.00			

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

P5730

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

BRUNSTING001752

Coverage Status Continued

- **Out-of-Pocket Costs** Includes payments that you and/or certain others on your behalf paid for covered drugs during the coverage year. This includes payments made in the deductible and/or initial coverage period this coverage year. Payments made by certain others that count toward your out-of-pocket costs include those made by family members, State Pharmaceutical Assistance Programs (SPAPs), and most charities. This amount does not include amounts paid by **Medco Medicare Prescription Plan** or certain others making payments on your behalf.

  Payments made by certain others that don't count toward your out-of-pocket costs include those made by group health plans (like from your spouse's current or former employer), other insurance, or government-funded health programs.

  Once your out-of-pocket costs reach $4,550.00, you move into the catastrophic coverage period.

- **Total Drug Costs** This is the total amount spent on your covered drugs this coverage year by **Medco Medicare Prescription Plan**, you, and/or all others making payments on your behalf during all coverage periods.

Note: We offer extra coverage for some drugs not generally covered by Medicare. These drugs are noted on your summary of claims in the Rx Month at a Glance section. The amounts paid for these drugs don't count toward your out-of-pocket costs or total drug costs.

Rx Month at a Glance

For November 2010

This chart shows you a summary of Prescription Claims Processed from 11/01/2010 through 11/30/2010. It enables you to track and manage your expenses.

Date Prescription Filled	Name of Drug / Claim Number	Quantity Filled	Amount PLAN Paid	Amount YOU Paid	Amount Paid by Secondary Coverage / Other Sources	Notes*
11/09/10	CIPROFLOXACIN HCL / 000001488926	20	$8.63	$5.00	$0.00	
11/11/10	MEGESTROL ACETATE / 000001489649	90	$4.21	$15.00	$0.00	
11/23/10	ALENDRONATE SODIUM / 000001482935	4	$20.06	$5.00	$0.00	
11/26/10	LEVAQUIN / 000001494048	7	$99.28	$21.00	$0.00	
11/29/10	ETHAMBUTOL HCL / 000001494792	90	$118.54	$5.00	$0.00	
11/29/10	AZITHROMYCIN / 000001494789	30	$96.81	$5.00	$0.00	
11/29/10	RIFAMPIN / 000001494790	60	$93.44	$5.00	$0.00	
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**

P5732

BRUNSTING001754

Rx Month at a Glance

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.

BRUNSTING001755

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

MD1100020040580404000

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.

2009276-OPSUH5A-01066-02

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

UnitedHealthcare®
A UnitedHealth Group Company

October 2, 2009

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

PROF FE MEMORIAL HERMANN HOSP
PO BOX 201367
HOUSTON TX 77216-1367

Dear Prof. Fe Memorial Hermann Hosp:

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

2009276-OPSUH5A-01066-01

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

UnitedHealthcare®
A UnitedHealth Group Company

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

F2-01102*01*002088-EO-09362-G0121-ACN 11900
CFEB02-030826

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: 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 SP D TUCKER 7458401501 -	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

F2-01067*01*002024-EO-09362-G0121-ACN 11900
CFEB02-030826

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

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		311.11	
						PLAN PAYS		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		316.50	
						PLAN PAYS		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		126.73	
						PLAN PAYS		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)

P5738

THIS IS NOT A BILL

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: 2 OF 2
DATE: 12/28/09
ID #: A 852243769
EMPLOYEE: NELVA BRUNSTING
CONTRACT: 0247848
BENEFIT PLAN: CHEVRON

NELVA BRUNSTING
13630 PINE ROCK
HOUSTON TX 77079

EXPLANATION OF BENEFITS

* * * * * * *

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

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

* * * * * * *

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

MAIL TO:

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

UnitedHealthcare
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 ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION MAY BE GUILTY OF A CRIMINAL ACT PUNISHABLE UNDER LAW.

P5739

DATE: SIGNATURE:

CMS Medicare Summary Notice

February 07, 2012

NELVA E. BRUNSTING HHH
13630 PINEROCK
HOUSTON TX 77079-5914

9737779 052516
0001 of 0002

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.						a,b,c
6700 West S Loop 200						
Bellaire, TX 77401-4120						
Referred by: Ajay Jain						
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.

EOF fss001(03/02)

P5740

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

EOF 2332(09/05)

P5741

Notes Section: (continued)

c This information is being sent to your private insurer(s).
Send any questions regarding your benefits to them.

9733779 052516
0002 of 0002

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

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: _____

P5743

CMS/ Medicare Summary Notice

December 21, 2011

NELVA E BRUNSTING
13630 PINEROCK
HOUSTON TX 77079-5914

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0001 of 0008

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						a
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**	

EOF 1758(05/05)

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

P5744

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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

EOF 0783(07/07)

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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 22-11315-633-080						
American Medical Response, Texas Inc P S Amb,						a
P O Box 847343 , Dallas, TX 75284-7343						
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,						a
925 Gressner , Houston, TX 77024-0000						
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,						a
Yantis, TX 75497-9730						
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,						a
902 Frostwood , Houston, TX 77024-0000						
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,						a
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	

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,						**b,a**
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,						**a**
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	
Dr. Manhas, Amit H.						
10/13/11	1.0 Subsequent hospital care (99232)	140.00	70.08	56.06	14.02	
Dr. Manhas, Amit H.						
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,						**a**
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	
Dr. Haas, Philip						
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						a
Referred by: Cadenas, Jerson						
Dr. Velasco, Ariel						
11/06/11	1.0 Initial hospital care (99223)	$225.00	$196.45	$157.16	$39.29	
Claim number 22-11335-540-320						
Houston Nephrology Group PA, 915 Gessner #360, Houston, TX 77024-2527						a
Referred by: Cadenas, Jerson						
Dr. Velasco, Ariel						
11/07 - 11/11	5.0 Subsequent hospital care (99232)	$650.00	$350.40	$280.32	$70.08	
Claim number 22-11259-914-340						
Houston Progress Radio Assoc, 350, 5301 Hollister , Houston, TX 77040-0000						c
Referred by: Yu, Tse-Kuan						
Dr. Tsai, Jamie M.D.						
09/07/11	1.0 Chest x-ray (71020-26) professional charge	$41.00	$10.98	$8.78	$2.20	
Claim number 28-11297-245-720						
Houston Progress Radio Assoc, 350, 5301 Hollister , Houston, TX 77040-0000						a
Referred by: Manhas, Amit H						
Dr. Klekers, Albert						
09/17/11	1.0 Us exam, abdom, complete (76700-26) professional charge	$148.00	$40.51	$32.41	$8.10	

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 28-11311-027-260						
Houston Progress Radio Assoc, 350,						a
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	
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,						a
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	
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,						a
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 rprt4fluro pxd (6045F-8P)	0.01	0.00	0.00	0.00	d
	Claim Total	$630.01	$131.24	$105.00	$26.24	

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						a
Dr. Austin Tolliver, F. L. M.D.						
11/05/11	1.0 Hospital discharge day (99238)	$203.00	$69.62	$55.70	$13.92	
Claim number 28-11265-028-940						
Medical Chest Associates PA, Ste 188, 902 Frostwood Dr , Houston, TX 77024-2402						c
Dr. Keith, George T.						
05/19/11	1.0 MD certification HHA patient (G0180)	$120.00	$53.22	$42.58	$10.64	
Dr. Keith, George T.						
07/20/11	1.0 MD recertification HHA PT (G0179)	90.00	40.56	32.45	8.11	
	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						c,a
Referred by: Manhas, Amit H						
Dr. Tran, Minh A. M.D.						
09/17/11	1.0 Critical care, first hour (99291)	$415.00	$220.04	$176.03	$44.01	
Dr. Tran, Minh A. M.D.						
09/18/11	1.0 Subsequent hospital care (99231)	105.00	38.84	31.07	7.77	
	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,						c,a
902 Frostwood Dr , Houston, TX 77024-2402						
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,						c,a
902 Frostwood Dr , Houston, TX 77024-2402						
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**	

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	

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**	
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.						
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**	
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.						
09/17/11	1.0 Subsequent hospital care (99233)	$160.00	$100.68	$80.54	$20.14	
Claim number 39-11284-291-500						
Oncology Consultants, P.A., PO Box 4418, Houston, TX 77210-4418						a
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	
Claim number 39-11284-293-960						
Oncology Consultants, P.A., PO Box 4418, Houston, TX 77210-4418						a
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

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
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**	
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.						
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**	
Claim number 39-11300-207-850						
Oncology Consultants, P.A., PO Box 4418, Houston, TX 77210-4418						a
Referred by: Dr. Mauk, Paul M.						
Dr. Nguyen, Alex P. M.D.						
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**	
Claim number 39-11306-202-510						
Oncology Consultants, P.A., PO Box 4418, Houston, TX 77210-4418						a
Referred by: Dr. Mauk, Paul M.						
Dr. Nguyen, Alex P. M.D.						
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**	

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.

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.

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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_____

P5758

Medicare Summary Notice

December 27, 2011

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JC

NELVA BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079-5914

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

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

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 02 (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						c
Referred by: AJAY JAIN						
09/22/11	1.0 Portable gaseous 02 (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						c
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 02 (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.

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-RRKIKX) Rental	$150.00	$126.99	$101.59	$25.40	e
Claim number 11299705076000						
SUN OPTIMUM SUPPLIES, 12834 MURPHY RD, STAFFORD, TX 77477-3902						c
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.

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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.

Medicare Summary Notice

June 22, 2011

NELVA E BRUNSTING
13630 PINEROCK
HOUSTON TX 77079-5914

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CUSTOMER SERVICE INFORMATION

Your Medicare Number: XXX-XX-8905D

If you have questions, call
1-800-MEDICARE
(1-800-633-4227) (#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 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**	

EDF 1758(05/05)

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

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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.

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**	
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	
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	
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	

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 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	

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)

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0003 of 0004

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 28-11145-526-480						
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						a
Dr. Jain, Ajay						
05/16/11	1.0 Initial observation care (99218-AI)	$115.00	$64.95	$51.96	$12.99	
Dr. Jain, Ajay						
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	

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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
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**	
Claim number 58-10185-046-160						
Rosewood Family Physicians, Suite B,						
2405 South Gessner , Houston, TX 77063-2005						
Dr. White, Robert E. M.D.						
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**	
Claim number 58-10192-239-080						
Rosewood Family Physicians, Suite B,						
2405 South Gessner , Houston, TX 77063-2005						
Dr. White, Robert E. M.D.						
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:

771023 021651
0004 of 0004

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

Medicare Summary Notice

CMS Centers for Medicare & Medicaid Services

September 23, 2011

NELVA E. BRUNSTING
13630 PINEROCK
HOUSTON TX 77079-5914

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0001 of 0003

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					**a**
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					**d**
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					**e**
06/11/11-06/25/11	14 days	$0.00	$0.00	$0.00	b

EOF 2119(07/06)

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

EOF 2118(06/05)

P5772

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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					**f,g**
06/11/11-06/25/11	14 days	$0.00	$0.00	$0.00	b
Control number 21122402271501TXA **The Concierge** **2310 S Eldridge Pkwy** **Houston, TX 77077** Referred by: Jasmin Baleva					**h,i**
07/08/11-07/11/11	3 days	$0.00	$0.00	$0.00	

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						**j**
08/01/11	Ct thorax w/dye (71260)	$2,263.75	$0.00	$124.99	$124.99	k
	Ct abd&pelv 1+ section/regns (74178)	5,435.50	0.00	0.00	0.00	l
	LOCM 300-399mg/ml iodine,1ml (Q9967)	424.00	0.00	0.00	0.00	l
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)

P5773

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. Afican-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.

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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.

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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: _____

P5776

Medicare Summary Notice

September 29, 2011

626231988501

NELVA BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079-5914

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

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

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 02 (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 02 (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 02 (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 02 (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

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 _____.

P5780 12723699284

IMPORTANT INFORMATION ABOUT YOUR MEDICARE PART B MEDICAL INSURANCE BENEFITS

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

626231988503

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"	1.00	47.95	**47.95**
	7-2-11 CUST MAYRETURN BY TUESDAY 6-5-11			
	AS LONG AS NOT OPENED .MCA			

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 # XXXXXXXXXXXX6258
INVOICE 0001
Batch #: 000586
Approval Code: 031811
Entry Method: Swiped
Approved: Online

SALE AMOUNT $51.91

.T.

Master/Visa $ 51.91

Subtotal:	**$47.95**
Tax:	**$3.96**
Amount Charged:	**$0.00**
TOTAL:	**$51.91**

Version 6.0

All Sales Final. No Returns, Exchanges, Refunds or Exception

P5782

Mail Your Payment To:

DENTEX

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.

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 2/28/2011 AT 2:45 A.M. 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

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: 21138B
Reference No: 21138B
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

Cardiology Associates OF HOUSTON, PA

RETURN SERVICE REQUESTED

FOR BILLING INQUIRIES, PLEASE CALL: 713-467-0605

IF PAYING BY CREDIT CARD, FILL OUT BELOW

☐ VISA ☐ AMERICAN EXPRESS ☐ MasterCard ☐ DISCOVER

CARD NUMBER | EXP. DATE

SIGNATURE | PRINT NAME

STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
04/07/2011	$28.60	11426

SHOW AMOUNT PAID HERE $

Nelva Brunsting 2 6
13630 PINEROCK LN
HOUSTON, TX 77079-5914

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
PatientNelva BrunAccount #: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
PatientNelva BrunAccount #: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
PatientNelva BrunAccount #: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
PatientNelva BrunAccount #:11426		Doctor: Harold A Condara Jr Code:MC035204 Location:	Memorial Hermann Memorial		City

CONTINUED on next page

Deposit	0-30	31-60	61-90	91-120

Total Balance	Ins. Balance	Patient Balance

P5786

2/11

Patient Statement

MAKE CHECKS PAYABLE TO:

CARDIOLOGY ASSOCIATES OF HOUSTON PA
925 GESSNER
SUITE 400
HOUSTON, TX 77024-2545

Cardiology Associates OF HOUSTON, PA

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

☐ VISA ☐ AMERICAN EXPRESS ☐ MasterCard ☐ DISCOVER

CARD NUMBER	EXP. DATE
SIGNATURE	PRINT NAME

STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
04/07/2011	$28.60	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
PatientNelva BrunAccount #: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
	$9.25	$14.90	$4.46	$.00

Total Balance	Ins. Balance	Patient Balance
$28.60	$.00	$28.60

P5787

2/11

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. 1/13/11

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.

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. *** Ticket total: 238.50	1.5900					238.50

pd 1/31/y

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

Statement

AMRIT N ACHARI MD PA
MADHUREETA ACHARI M D
8915 GAYLORD ST
HOUSTON TX 77024

PD
8.02. 6 office
Check # 285

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
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

Account Number	Date
	07/15/2011

Card Number	
Signature	
Amount	Exp. Date

NELVA E BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079

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

MM2051 (12/01) MARSHALL medical 1-800-955-6634

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT, RETAIN BOTTOM PORTION FOR YOUR RECORDS.

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 CK 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

Local Phone:
(713)448-5502

Toll Free:
(800)526-2121

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

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

↑ *Detach Here* ↑

DATE	INVOICE#	DESCRIPTION	PROVIDER	DEBITS	CREDITS
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
07/11/11	102750529	EMERGENCY DEPT VISIT	PATTISON MD,MONTA K	$860.00	
08/10/11	102750529	EDI AUTOMATIC MEDICARE/RR PAYMENT			$137.48
08/10/11	102750529	CONTRACTUAL ADJUSTMENT			$688.15
08/24/11	102750529	EDI AUTOMATIC MANAGED CARE PAYMENT			$27.50
08/16/11		SELF PAY LOCKBOX NO DOC PT PAY			$7.23

CK 32

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

ACCOUNT NUMBER: 32622571-106-2667 STATEMENT DATE: 08/28/11 TOTAL NOW DUE: $6.87

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* ↓

PAYMENT COUPON - RETURN WHEN PAYING BY CHECK OR MONEY ORDER

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

PHYSICIAN SERVICES RENDERED AT: MEMORIAL HERMANN MEMORIAL CITY

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

☐ CHECK HERE FOR CHANGE OF ADDRESS

MAKE CHECKS PAYABLE TO:

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

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

0180003262257110181063333802667000000068746

P5793

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

MAKE CHECK PAYABLE TO: **Dr Mubarak Khawaja PA**

IMPORTANT MESSAGE REGARDING YOUR ACCOUNT

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

PMT METHOD	Heard about us?
Visa	friend

Service	Activity	Quantity	Rate	Amount
Culture	**April 2011** • UA	1	59.00	59.00

ANY LAB TEST NOW
9742 KATY FREEWAY STE D 200
HOUSTON, TX 77055
7134612121
413998009880021

Merchant ID: 399800988021
Ref #: 001

Sale

XXXXXXXXXXXX6626
VISA Entry Method: Swiped

Total: $ 59.00

04/19/11 16:17:57
Inv #: 000013 Appr Code: 61917B
Apprvd: Online Batch#: 000342

Customer Copy
THANK YOU

Thank you for using Any Lab Test Now! Please bring this receipt in for $10.00 off your next test.

TOTAL	$59.00
AMOUNT RECEIVED	$59.00
BALANCE DUE	$0.00

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.

Credit card charges will appear as "Team Health"

Patient
Name: NELVA E BRUNSTING AMT DUE: $7.23

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

0180003262257110181063333802667000000072379

↑ *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

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
PatientNelva BrunAccount #: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
PatientNelva BrunAccount #: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
PatientNelva BrunAccount #: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
PatientNelva BrunAccount #:11426		Doctor: Harold A Condara Jr Code:MC035204 Location:Memorial Hermann Memorial City			

CONTINUED on next page

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

Cardiology Associates OF HOUSTON, PA

RETURN SERVICE REQUESTED

FOR BILLING INQUIRIES, PLEASE CALL: 713-467-0605

Nelva Brunsting 1 14
13630 PINEROCK LN
HOUSTON, TX 77079-5914

IF PAYING BY CREDIT CARD, FILL OUT BELOW

☐ VISA ☐ AMERICAN EXPRESS ☐ MasterCard ☐ DISCOVER

CARD NUMBER | EXP. DATE

SIGNATURE | PRINT NAME

STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
03/31/2011	$28.60	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
	$24.15	$4.07	$.39	$.00

Total Balance	Ins. Balance	Patient Balance
$28.60	$.00	$28.60

P5799

REORDER # 0611829

5/07

Duke Medical Equipment

Toll Free: 888-329-1338

281-420-2311

DOB: ____/____/____

HT: _____ WT: _____

Call Type: ☐ Delivery ☐ Service ☐ Pickup

Name: _____ SS#: _____

Address: _____ Apt#: _____

City/State/Zip: _____ Phone: _____

Emergency Name: _____ Phone: _____

ID#: _____ GP#: _____ Payor: _____

2nd Ins. ID#: _____ GP#: _____ Payor: _____

Phone#: _____ Address: _____

Equipment Information

Trans (R/P)*	HCPCS-Item Code	D S P	Description	Manufacturer's Brand	Serial/Asset #	Qty

* Trans type: R=Rental P=Purchase

By signing below, I acknowledge that:

I understand the supplier will bill my insurance claim Assigned, unless I otherwise indicate by checking this box: ☐ Non-Assigned.

1. I have received the equipment/supplies listed above, in good working condition.
2. I have read, understand, and agree to be bound by the terms and conditions of this agreement, including those on the reverse side of this document, **OR:**
3. I acknowledge that the above equipment, listed as picked-up, was picked up per my request or the request of my physician. Reason for pickup: _____
4. I have received written and verbal instruction on the safe use, storage, and handling related to oxygen therapy, if applicable. I understand that smoking or open flames are not allowed within 8 feet of the oxygen equipment of my person while oxygen therapy is used because oxygen supports combustion. Any use of either is at my own risk and considered a safety hazard.

Beneficiary/Third Party Signor Date Employee/Lessor

If Beneficiary is unable to sign, complete the following section: (may be completed by employee)

BY:

Beneficiary Name Name of Signor Date Relationship to Beneficiary

Address of Signor (If not signed by Beneficiary) Telephone Number of Signor

Why Beneficiary Cannot Sign

White = Billing Pink = Patient Yellow = File

P5800 Rev. 01/2008

Duke Medical Equipment Patient Agreement and Consent (281-420-2311)

REQUEST FOR PROVISION OF SERVICES

The undersigned, being the above-named patient (the "Patient") or the guardian or representative payee of the Patient, understands that signing this *Patient Agreement and Consent* indicates his/her desire to purchase health care products or services or both from Duke Medical Equipment or its affiliates.

ACKNOWLEDGMENT OF MEDICAL RESPONSIBILITY

The undersigned, as or on behalf of the Patient, understands that (A) Patient is under the supervision and control of his/her attending physician; (B) Patient's physician has prescribed the therapy noted as part of Patient's treatment; (C) Duke Medical Equipment services do not include diagnostic, prescriptive or other functions typically performed by licensed physicians and (D) Patient's physician is solely responsible for diagnosing and prescribing drugs and therapy for Patient's condition and otherwise supervising and controlling Patient's medical condition.

AGREEMENT TO PAY

In consideration of Duke Medical Equipment undertaking to supply Patient with any products and/or services ordered by or on behalf of the Patient, the undersigned agrees that he/she is responsible for payment to Duke Medical Equipment for all such products and/or services provided to Patient. In addition, the undersigned understands that the monthly balance due will be the portion of applicable charges that is unpaid by Patient's insurance, including copayment and deductible amounts. The undersigned agrees to pay the balance due in full upon receipt of and invoice therefor from Duke Medical Equipment. If payment is not made, the undersigned understands that Duke Medical Equipment will pursue its normal collection policy with respect thereto.

RELEASE OF INFORMATION

Patient's Insurer(s) and any other third party payor(s) which provided Patient with coverage are hereby authorized by or an 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 form 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.

P5801

STATEMENT OF SERVICES RENDERED

Schleicher-Read Dental, PLLC
9099 Katy Freeway Ste.180
Houston, TX 77024

(713)932-0441

CHART NO.	PAGE NO.
BR0017	1

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

Copyright © 1987-2008 Henry Schein, Inc. LWLK 1

P5802

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

Medco Medicare Prescription Plan®(PDP)

Chevron

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.)

P5804

Brunsting004431

(continue)

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)
Your year-to-date amount for "out-of-pocket costs" is $817.48. **Your year-to-date amount for "total drug costs" is $3,551.05.** For more about "out-of-pocket costs" and "total drug costs", see Section 3.	$2,585.99 (year-to-date total)	$624.88 (year-to-date total) (Of this amount, $624.88 counts toward your "out-of pocket costs".)	$340.18 (year-to-date total) (Of this amount, $192.60 counts toward your "out-of pocket costs." See definitions in Section 3.)

P5805

Brunsting004432

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	STAGE 2 Initial Coverage	You are in this stage: STAGE 3 Coverage Gap	STAGE 4 Catastrophic Coverage
• 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).	• 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.	• 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). 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).	• 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).

P5806

Brunsting004433

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).

P5807

Brunsting004434

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)

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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*.

P5809

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

Medco Medicare Prescription Plan®(PDP)

Chevron

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

MD0800660039980104000O

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

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 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

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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)
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

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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)
Totals for the month of August 2011 **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.) **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).)	$105.85 (total for the month)	$115.88 (total for the month) (Of this amount, $115.88 counts toward your out-of-pocket costs.)	$551.05 (total for the month) (Of this amount, $316.78 counts toward your "out-of pocket costs". See definitions in Section 3.)

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)
Your year-to-date amount for "out-of-pocket costs" is $1,250.14. **Your year-to-date amount for "total drug costs" is $4,323.83.** For more about "out-of-pocket costs" and "total drug costs", see Section 3.	$2,691.84 (year-to-date total)	$740.76 (year-to-date total) (Of this amount, $740.76 counts toward your "out-of pocket costs".)	$891.23 (year-to-date total) (Of this amount, $509.38 counts toward your "out-of pocket costs." See definitions in Section 3.)

P5813

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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	STAGE 2 Initial Coverage	You are in this stage: STAGE 3 Coverage Gap	STAGE 4 Catastrophic Coverage
• 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).	• 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.	• 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). 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).	• 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).

P5814

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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"	Your "total drug costs"
$432.66 month of August 2011	**$772.78 month of August 2011**
$1,250.14 year-to-date (since January 2011)	**$4,323.83 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.

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.

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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.

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Here are things to keep in mind:

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- 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:

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- 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?

- **"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

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NELVA BRUNSTING
13630 PINE ROCK
HOUSTON, TX 77079

Dear NELVA BRUNSTING:

2011 Chevron Evidence of Coverage (EOC)—Notice of Errata (Correction)

We are writing to provide you with important information about your EOC document, which explains your Chevron Medicare prescription drug plan costs.

Catastrophic copayment maximum correction

Page 74 of the 2011 **Medco Medicare Prescription Plan®** (PDP) for Chevron EOC displays the incorrect *Brand Drug* Catastrophic Coverage stage maximum copayment amounts. **Please note:** The copayments you have been paying are correct.

In 2011, you enter the Catastrophic Coverage stage when your total out-of-pocket costs reach $4,550. **Your maximum copayments for the 2011 plan year while in the Catastrophic Coverage stage have not changed and remain consistent with prior plan years.** The intent of the maximums is to ensure that your costs do not exceed your standard copayments in the Initial Coverage stage.

The correct Catastrophic Coverage stage maximums for all drugs for the 2011 plan year are listed below:

At retail:

Generic Drugs
For a 34-day supply: 5% coinsurance with a $5 maximum
For a 90-day supply: 5% coinsurance with a $15 maximum

Preferred Brand Drugs
For a 34-day supply: 5% coinsurance with a $21 maximum
For a 90-day supply: 5% coinsurance with a $63 maximum

Non-Preferred Brand Drugs
For a 34-day supply: 5% coinsurance with a $42 maximum
For a 90-day supply: 5% coinsurance with a $126 maximum

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

Ellie Gilbert
Vice President/General Manager
Medicare Customer Service
Medco

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

MD0903090039250104000O

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**

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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

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

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

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(continue)

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)
Totals for the month of September 2011 **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.) **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).)	$66.88 (total for the month)	$72.19 (total for the month) (Of this amount, $72.19 counts toward your out-of-pocket costs.)	$387.16 (total for the month) (Of this amount, $215.68 counts toward your "out-of pocket costs". See definitions in Section 3.)

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)
Your year-to-date amount for "out-of-pocket costs" is $1,538.01. **Your year-to-date amount for "total drug costs" is $4,850.06.** For more about "out-of-pocket costs" and "total drug costs", see Section 3.	$2,758.72 (year-to-date total)	$812.95 (year-to-date total) (Of this amount, $812.95 counts toward your "out-of pocket costs".)	$1,278.39 (year-to-date total) (Of this amount, $725.06 counts toward your "out-of pocket costs." See definitions in Section 3.)

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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	STAGE 2 Initial Coverage	You are in this stage: STAGE 3 Coverage Gap	STAGE 4 Catastrophic Coverage
• 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).	• 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.	• 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). 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).	• 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).

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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).

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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.

- 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.*

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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.

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.

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. 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. 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 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 WILL 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.

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 # 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
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

Duplicate Receipt

P5830

Pharmacy use only

THU 5:16PM
Copy

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

QTY 120

LIQUID

XXX/RJW/KHT/ /PBP

Med Guide

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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

57616

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.aarppharmacy.com.

What If I Have Questions?

Visit aarppharmacy.com or call the Walgreens Customer Care Center toll free, 24/7 at 1-877-4AARP19 (1-877-422-7719), or TTY 1-800-925-0178.

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OPT: 2875 677 116 0935995 INFO: 0916 6340209 1130

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THU 5:16PM
$527.99
EXPRESS PAY

04/21/11
Copy
REFRIGERATE
MED GUIDE

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

- PAIDMPD: Prior Authorization Required
- 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:

- **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

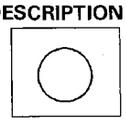
Your Walgreens Pharmacy Location
12850 Memorial Drive
Houston, TX 77024
(713)722-7247

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

PATIENT ALLERGIES

DRUG DESCRIPTION



PINK
FRONT: m 32

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

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, 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 LIGHTHEADEDNESS. These effects may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. Do not drive or perform other possibly unsafe tasks until you know how you react to it. This medicine may cause dizziness, lightheadedness, or fainting; alcohol, hot weather, exercise, or fever may increase these effects. To prevent them, sit up or stand slowly, especially in the morning. Sit or lie down at the first sign of any of these effects. PATIENTS WHO TAKE MEDICINE FOR HIGH BLOOD PRESSURE often feel tired or run down for a few weeks after starting treatment. Be sure to take your medicine even if you may not feel "normal." Tell your doctor if you develop any new symptoms. DO NOT SUDDENLY STOP TAKING THIS MEDICINE without first consulting your doctor. If your doctor decides you should no longer use this medicine, you will need to stop this medicine gradually according to your doctor's instructions. IF YOUR DOCTOR HAS INSTRUCTED YOU TO CHECK YOUR BLOOD PRESSURE and heart rate regularly, be sure to do so. TELL YOUR DOCTOR OR DENTIST that you take this medicine before you receive any medical or dental care, emergency care, or surgery. BEFORE YOU BEGIN TAKING ANY NEW MEDICINES, either prescription or over-the-counter, check with your doctor or pharmacist. Do not take any medicines used to treat colds or congestion without first talking with your doctor or pharmacist. FOR WOMEN: If you become pregnant, contact your doctor. You will need to discuss the benefits and risks of using this medicine while you are pregnant. 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.

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# SLQMDCX

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
QTY: 60 1 REFILL BEFORE 04/05/12
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XXX/PBP/PBP/ /PBP
PLAN: PAIDMPD
GROUP# CMD3896
CLAIM REF# SLQMDCX

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

Duplicate Receipt

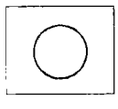
Pharmacy use only

P5832

SUN 11:00AM
Refill

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

QTY 60
20 DRAM



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XXX/PBP/PBP/ /PBP

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.

57495

OPT: 2875 677 119 0963941 INFO: 0917 0037800321O

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PAIDMPD *1534699 0302 3 0000438 5*

SUN 11:00AM
$4.38
EXPRESS PAY

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

04/29/11
Refill

- 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.

Walgreens
The Pharmacy America Trusts • Since 1901™

Visit us online at Walgreens.com

Thank you for choosing Walgreens!

P5833

YOUR PERSONAL PRESCRIPTION INFORMATION

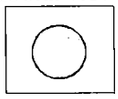
Your Walgreens Pharmacy Location
12850 Memorial Drive
Houston, TX 77024
(713)722-7247

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

PATIENT ALLERGIES

DRUG DESCRIPTION



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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
MFG: LUPIN
XXX/PBP/PBP/ /PBP
PLAN: PAIDMPD
GROUP# CMD3896
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
QTY: 90 1 REFILL BEFORE 04/05/12
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A. JAIN, MD
MFG: LUPIN
XXX/PBP/PBP/ /PBP
PLAN: PAIDMPD
GROUP# CMD3896
CLAIM REF# 7C1HH79

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

Duplicate Receipt

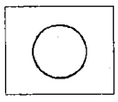
P5834

Pharmacy use only

SUN 11:00AM
Refill

ETHAMBUTOL 400MG TABLETS
68180-**0281**-01
ALPHA

QTY 90



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XXX/PBP/PBP/ /PBP

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**.

57494

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*!

Walgreens

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.

57678

OPT: 2875 677 119 0964305 INFO: 0917 6818002810 1

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PAIDMPD *1534700 0302 3 0000500 1*

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

- Store TT 1 of 5
- Your Insurance Saved You: $148.59

SUN 11:00AM
$5.00
EXPRESS PAY

04/29/11
Refill

Personal Prescription Information

LOOK INSIDE FOR IMPORTANT INFORMATION ABOUT YOUR MEDICATION.

Take advantage of this convenient service:

- **Auto Refills**
  We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.

Walgreens
The Pharmacy America Trusts • Since 1901"

Visit us online at Walgreens.com

Thank you for choosing Walgreens!

P5835

YOUR PERSONAL PRESCRIPTION INFORMATION

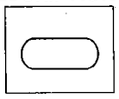
Your Walgreens Pharmacy Location
12850 Memorial Drive
Houston, TX 77024
(713)722-7247

PATIENT NELVA BRUNSTING
BIRTH DATE 10/08/26
MEDICATION SERTRALINE 50MG TABLETS
QUANTITY 30
DIRECTIONS TAKE 1 TABLET BY MOUTH EVERY DAY

DOCTOR A. JAIN, MD

PATIENT ALLERGIES

DRUG DESCRIPTION



BLUE
FRONT: G 4900
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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; pimozide; sibutramine; or thioridazine. DO NOT TAKE THIS MEDICINE IF you are taking or have taken a monoamine oxidase inhibitor (MAOI) (eg, phenelzine), selegiline, or St. John's wort within the last 14 days. ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION may be needed if you are taking anorexiants (eg, phentermine); linezolid; metoclopramide; serotonin 5-HT1 receptor agonists (eg, sumatriptan); trazodone; anticoagulants (eg, warfarin); aspirin; nonsteroidal anti-inflammatory drugs (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 CAUSES 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
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

Duplicate Receipt

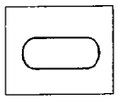
P5836

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

Ask if grapefruit juice affects your medication.

From the breakfast table.

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helps you *find immediate answers anytime, anywhere.*

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- Over-the-counter product and prescription interactions
- Treatments for common ailments

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Walgreens

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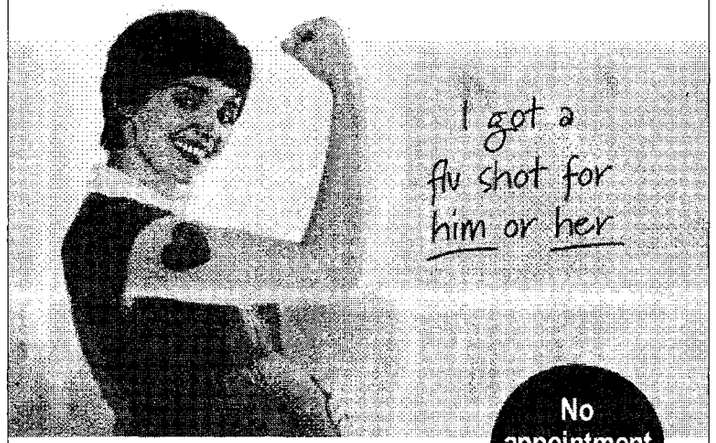
for the ones you love



No appointment necessary.

Flu shots* every day.

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

53838

OPT: 2875 677 061 0615664 INFO: 0908 5976249000 5

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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Thank you for choosing Walgreens!

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

PATIENT ALLERGIES

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
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

Duplicate Receipt

P5838

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

Brunsting004465

Ask if an antibiotic is causing her diaper rash.

Without leaving her side.

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Pharmacy Chat at Walgreens.com

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Chat live with an expert from our pharmacy team about:

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- Over-the-counter product and prescription interactions
- Treatments for common ailments

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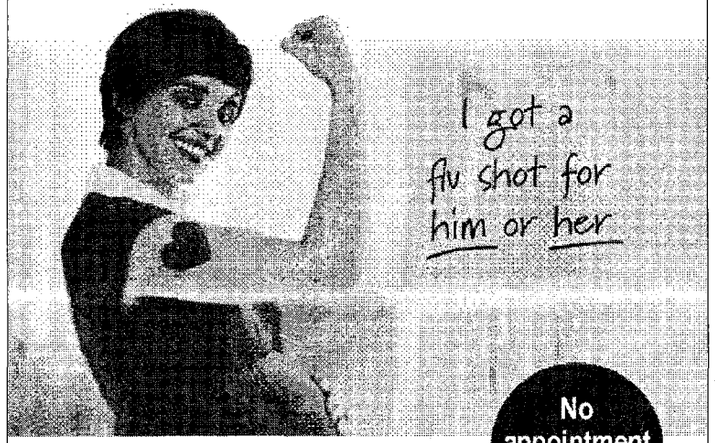

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Flu shots* every day.

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.

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53858

OPT: 2875 677 061 0615655 INFO: 0908 00093714656

8
BR
PAIDMPD *1494789 0404 3 0000500 7*

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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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. 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. 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 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 WILL 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# 957918

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 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

Duplicate Receipt

P5840

Pharmacy use only

TUE 12:00PM
Refill

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

QTY 120

LIQUID

HMC/ / / /KDM

Med Guide

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.

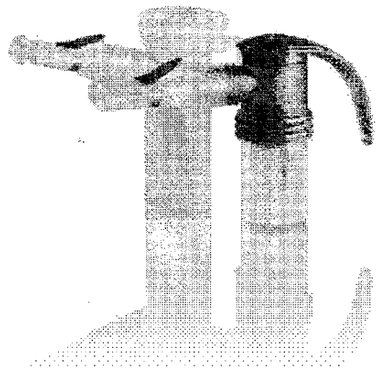
The Benefits of PARI Reusable Nebulizers

- 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

Specialists in effective inhalation PARI

PARI LC® Plus used in clinical trial.

55444



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.

55444

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.

OPT: 2875 677 049 0537281 INFO: 0906 6340209 1130

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Houston, TX 77024
(713)722-7247

PATIENT NELVA BRUNSTING
BIRTH DATE 10/08/26
MEDICATION SPIRIVA CAPS 30'S & HANDIHALER
QUANTITY 30
DIRECTIONS INHALE CONTENTS OF ONE CAPSULE ONCE DAILY USING HANDIHALER

DOCTOR A. JAIN, MD

DRUG DESCRIPTION

PATIENT ALLERGIES

INGREDIENT NAME: TIOTROPIUM BROMIDE (TYE-oh-TROE-pee-um BROE-mide)

COMMON USES: This medicine is an anticholinergic agent used to treat the symptoms of chronic obstructive pulmonary disease, including chronic bronchitis and emphysema. It may also be used to treat other conditions as determined by your doctor.

BEFORE USING THIS MEDICINE: Some medicines or medical conditions may interact with this medicine. INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. DO NOT TAKE THIS MEDICINE IF you are taking another anticholinergic (eg, ipratropium). Ask your doctor if you are unsure if any of your medicines are anticholinergics. DO NOT START OR STOP any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, including if you have trouble urinating; an enlarged prostate; bladder blockage; glaucoma; kidney problems; allergies (including milk proteins); pregnancy; or breast-feeding. Tell your doctor if you are having an asthma attack or increased difficulty breathing. Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. An additional patient information leaflet is available with this medicine. Read it carefully. Ask your doctor, nurse, or pharmacist any questions that you may have before using this medicine. DO NOT 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, ipratroprium). THIS MEDICINE WILL NOT STOP AN ASTHMA ATTACK once one has started. IF YOU ARE ALSO USING A RESCURE INHALER (eg, albuterol), be sure to always carry the bronchodilator inhaler with you to use during asthma attacks. DO NOT EXCEED THE RECOMMENDED DOSE without checking with your doctor. DO NOT STOP USING THIS MEDICINE without first checking with your doctor. This medicine may cause dizziness or blurred vision. These effects may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. AVOID GETTING THIS MEDICINE IN YOUR EYES. If you get the medicine in your eyes and eye pain, blurred vision, or other vision changes occur, contact your doctor immediately. THIS MEDICINE MAY SOMETIMES CAUSE SEVERE BREATHING PROBLEMS right after you use a dose. If this happens, use your short-acting bronchodilator inhaler. Contact your doctor or seek other medical care at once. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. USE THIS MEDICINE WITH CAUTION IN THE ELDERLY; they may be more sensitive to its effects, especially constipation and urinary tract infections. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. IT IS NOT KNOWN IF THIS MEDICINE IS FOUND in breast milk. IF YOU ARE OR WILL BE BREAST-FEEDING while you are using this medicine, check with your doctor or pharmacist to discuss the risks to your baby.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS that may occur while using this medicine include dry mouth, constipation, sinus inflammation, throat irritation, stomach pain, vomiting, blurred vision, or mild nosebleed. If they continue or are bothersome, check with your doctor. CONTACT YOUR DOCTOR IMMEDIATELY if you experience irritation, pain, or white patches in your mouth or on your tongue; mouth sores; severe or persistent nosebleeds; severe or persistent constipation; difficult or painful urination; eye pain or discomfort; vision changes (eg, halos, colored images); chest pain; fast or irregular heartbeat; difficulty swallowing; new or worsened breathing problems; or wheezing. AN ALLERGIC REACTION to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue; unusual hoarseness. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: IF OVERDOSE IS SUSPECTED, contact your local poison control center or emergency room immediately. Symptoms may include mental changes; severe constipation; stomach pain; or tremors.

ADDITIONAL INFORMATION: DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children and pets. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517
(713)464-4391
RX # 1496586-03328 DATE: 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: PAIDMPD
GROUP# CMD3896
CLAIM REF# MRWHDCC

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
Refill NDC: 00597-0075-41
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$ 216.54

A. JAIN, MD
MFG: BOEHRINGER
XXX/JIC/JIC/ /RJW
PLAN: PAIDMPD
GROUP# CMD3896
CLAIM REF# MRWHDCC

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

Duplicate Receipt

P5842

Pharmacy use only

SUN 12:00PM
Refill

SPIRIVA CAPS 30'S & HANDIHALER
00597-**0075**-41
ALPHA

QTY 30

XXX/JIC/JIC/ /RJW

Brunsting004469

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
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- Check for potential drug interactions

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4970

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Fill all your prescriptions at one pharmacy.

Walgreens automatically screens for drug interactions, including any over-the-counter medicines or supplements you tell us about.

Walgreens

Play it safe. Fill all your prescriptions at Walgreens.

3931

OPT: 2875 677 002 0240098 INFO: 0990 0059700754 1

8
BR

PAIDMPD "1496586 0202 3 0021654 5"

SUN 12:00PM
$216.54
EXPRESS PAY

01/01/11
Refill

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

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

Walgreens

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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The Pharmacy America Trusts • Since 1901™
Visit us online at Walgreens.com

Thank you for choosing Walgreens!

P5843

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 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 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 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 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 WILL 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

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

$ 527.99

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

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

$ 527.99

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

Duplicate Receipt

P5844

Pharmacy use only

THU 4:15PM
Refill

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

QTY 120

LIQUID

JDC/SSH/SSH/ /KSC

Med Guide

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.

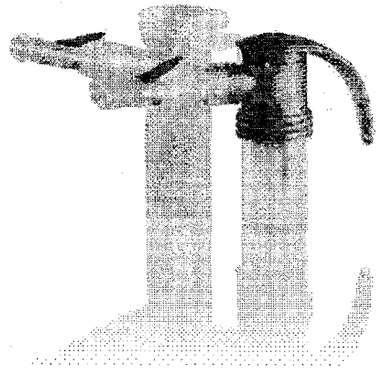
The Benefits of PARI Reusable Nebulizers

- 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

Specialists in effective inhalation PARI

PARI LC® Plus used in clinical trial.

55444



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.

55444

OPT: 2875 677 013 0320825 INFO: 0901 6340209 1130

8
BR

1496587 0902 3 0052799 0

THU 4:15PM
$527.99
EXPRESS PAY

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

01/13/11
Refill
REFRIGERATE

- 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:

- **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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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

PATIENT ALLERGIES

DRUG DESCRIPTION

WHITE
FRONT: L U
BACK: C32

INGREDIENT NAME: ETHAMBUTOL (e-THAM-byoo-tole)

COMMON USES: This medicine is an antibacterial used to treat tuberculosis (TB).

BEFORE USING THIS MEDICINE: INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. Inform your doctor of any other medical conditions, allergies, pregnancy, or breast-feeding.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. THIS MEDICINE MAY BE TAKEN WITH FOOD if it upsets your stomach. STORE THIS MEDICINE at room temperature in a tightly-closed container, away from heat and light. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

CAUTIONS: DO NOT STOP USING THIS MEDICINE without first checking with your doctor. THIS MEDICINE MAY CAUSE dizziness. Do not drive, operate machinery, or do anything else that could be dangerous until you know how you react to this medicine. HAVE REGULAR EYE EXAMINATIONS while you are taking this medicine even if you do not notice changes in your vision. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS, that may go away during treatment, include nausea, headache, or dizziness. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience changes in vision, vomiting, skin rash, itching, fever, confusion, or numbness or tingling of extremities. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: If overdose is suspected, contact your local poison control center or emergency room immediately.

ADDITIONAL INFORMATION: If your symptoms do not improve within 2 to 3 weeks, or if they become worse, check with your doctor. DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

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

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

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SUN 12:00PM
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01/01/11
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NELVA BRUNSTING
13630 Pinerock
Houston, TX 770797517
(713)464-4391

- Store TT 2 of 5
- Your Insurance Saved You: $148.59

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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 AZITHROMYCIN 250MG TABLETS
QUANTITY 30
DIRECTIONS TAKE 1 TABLET BY MOUTH EVERY DAY

DOCTOR A. JAIN, MD

PATIENT ALLERGIES

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: 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 PLAN: PAIDMPD
MFG: TEVA GROUP# CMD3896
XXX/KHN/KHN/KHN/RJW CLAIM REF# SQA93N1

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: 01/01/11

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XXX/KHN/KHN/KHN/RJW CLAIM REF# SQA93N1

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PH: (713)722-7247

Duplicate Receipt

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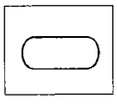
SUN 12:00PM
Refill

AZITHROMYCIN 250MG TABLETS
00093-**7146**-56
ALPHA

QTY 30
10 DRAM



PINK
FRONT: 93
BACK: 7146

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Are you getting the most from your **Medicare Part D** plan?

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PAIDMPD *1494789 0202 3 0000500 5*

SUN 12:00PM
$5.00
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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

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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 PERSONAL PRESCRIPTION INFORMATION

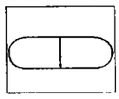
Your Walgreens Pharmacy Location
12850 Memorial Drive
Houston, TX 77024
(713)722-7247

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

PATIENT ALLERGIES

DRUG DESCRIPTION



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 PLAN: PAIDMPD
MFG: LANNETT GROUP# CMD3896
XXX/KHN/KHN/KHN/RJW 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
RX # 1494790-03328 DATE: 01/01/11

RIFAMPIN 300MG CAPSULES
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A. JAIN, MD PLAN: PAIDMPD
MFG: LANNETT GROUP# CMD3896
XXX/KHN/KHN/KHN/RJW CLAIM REF# ONA1TWP

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

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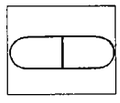
Refill

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.

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Prescription Transfers Easy as 1-2-3

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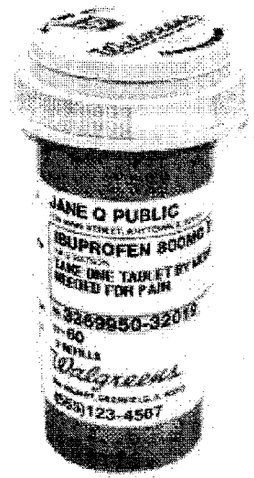
2. Call or visit your local Walgreens.
3. We'll take care of the rest!



Avoid potentially harmful drug interactions by filling all your prescriptions at one pharmacy. By choosing Walgreens, our pharmacists can screen your prescriptions and warn you of potential interactions.

For the Walgreens nearest you, call 1-800-WALGREENS or visit Walgreens.com/findastore.

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$5.00
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NELVA BRUNSTING
13630 Pinerock
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- Store TT 4 of 5
- Your Insurance Saved You: $108.89

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Personal Prescription Information

LOOK INSIDE FOR IMPORTANT INFORMATION ABOUT YOUR MEDICATION.
Take advantage of this convenient service:

- **Auto Refills**
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YOUR PERSONAL PRESCRIPTION INFORMATION

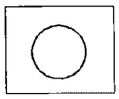
Your Walgreens Pharmacy Location
12850 Memorial Drive
Houston, TX 77024
(713)722-7247

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

DOCTOR A. JAIN, MD

PATIENT ALLERGIES

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 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 LIGHTHEADEDNESS. These effects may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. Do not drive or perform other possibly unsafe tasks until you know how you react to it. This medicine may cause dizziness, lightheadedness, or fainting; alcohol, hot weather, exercise, or fever may increase these effects. To prevent them, sit up or stand slowly, especially in the morning. Sit or lie down at the first sign of any of these effects. PATIENTS WHO TAKE MEDICINE FOR HIGH BLOOD PRESSURE often feel tired or run down for a few weeks after starting treatment. Be sure to take your medicine even if you may not feel "normal." Tell your doctor if you develop any new symptoms. DO NOT SUDDENLY STOP TAKING THIS MEDICINE without first consulting your doctor. If your doctor decides you should no longer use this medicine, you will need to stop this medicine gradually according to your doctor's instructions. IF YOUR DOCTOR HAS INSTRUCTED YOU TO CHECK YOUR BLOOD PRESSURE and heart rate regularly, be sure to do so. TELL YOUR DOCTOR OR DENTIST that you take this medicine before you receive any medical or dental care, emergency care, or surgery. BEFORE YOU BEGIN TAKING ANY NEW MEDICINES, either prescription or over-the-counter, check with your doctor or pharmacist. Do not take any medicines used to treat colds or congestion without first talking with your doctor or pharmacist. FOR WOMEN: If you become pregnant, contact your doctor. You will need to discuss the benefits and risks of using this medicine while you are pregnant. 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 # 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

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 DATE: 01/01/11

METOPROLOL TARTRATE 50MG TABLETS
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XXX/JIC/JIC/ /RJW CLAIM REF# YXEP3F1

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

Duplicate Receipt

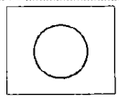
P852

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

Brunsting004479

Educate Yourself About Stroke

Stroke kills more women than breast cancer, cervical cancer, uterine cancer, and ovarian cancer combined[1]

Be Prepared...

ACT F.A.S.T!		Stroke risk factors
FACE	Facial droop Uneven smile	High blood pressure
ARM	Arm numbness Arm weakness	High cholesterol
SPEECH	Slurred speech Difficulty speaking or understanding	Heart disease
TIME	**Call 911** and get to the hospital immediately.	Diabetes Smoking Heavy alcohol use Physical inactivity and obesity 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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A Member of the Roche Group

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55218

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

PAIDMPD *1496588 0202 3 0000438 1*

SUN 12:00PM
$4.38
EXPRESS PAY

01/01/11
Refill

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

- Store TT 1 of 5
- Your Insurance Saved You: $10.61

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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Visit us online at Walgreens.com

Thank you for choosing Walgreens!

P5853

OPT: 2875 677 002 0240051 INFO: 0900 0037800321 0 3444n

To stop receiving sponsored info at this pharmacy, call 888-336-5744 or visit remove-me.net Use code:2875677 002 0240051

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

9 AM 3 9 PM

DOCTOR A. JAIN, MD

PATIENT ALLERGIES

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 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.

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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# YRKMEWD

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 DATE: 12/05/10

METOPROLOL TARTRATE 50MG TABLETS
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$ 4.38

A. JAIN, MD
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TPL/RJW/RJW/ /RJW
PLAN: PAIDMPD
GROUP# CMD3896
CLAIM REF# YRKMEWD

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

Duplicate Receipt

P5854

Pharmacy use only

SUN 1:29PM
New

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

QTY 60
20 DRAM

PINK
FRONT: m 32

TPL/RJW/RJW/ /RJW

Brunsting004481

Educate Yourself About Stroke

Stroke kills more women than breast cancer, cervical cancer, uterine cancer, and ovarian cancer combined[1]

Be Prepared...

ACT F.A.S.T!

FACE	Facial droop Uneven smile
ARM	Arm numbness Arm weakness
SPEECH	Slurred speech Difficulty speaking or understanding
TIME	Call 911 and get to the hospital immediately.

Stroke risk factors

- High blood pressure
- High cholesterol
- Heart disease
- Diabetes
- Smoking
- Heavy alcohol use
- Physical inactivity and obesity
- 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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55216

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.

34440

OPT: 2875 677 339 0223746 INFO: 0896 0037 8003 210

8
BR

PAIDMPD *1496588 0101 3 0000438 5*

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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Visit us online at Walgreens.com

Thank you for choosing Walgreens!

P5855

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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 RIFAMPIN 300MG CAPSULES
QUANTITY 60
DIRECTIONS TAKE 2 CAPSULES BY MOUTH EVERY DAY
Evening

DOCTOR A. JAIN, MD

PATIENT ALLERGIES

DRUG DESCRIPTION

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/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
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Retail Price: $113.89 Your Insurance Saved You: $108.89

$ 5.00

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

PLAN: PAIDMPD
GROUP# CMD3896
CLAIM REF# XML13FK

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

Duplicate Receipt

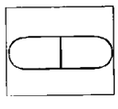
P5856

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/KKP/NFH

Brunsting004483

Don't take chances with your health:

Fill ALL your prescriptions at one pharmacy.

At Walgreens we'll automatically screen for drug interactions and may be able to offer advice on money-saving alternatives.

For details, speak to our pharmacy staff.

Walgreens

There's a way *to stay well.*

556595

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.*

556596

OPT: 2875 677 333 0193642 INFO: 0895 0052713 1530

8
BR

PAIDMPD *1494790 0101 3 0000500 5*

MON 5:55PM
$5.00
EXPRESS PAY

11/29/10
New

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

• Your Insurance Saved You: $108.89

Walgreens

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

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

3 @ once / w food

DOCTOR A. JAIN, MD

PATIENT ALLERGIES

DRUG DESCRIPTION

WHITE
FRONT: L U
BACK: C32

INGREDIENT NAME: ETHAMBUTOL
(e-THAM-byoo-tole)

COMMON USES: This medicine is an antibacterial used to treat tuberculosis (TB).

BEFORE USING THIS MEDICINE: INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. Inform your doctor of any other medical conditions, allergies, pregnancy, or breast-feeding.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. THIS MEDICINE MAY BE TAKEN WITH FOOD if it upsets your stomach. STORE THIS MEDICINE at room temperature in a tightly-closed container, away from heat and light. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

CAUTIONS: DO NOT STOP USING THIS MEDICINE without first checking with your doctor. THIS MEDICINE MAY CAUSE dizziness. Do not drive, operate machinery, or do anything else that could be dangerous until you know how you react to this medicine. HAVE REGULAR EYE EXAMINATIONS while you are taking this medicine even if you do not notice changes in your vision. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS, that may go away during treatment, include nausea, headache, or dizziness. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience changes in vision, vomiting, skin rash, itching, fever, confusion, or numbness or tingling of extremities. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: If overdose is suspected, contact your local poison control center or emergency room immediately.

ADDITIONAL INFORMATION: If your symptoms do not improve within 2 to 3 weeks, or if they become worse, check with your doctor. DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out.

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
MFG: LUPIN
KKP/KKP/KKP/ /NFH

PLAN: PAIDMPD
GROUP# CMD3896
CLAIM REF# RCFCF1F

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

Duplicate Receipt

P5858

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.*

516596

Are you getting the most from your **Medicare Part D** plan?

We can help you find out with a **FREE one-on-one plan review session** with your pharmacist. We'll review your medications, look for ways to help save you money and more.

Make your appointment today!

Walgreens

There's a way *to stay well.*

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

244770

OPT: 2875 677 333 0192835 INFO: 0895 6818002810 1

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

11/29/10
New

• Your Insurance Saved You: $148.59

Walgreens

Personal Prescription Information

LOOK INSIDE FOR IMPORTANT INFORMATION ABOUT YOUR MEDICATION.

Take advantage of these convenient services:

- **Auto Refills**
  We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.
- **Touch Tone Refills**
  Save time by using our automated system for a refill. Just dial the number on your prescription label.

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Thank you for choosing Walgreens!

P5859

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
6 AT LUNCH

DOCTOR A. JAIN, MD

PATIENT ALLERGIES

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: 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
RX # 1494789-03328 DATE: 11/29/10

AZITHROMYCIN 250MG TABLETS
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$ 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

Duplicate Receipt

P5860

Pharmacy use only

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

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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316696

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

Your pharmacist will:

- Review your medications and look for ways to help save you money
- Talk about other things you can do to stay well
- Check for potential drug interactions

Make your appointment today!

Walgreens

There's a way *to stay well.*

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

497710

OPT: 2875 677 333 0193635 INFO: 0895 00093714656

8
BR

PAIDMPD *1494789 0101 3 0000500 9*

MON 5:55PM
$5.00
EXPRESS PAY

11/29/10
New
CAP

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

• Your Insurance Saved You: $190.79

Walgreens

Personal Prescription Information

LOOK INSIDE FOR IMPORTANT INFORMATION ABOUT YOUR MEDICATION.

Take advantage of these convenient services:

- **Auto Refills**
  We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.
- **Touch Tone Refills**
  Save time by using our automated system for a refill. Just dial the number on your prescription label.

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Thank you for choosing Walgreens!

P5861

YOUR PERSONAL PRESCRIPTION INFORMATION

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

PATIENT NELVA BRUNSTING
BIRTH DATE 10/08/26
MEDICATION SPIRIVA CAPS 30'S & HANDIHALER
QUANTITY 30
DIRECTIONS INHALE CONTENTS OF ONE CAPSULE ONCE DAILY USING HANDIHALER

DOCTOR A. JAIN, MD

DRUG DESCRIPTION

PATIENT ALLERGIES

6 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, ipratroprium). THIS MEDICINE WILL NOT STOP AN ASTHMA ATTACK once one has started. IF YOU ARE ALSO USING A RESCURE 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 PLAN: PAIDMPD
MFG: BOEHRINGER GROUP# CMD3896
TPL/RJW/RJW/RJW/RJW CLAIM REF# RDC9TAQ

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: 12/05/10

SPIRIVA CAPS 30'S & HANDIHALER
QTY: 30 3 REFILLS BEFORE 12/05/11
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A. JAIN, MD PLAN: PAIDMPD
MFG: BOEHRINGER GROUP# CMD3896
TPL/RJW/RJW/RJW/RJW CLAIM REF# RDC9TAQ

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

Duplicate Receipt

P5862

Pharmacy use only

SUN 1:29PM
New

SPIRIVA CAPS 30'S & HANDIHALER
00597-**0075**-41
ALPHA

QTY 30

TPL/RJW/RJW/RJW/RJW

Brunsting004489

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

Your pharmacist will:

- Review your medications and look for ways to help save you money
- Talk about other things you can do to stay well
- Check for potential drug interactions

Make your appointment today!

Walgreens

There's a way *to stay well.*

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

49770

Don't take chances with your health:

Fill ALL your prescriptions at one pharmacy.

At Walgreens we'll automatically screen for drug interactions and may be able to offer advice on money-saving alternatives.

For details, speak to our pharmacy staff.

Walgreens

There's a way *to stay well.*

50695

OPT: 2875 677 339 0223751 INFO: 0896 0059 7007 5341

8
BR

PAIDMPD *1496586 0101 3 0002100

NELVA BRUNSTING
13630 Pinerock
Houston, TX 770797517
(713)464-4391
• Your Insurance Saved You: $215.99

SUN 1:29PM
$21.00
EXPRESS PAY

12/05/10
New

Walgreens

Personal Prescription Information

LOOK INSIDE FOR IMPORTANT INFORMATION ABOUT YOUR MEDICATION.

Take advantage of these convenient services:

- **Auto Refills**
  We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.
- **Touch Tone Refills**
  Save time by using our automated system for a refill. Just dial the number on your prescription label.

Walgreens
The Pharmacy America Trusts • Since 1901™

Visit us online at Walgreens.com

Thank you for choosing Walgreens!

P5863

Anita 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

Bobbie G. Bayless
State Bar No. 01940600
2931 Ferndale
Houston, Texas 77098
Telephone: (713) 522-2224
Telecopier: (713) 522-2218

Attorneys for Petitioner

P5864

* * * COMMUNICATION RESULT REPORT (MAR. 19. 2012 2:37PM) * * *

FAX HEADER: SELECT WEST HIM DEPT

TRANSMITTED/STORED : MAR. 19. 2012 2:22PM FILE MODE	OPTION	ADDRESS	RESULT	PAGE
257 MEMORY TX		7134675569	OK	47/47

REASON FOR ERROR
E-1) HANG UP OR LINE FAIL
E-2) NO ANSWER
E-3) BUSY
E-4) NO FACSIMILE CONNECTION

Date: 3-19-12

Select Specialty® Hospital
SPECIALIZED ACUTE CARE

Houston-West

To: June /Dr. Keith		From: Shannon Gonzales, HIM Manager	
Phone: 713-467-8888		Fax: 713-984-2836	
Fax: 713-467-5569		Phone: 713-821-2849	
Re: Brunstring		Pages: 47	(Including Cover)

Message:

Notice of Confidentiality

"The documents accompanying this transmission contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error please notify the sender immediately and arrange for the return or destruction of these documents."

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.

P5867

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

P5868

Select Specialty Hospital

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/BED: /

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 biliary tree carcinoma, severe malnutrition, HTN, PVD, COPD, anasarca/ascites, SVT, anemia. UTI had large volume paracenteses at memorial & 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 stable; she has nausea. poor S.I., lungs coe 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: _____

Date: 11/6/11 10am.

Form #: SM-MR-905 (Rev. 9-06)

P5869

Select Specialty Hospital

RHC

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 MSV: XM
PT #: 0068342 MR #: 000008965
DOB: 10/08/1926 AGE: 85 SEX: F
ATT: CADENAS JERSON # 1400
ADMIT: 11/04/11 RM/BED: /

Patient Information

DO NOT USE: ☐ IU, QD, QOD, Trailing Zero, Lack of Leading Zero, MS, MSO4, MgSO4

DATE/TIME		TREATMENT	NURSE'S NOTES
11/5/11 1745	1.	ADMIT TO SELECT SPECIALTY HOSPITAL OR REGENCY HOSPITAL	
	2.	PRINCIPAL REASONS FOR ADMISSION: Sepsis, Ileus, dysphagia	, 3(P.)
	3.	CODE STATUS: DNR	
	4.	ALLERGIES: NKDA	
	5.	ISOLATION: ☐ CONTACT ☐ DROPLET ☐ AIRBORNE ☐ NEUTROPENIC	
	6.	WEIGH ON ADMISSION AND every daily DAY	
	7.	VITAL SIGNS: ☐ every 4 hrs ☐ every 8 hrs ☐ NEURO CHECK ☐ OTHER: routine	
	8.	I & O q 12 hr	
	9.	TELEMETRY: ~~discontinue~~ DCW	
	10.	SPECIALTY BED/MATTRESS/OVERLAY: type Clinifloat	
	11.	FOLEY:	
	12.	☐ NG TUBE ☐ SUCTION	
	13.	ACTIVITY: ☐ COMPLETE BEDREST ☑ UP AD LIB ☐ UP WITH ASSISTANCE ☐ BSC ☐ OTHER	
	14.	DIET: Dysphagia diet (pureed & thicken liquids Nectar consistency)	
	15.	TUBE FEEDING AND RATE:	
	16.	LABS: CBC, CMP, Pre albumin, UA if indicated. ytkm	
	17.	RESPIRATORY: ☐ EVALUATE & TREAT ☐ CPAP ☐ BIPAP ☐ MECHANICAL VENTILATOR ☐ CPAP VIA VENT	
		MODE: ☐ SIMV ☐ Assist / Control ☐ PSV ☐ MMV ☐ HFV	SETTINGS: RATE: FiO2: TV: PEEP: PER PROTOCOL.
		☐ HEATING AEROSOL TREATMENT ☐ CHEST PERCUSSION FREQ	
		☐ CONTINUOUS PULSE OX ☐ PRN PULSE OX	
		☐ O2@ ☐ L/MIN VIA ☐ CANNULA ☐ MASK	
		☐ ET TUBE SIZE ☐ TRACH TUBE SIZE ☐ 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.	

PHYSICIAN'S SIGNATURE DATE / TIME

Form # SM-NU-739.1 (Rev. 2/11)

P5870

Select Specialty Hospital

ADMISSION ORDERS

Patient Name: _____ Date: _____

BRUNSTING NELVA E HSV: XM
PT #: 0069342 MR #: 00000890C5
DOB: 10/08/1926 AGE: 85 SEX: F
ATT: CADENAS JERSON # 1400
ADMIT: 11/04/11 RM/BED: /

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:** ☐ LMWH: _____ ☐ HEPARIN 5,000 UNITS SUBQ q8h ☐ SCDS (SEQUENTIAL COMPRESSION DEVICES) ☐ OTHER _____	
	19. **WOUND CARE:** Coccyx & Heel	
	20. **EVALUATE & TREAT:** ☑ PT ☑ OT ☐ SPEECH ☐ DIETARY	
	21. **CONSULT DOCTOR:** Dr Mehra - ID, Dr Gray - Pul,	
	22. **NUTRITIONAL CONSULT:** 30cc/hr Prosource 11/6/11 @ 1830	Prosource 11/6/11 @ 1830
	23. **NUTRITIONAL LABS:** _____	
	24. **IV SITE:** PICC R UA	
	25. **IV FLUIDS:** Continue TPN **TPN:** @ 60ml	
	Neuro Eval 2hr Mouth Care Q 4hr TOC/S Dr Navarro / Wanda Lemus	

PHYSICIAN'S SIGNATURE DATE / TIME

Select Specialty Hospital

ADMISSION ORDERS

Patient Name: _____ Date: _____

BRUNSTING XELVA E MSV: XM
PT #: 0068342 MR #: 000005905
DOB: 10/08/1926 AGE: 85 SEX: F
ATT: CADENAS JERSON # 1400
ADMIT: 11/04/11 RM/BED: /

Patient Information

DO NOT USE: U, IU, QD, QOD, Trailing Zero, Lack of Trailing Zero, MS, MSO4, MgSO4

DATE/TIME	TREATMENT	NURSE'S NOTES
	MEDICATIONS	
11/5/11 1745	Xanax 325 mg/cup = tab PO q 6 hr PRN	pain
	Synthroid 0.05 mg PO daily @ 0630	
	NS 10 mL IV flush q 12 hr + PRN	
	Sylvia 15 mEq IVPB	
	Dextrose 50% in water IVPB q 12 hr	
	digoxin 0.125 mg PO daily	
	TPN @ 60 mL/hr	
	Clinimix 4.25/5	
	Amino acids 42.5 gm/L	
	Dextrose 50 gm/L	
	Na 35 meq/L	
	K 30 meq/L	
	Acetate 70 meq/L	
	Cl 39 meq/L	
	Ca 4.5 meq/L	
	Magnesium 5 meq/L	
	Phosphorous 15 mmol/L	
	multivitamins 10 mL/day	
	trace elements 5 mL/day	
	folic acid 1 mg/day	
11/7/11 1745	OTO RB D/C [illegible]	

11/6/11

MEDICATION RECONCILIATION COMPLETE ☐

PHYSICIAN'S SIGNATURE DATE / TIME

Select Specialty Hospital

RHC REGENCY HOSPITAL COMPANY

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 22:20

Keglan 5mg po q AC

Zofran 4mg q6H iv PRN

CXR AM (Dep 11/6/11)

increase dose Hydrocodone 7.5 mg 1 tab q6H PRN

TIME A.M. P.M.

Imprint Patient Name Here

7cRB DR Abrams Signed 11/5 22:20

Sign:

Date: 11/6/11 Time: 12 A

DRUG ALLERGIES

We'll start 11/6/11 0600 AM

Be sure No. shows before WRITING

START NEW ORDERS BELOW

DATE START

11/6/11

0295 Kayexalate 60 gram po stat

TCRB DR Abrams / emailed RN

TIME A.M. P.M.

Imprint Patient Name Here

Sign:

Date: 11/6/11 Time: 10 A

DRUG ALLERGIES

START NEW ORDERS BELOW

DATE START

11/6/11

1000 AM add TSH to earlier lab -

Consult Dr Velasco for renal

follow - emailed 11/6/11

TIME A.M. P.M.

Imprint Patient Name Here

Fat emulsion 20% IV @

52 ml/hr MWF

Consult dietitian for nutritional

needs.

DRUG ALLERGIES

Be sure No shows before WRITING

BRUNSTING RESAVA E MR #: 00000869805
DOB: 10/08/1936 AGE: 85 SEX: F
ATT: CABRERA JERSON RM/BED: H 1408
ADMIT: 11/04/11

SM MU 2501 (9/07)

USE BALLPOINT PEN – PRESS HARD – 5 COPIES

To remove orders from set, lift face sheet & tear at proper perforation

PSB73

Select Specialty Hospital

RHC REGENCY HOSPITAL COMPANY

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

Imprint Patient Name Here

DRUG ALLERGIES

START NEW ORDERS BELOW

Be sure No shows before WRITING

DATE START

11/6/11 10A — Change Kayexalate to retention enema

D10W at 60 ml/hr + D/C once new TPN bag starts. — [illegible]

Change keflex to 500 mg IV q8 Hrs.

TIME A.M. P.M.

DRUG ALLERGIES

START NEW ORDERS BELOW

Be sure No shows before WRITING

DATE START

morphine 0.5 mg IV q6 prn for pain >8

Change Hydrocodone 7.5/500 mg po q12 prn pain <8

Limit frequency due to potential hepatotoxicity of acetaminophen in pt w/ biliary cancer

TIME A.M. P.M.

Hospital Patient Name Here

DRUG ALLERGIES

START NEW ORDERS BELOW

Be sure No shows before WRITING

DATE START

Protonix 40 mg IV daily

CBC, BMP in AM.

Atrovent/albuterol neb QID hold if asleep.

Follow new TPN order

TIME A.M. P.M.

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

P5874

Select Specialty Hospital

RHC REGENCY HOSPITAL COMPANY

PHYSICIAN'S ORDERS

ORDERS: Another brand of a generically equivalent product identical in dosage form and amount of active ingredient may be administered unless checked. ➡ ✓ WRITE OR IMPRINT PATIENT INFORMATION BELOW

DATE | START

11.6.11 NPO until Gastric edu

○ Dyazem 0.125mg IV daily

△ Symtuzan to 0.05 IV daily

TIME A.M. P.M.

Imprint Patient Name Here

DRUG ALLERGIES

Be sure No. shows before WRITING

START NEW ORDERS BELOW

DATE | START

Stat

10/6/11 TIME A.M. P.M. 1330 ○ INSERT FOLEY cath

○ STRICT I/O's

○ Random Urine for

DRUG ALLERGIES

Imprint Patient Name Here

BRUNSTING HELVA S
Pt #: 0068342 MR #: 000068905
DOB: 10/08/1936 AGE: 85 SEX: F
ATT: CADEMAS JEBSON # 1466
ADMIT: 11/04/11 RM/BED:
HSV: XM

START NEW ORDERS BELOW

DATE | START

- Na+
- Creat
- EOSINOPHILS
- URINALYSIS

○ Renal U/S

11/6/11

○ Rpt KT level 5 hours post-dose

TIME A.M. P.M.

Imprint Patient Name Here

DRUG ALLERGIES

Be sure No. shows before WRITING

USE BALLPOINT PEN – PRESS HARD – 5 COPIES

To remove orders from set, lift face sheet & tear at proper perforation

P587

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 respecify all additive amounts per 24 hours.~~ Any alteration to standard additive profile requires writing the entire formulation in full.

BASE SOLUTION: PLEASE SPECIFY ONE:				ADDITIVES PER ADMIXTURE	SPECIFIED 24 HR AMOUNTS	STANDARD ADDITIVE FORMULA PER 1000	PER 1500	PER 2000
SUGGESTED DAILY REGIMENS:						☐ CHECK BOX FOR STANDARD ADDITIVES		
CENTRAL FORMULA	☐	☐	☐	ADDITIVES:				
VOLUME	1000	1500	2000					
TRAVASOL 10%	500 ml	750 ml	1000 ml	SODIUM CHLORIDE	50 mEq	50 mEq	70 mEq	100 mEq
DEXTROSE 50%	500 ml	750 ml	1000 ml	SODIUM ACETATE	___ mEq	20 mEq	30 mEq	40 mEq
INTRALIPID 20%	250 ml	250 ml	500 ml	POTASSIUM CHLORIDE	~~___~~ mEq	20 mEq	30 mEq	40 mEq
TO RUN SEPARATELY OVER 5-6 HOURS				POTASSIUM PHOSPHATE	___ mM	12 mM	18 mM	24 mM
TOTAL CALORIES	1550	2075	2600	(1.5 mEq K+/ mM PO4)				
TOTAL PROTEIN	50gm	75gm	100gm	CALCIUM GLUCONATE	4.6 mEq	4.6 mEq	6.4 mEq	9.2 mEq
				MAGNESIUM SULFATE	16 mEq	16 mEq	24 mEq	32 mEq
CENTRAL FORMULA II	☐	☐	☐	TRACE ELEMENTS	3 ml	3 ml	3 ml	3 ml
VOLUME	1000	1500	2000	(Cu, Zn, Cr, Mn, Se)				
TRAVASOL 8.5%	500 ml	750 ml	1000 ml	MVI-12	10 ml	10 ml	10 ml	10 ml
DEXTROSE 50%	500 ml	750 ml	1000 ml					
INTRALIPID 20%	250 ml	250 ml	500 ml					
TO RUN SEPARATELY OVER 5-6 HOURS								
TOTAL CALORIES	1520	1900	1690					
TOTAL PROTEIN	43gm	64gm	85gm					

TPN-STANDARD FORMULA: CENTRAL ☐ PERIPHERAL ☐

AMINO ACID:	10 %	500 ml	
DEXTROSE	50 %	500 ml	
INTRALIPID	20 %	250 ml	

OTHER ADDITIVES PER ADMIXTURE

→ 100 ml/hr. dc'd

→ 50 ml/hr. ~~d/c~~ start today (from MWF)

RECOMMENDED TESTS/PROCEDURES

CHECK BOX FOR TESTS / PROCEDURES TO BE PERFORMED WHILE PATIENT ON THERAPY.

SMA 20 TWICE WEEKLY

SERUM MAGNESIUM PRIOR TO THERAPY AND WEEKLY THEREAFTER

CBC PRIOR TO THERAPY AND THEN WEEKLY

PT PRIOR TO THERAPY AND WEEKLY

☐ PTT PRIOR TO THERAPY

☐ WEIGHT PERFORMED DAILY

☐ I AND O RECORDED DAILY

ALLERGIES: _____

PHYSICIAN'S SIGNATURE: [signature]

DATE: 11/6/11 TIME: 1032 AM

NURSES SIGNATURE: _____

DATE: _____ TIME: _____

2121

[illegible] PT #: 0066342 MR #: 000008405
DOB: 10/08/1926 AGE: 85 SEX: F
ATT: CADENAS JERSON # 1400
ADMIT: 11/04/11 RM/BED: /

P5876

Select Specialty Hospital

RHC Regency Hospital Company

PHYSICIAN'S ORDERS

ORDERS: Another brand of a generically equivalent product (dosage form and content of active ingredient) may be administered unless checked. ✓

WRITE OR IMPRINT PATIENT INFORMATION BEL

Imprint Patient Name Here

DATE / START

11/6/11 1332 (1) Ancef 1gm IV q 8 hrs x 2 doses

TIME A.M. P.M.

DRUG ALLERGIES

START NEW ORDERS BELOW

Be sure No. shows before WRITING

DATE / START

11/6/11 1445 (1) Morphine 1mg IV q 6 hrs prn pain as needed (PRN)

(The above morphine order is PRN Hold if drowsy)

TIME A.M. P.M.

TORB NP Navarro / Cmathews RN

Sign: _____

Date: _____ Time: _____

Imprint Patient Name Here

BRUNSTING, MEDIA F
PT #: 0056342
DOB: 10/08/1926 AGE: 85
ATT: CADORAS JESRAM
ADMIT: 11/04/11 RM/BED:
MR #: 08004905
SEX: F
1400

DRUG ALLERGIES

START NEW ORDERS BELOW

WRITING

DATE / START

11/6/11 Chest x ray - Cat 1

↓ TPN to Hold Line

Lasix 40 mg IV 1 dose now

TORB NP Navarro / Cmathews RN

TIME A.M. P.M.

Imprint Patient Name Here

DRUG ALLERGIES

Be sure No. shows before WRITING

SN-NU 7201 (3/07)

USE BALLPOINT PEN – PRESS HARD – 5 COPIES

To remove orders from set, lift face sheet & tear at proper perforation

Select Specialty Hospital

RHC REGENCY HOSPITAL COMPANY

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 ORDER IMPLEMENT PATIENT INFORMATION BELOW

DATE START

11/6/11 2045 RT [illegible]

11/7/11 2200 CC [illegible]

TIME A.M. P.M.

Imprint Patient Name Here

DRUG ALLERGIES

START NEW ORDERS BELOW

Be sure No. shows before WRITING

DATE START

11/7/11 EKG now STAT

[illegible]

TIME A.M. P.M.

[illegible]

BRINKSTEAD MELISSA E MR #: 00000000 RSV: XR
PT #: 0068342 DOB: 10/08/1926 AGE: 85 ATT: CADENA, JESSON ADMIT: 11/04/11 RM/BED: 9EX: P #L400

Imprint Patient Name Here

DRUG ALLERGIES

START NEW ORDERS BELOW

Be sure No. shows before WRITING

DATE START

[illegible]

TIME A.M. P.M.

11/7/11 [illegible] 2.5 mg

[illegible]

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

Select Specialty Hospital

RHC REGENCY HOSPITAL COMPANY

PHYSICIAN'S ORDERS

ORDERS: Another brand of a generically equivalent product identified 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.

11/7/11

73C

40 mEq K

3 12R

Read 11/7 0410 Mkelley RN

Imprint Patient Name Here

DRUG ALLERGIES

START NEW ORDERS BELOW

Be sure to answer below WRITING

DATE START

11/7/11 R 20C 12°

ABG in am

Read 11/7 1210 Mkelley RN

TIME A.M. P.M.

Imprint Patient Name Here

BRUMFIELDING NELVA E
PT #: 0060342
DOB: 10/08/1926 AGE: 85
ATT: CADERAS JERSON
ADMIT: 11/04/11 RM/BED:
MR #: 000008905
RSV: XN
SEX: F
W 1900

DRUG ALLERGIES

START NEW ORDERS BELOW

DATE START

11/7/11 @ KAYEXALATE 30 gm

1 dose as Retention enema x

2 doses

TIME A.M. P.M.

C Renal panel, MAGNESIUM

in AM

C CBC in AM

Read 11/7 1810 Mkelley RN

Imprint Patient Name Here

Be sure to answer below WRITING

DRUG ALLERGIES

USE BALLPOINT PEN – PRESS HARD – 5 COPIES

To remove orders from set, lift face sheet & tear at proper perforation

5879

Select Specialty Hospital

Page 1 of 1

Primary Language:
☐ English ☐ Other

Translation date & time:

Interpreter ID:

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: /

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
Yes	No	Ventilation with "Ambu-Bag"
Yes	No	Intubation and Mechanical Ventilation
Yes	No	Intravenous Medications as Indicated
Yes	No	Defibrillation or Cardioversion
Yes	No	Transvenous or Transthoracic Pacemaker
Yes	No	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:

_____

_____

_____

_____

X _____ 11/04/11 21:30
Signature of Physician Date/Time

I hereby give my informed consent to this order.

X _____ 11/5/11
SIGNATURE OF PATIENT OR HIS/HER SURROGATE (IF AVAILABLE) Date

_____ N/5/11
WITNESS Date

Order Noted: _____ Date/Time: _____

#: SM-NU-725 (4-06)

Select Specialty Hospital

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

11/7/11 1850 12° chart V Melby, RN

11/8/11 12° cc Dolls — RSCMT

11/8/11 24° cc Channen 0200 —

11/8/11 9 am : Stool for C. difficile

Corg Mihu, MD

11/8/11 1100 12°cc —

Imprint Patient Name Here

DRUG ALLERGIES

Be sure No. shows before WRITING

START NEW ORDERS BELOW

DATE / START

11-8-11 ① Renal Panel in AM

1410 ② Kayexalate 30 grams as Retention enema x 2 hours

TIME

A.M. P.M.

Imprint Patient Name Here

11-8-11

DRUG ALLERGIES

START NEW ORDERS BELOW

DATE / START

11-8-11 Michael Monahan MD-11

11-8-11 12° cc 1415 —

TIME

A.M. P.M.

Imprint Patient Name Here

DRUG ALLERGIES

Be sure No. shows before

BRONSTING MEAVA E MR #: 00008505
PT #: 0068342 SEX: F
DOB: 10/08/1926 AGE: 85
ATT: CADENAS JERSON # 1400
ADMIT: 11/04/11 RM/BD:
HSVI XX

P5881

SM-NU-730H (3/07)

USE BALLPOINT PEN – PRESS HARD – 5 COPIES

Select Specialty Hospital

RHC Memorial Hospital Corporation

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 ① ALBUMIN 12.5 gm IVPB ~~daily~~ Stat

1800 followed by LASIX 20mg ~~daily~~ Stat

TIME

A.M. P.M.

IVPB x1

11/8/11 2030 Started Barbara Lewis RN

DRUG ALLERGIES

Imprint Patient Name Here

Be sure No. shows before WRITING

START NEW ORDERS BELOW

DATE / START

11/8/11 2030 12a Chart check Barbara Lewis RN

11/9/11 0700 12a Chart check Barbara Lewis RN

TIME

A.M. P.M.

DRUG ALLERGIES

Imprint Patient Name Here

BRUNSTING MELVA E SSN: XX
PT #: 0068342 MR #: 00000905
DOB: 10/08/1926 AGE: 85 SEX: F
ATT: CADENAS JERSON
ADMIT: 11/04/11 RM/BED: N 1402

START NEW ORDERS BELOW

DATE / START

11/9/11 0710 Gentamicin 80mg IVPB q 48 hrs ~~daily~~ Stat

~~Levofloxacin~~ / ciprofloxacin

11/9/11 0930

TIME

A.M. P.M.

DRUG ALLERGIES

Imprint Patient Name Here

Be sure No. shows before WRITING

SM-NU-730H (3/07)

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P5882

Select Specialty Hospital

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

11/7/11 CBC, Chem 7, BNP and Stool for occult blood x3. T.O.R.B. Dr. Mamik / Beatrice Lemuel

TIME A.M. P.M.

11-9-11 1135 [signature]

DRUG ALLERGIES

Imprint Patient Name Here

Be sure No. shows before WRITING

START NEW ORDERS BELOW

DATE START

11-9-11 11:00 12 HR RT Cont ✓ Neb 6A-6P

11/9/11 @ [illegible]

TIME A.M. P.M.

1216 [illegible]

Read [illegible]

DRUG ALLERGIES

Imprint Patient Name Here

BRUNSTING NELVA E MR #: KSV: XM
PT #: 0068342 000608905
DOB: 10/08/1926 AGE: 85 SEX: F
ATT: CADENAS JERSON ADMIT: 11/04/11 RM/BED: # 1400

START NEW ORDERS BELOW

DATE START

ALBUMIN 25gm IVP Follow by LASIX 20mg IVP x1

TIME A.M. P.M.

11-9-11 1315 [signature]

DRUG ALLERGIES

Imprint Patient Name Here

Be sure No. shows before WRITING

H5883

SM-NU-730H (9/07)

USE BALLPOINT PEN – PRESS HARD – 5 COPIES

221

Select Specialty Hospital

BRUNSTING NELVA E HSV: XM
PT #: 0066342 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: Sepsis ARF-UTI Dysphagia Weakness

ALLERGIES: NKA.

Weight (kg):	Height (cm):	Medications may be stopped based on the current Medical Staff Bylaws for automatic stop orders policy
191.5	5' 10"	
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*

1. Discontinue all Supplemental Insulin and Finger Stick Blood Glucose (FSBG) order
2. Insulin type: ☐ Regular human insulin: -or- ☑ Insulin aspart (Novolog®)
   *RPh 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
3. If patient is eating regularly or on bolus enteral feedings:
   a. Measure FSBG BEFORE EACH MEAL ONLY (AC)
   b. Administer rapid acting insulin aspart (Novolog®) just before meals according to scale
   c. Administer regular insulin 30 minutes prior to meals according to scale
4. If patient is receiving continuous enteral feedings, TPN, or is ordered NPO
   a. ☑ Measure FSBG every: 6° ☐ 4 hours -OR- ☐ 6 hours. (MD to select one. If not selected, monitor every 4 hours)
   b. Administer insulin aspart (Novolog®) or regular insulin according to scale
5. 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)	☑ Low Dose Regime	☐ Medium Dose Regime	☐ 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*

6. At 12 PM nurse to review the last 24 hour's FSBG results
7. IF TWO READING ARE GREATER THAN 150 mg/dL AND NONE ARE LESS THAN 100 mg/dL:
8. ADVANCE to next HIGHER supplemental insulin regime
9. 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
10. IF TWO READING ARE LOWER THAN 60 mg/dL:
11. DECREASE to the next LOWER supplemental insulin regime
12. If patient is on the *LOW-DOSE REGIME* already call MD for additional orders
13. All changes in supplemental insulin regime will be documented by writing a medication order
14. If patient does not require any supplemental insulin for 48 hours, contact physician to discontinue the orders
15. Forward or Fax Physician Order sheet to Pharmacy

D R/O+V Dr Cadenas 11/9/11 1400 11-9-11 1600

Physicians Signature Date/Time

P5884

Select Specialty Hospital

RHC KRAMER HOSPITAL COMPANY

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 11/9/11 15:05

TIME A.M. P.M.

Cora Minn, MD

11-9-11 16:00 bhf

DRUG ALLERGIES

Imprint Patient Name Here

Brunstring.

Be sure No. shows before WRITING

START NEW ORDERS BELOW

DATE START 12°CC 11/9/11 1600 bhf

Patient Identification

BRUNSTRING NEEVA D
PT #: 0058342
DOB: 10/08/1926 AGE: 85
ATT: CADENAS JERSON
ADMIT: 11/04/11 RM/BED: /
MR #1 0000B505
SEX: F
1400

Select RHC

Critical Test/Diagnostic Results

Date: 11-9-11 Patient Name: Brunstring

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 & Time lab/diagnostic test was done: Date: 11/9/11 Time: 1140

Notification of physician

Call #	Date	Time	Physician	Spoke w/physician	Message Left	If message left, date and time physician was given results
1	11/9/11	1350	Cadenas	☑	☐	
2				☐	☐	11/9/11 21:20
3				☐	☐	

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:

SM-NU-749-3 (4-11)

(Place this label on Physician Order sheet)

11/09/11 21:30

IV Ativan 1 mg X1 now then Q4H prn Nausea/vomiting.

Hospice Eval - Family requested transfer to Hospice

11/9/11 2330

TIME A.M. P.M.

DRUG ALLERGIES

Imprint Patient Name Here

Be sure No. shows before WRITING

SM-NU-730H (3/07)

USE BALLPOINT PEN – PRESS HARD – 5 COPIES

F5885

Select Specialty Hospital

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 / TIME A.M. P.M.

START 11/9/11 2300 12° BTCC — BART

11/10/11 24° CL Assumed

Imprint Patient Name Here

DRUG ALLERGIES

Be sure No. shows before WRITING

START NEW ORDERS BELOW

DATE

START Nicotine D/C Condom

72c

TIME A.M. P.M.

12-10-11 1015 Lab Off

U/A Ac Cx RTCC Keppra Levels Ordered

Imprint Patient Name Here

BRUNSTING MELVA B MR #: 00008905
PT #: 0063142 SEX: F
DOB: 10/08/1926 AGE: 85
ATT: CADENAS JERSON # 1460
ADMIT: 11/04/11 RM/BED:

DRUG ALLERGIES

Be sure No. shows before WRITING

START NEW ORDERS BELOW

DATE

START 11/10/11 19:37

D/C Telemetry.

May transfer to Hospice Care once Accepted.

Cath cadenas

TIME A.M. P.M.

11-10-11 1940 Lab Off

Imprint Patient Name Here

DRUG ALLERGIES

Be sure No. shows before WRITING

SM-NU-730H (3/07)

USE BALLPOINT PEN – PRESS HARD – 5 COPIES

To customize medical forms and the free sheet of tens of proper medication

P5886

Select Specialty Hospital 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

Patient Identification

Select Specialty Hospital RHC

Critical Test/Diagnostic Results

Date: 11-10-2011 Patient Name: NELVA BRUNSTING.

Critical Test/Diagnostic Result: Gram positive cocci in clusters (aerobic bld culture).

X Result(s) were read back & verified

When you received lab/or diagnostic test result(s): Date: 11/10/11 Time: 2230

Date & Time lab/diagnostic test was done: Date: 11-9-11 Time: 1745

Notification of physician

Call #	Date	Time	Physician	Spoke w/physician	Message Left	If message left, date and time physician was given results
1	11-10-11	2300	Dr. PARIKH.	X	☐	
2				☐	☐	

If patient has other physicians consulted contact the most appropriate physician or contact the Medical Director.

3				☐	☐

Orders received: X Yes, see physician order on order sheet ☐ No

Licensed Practitioner Signature:

SM-NU-749-3 (4-11) (Place this label on Physician Order sheet)

Be sure No. shows before WRITING

START NEW ORDERS BELOW

DATE START

11/11/11 23hr c Assessment

11/11/11 12 cc over Resp

11/11/11 0733 12° BTCC BBRT

11/11/11 7:35Am Tapering TDN @ 10cc/hr unsuccessful

TIME A.M. P.M.

11/11/11 0800

DRUG ALLERGIES

Imprint Patient Name Here

BRUNSTING NELVA E
PT #: 0068342
DOB: 10/08/1925 AGE: 85
ATT: CADENAS,JEFFSON
ADMIT: 11/04/11 RM/BED: # 1400
MSY: XM
MR #: 000068995
SEX: F

START NEW ORDERS BELOW

WRITING

DATE START

11/11/11 1230 Change Morphine Sulfate 1mg IV Q2hr prn pain

Telephone order Dr. Navarro RSV

Read Back Given

TIME A.M. P.M.

11/11/11 1230

Sign:

Date: Time:

Imprint Patient Name Here

DRUG ALLERGIES

Be sure No. shows before

P5687

SM-NU-730H (3/07) **USE BALLPOINT PEN – PRESS HARD – 5 COPIES**

Select Specialty Hospital

RHC NORTHWEST HOSPITAL COMMUNITY

PROGRESS NOTES

Page 1 of 2

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: /

DATE / TIME	PLEASE NOTE DATE AND TIME
11/6/11 9am	ID Staff
	full consult note dictated
	E. - metastatic Sclerosing duct carcinoma
	- cWBD, hx of ? atypical mycobacterial infection
	- mild renal dehydration acute UTI
	cultures are pending ?, data from NWHMC moderately
	polymicrobial flora
	Rec - continue Management
	- await ID & Surgeon
	- PIV CBC, cmt, LFTs
	Discussed at length with daughter.
	Cora Mihm, MD
	713-444-1201
11/6/11 1342	Rec'd # 306.49
11/7/11 0530	R.T. PT is tachycardic (HR 125-132) and cold to extremities. Unable to obtain BP/Pulse level. 11/6/11 AM NURSE notified, 11/6/11 PM NURSE notified. REQUEST to D/C Inderal to RESUME Due to tachycardia. Will cont. to monitor.

Form #: SM-NU-710-1 (Rev 08/10)

BRUNSTING NELVA E
PT #: 0068342 MR #: 0000088905
DOB: 10/08/1926 AGE: 85 SEX: F
ATT: CADENAS JERSON ROOM: 1400
ADMIT: 11/04/11 RM/BED:

PROGRESS NOTES Page 2 of 2

DATE / TIME	PLEASE NOTE DATE AND TIME
11/7/11 730	pt alert Blood ok. i/o adequate HR SR Dale.
11/7/11 730	on regular diet/tolerating
7 SAT.	Chest- clear Abd- soft Neuro- alert Lower extremities pitting edema PVD - tachycardia Social work evaluation Dr. Dale Hilton Brunsting Co.
11/8/11 1100 unsigned lab	pt looks a little better. Dale. 101/61 114 97.2 98% on trach collar chest- mild rhonchi Abd- soft Neuro - alert Lower extremities pitting edema Plan - pulmonary hygiene supportive care - diet - social work - remain stable

P5889

Select Specialty Hospital

RHC

BRUNSTING NELVA E HSV: XM
PT #: 0068342 MR #: 000008905
DOB: 10/05/1926 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
11/7/11	Cont'd
	PT seen this AM, clear mental status
	AND urinary cancer
A	(1) CCPD
	(2) Tracheostomy
	(3) Renal failure / uremia
	(5) Pericarditis, ? due to PT
	(6) DVT
	(7) Steroids
	(8) OK Dyazan, no wheezing here
	(9) ~~[illegible]~~ B-blocker ↓ heart rate
	(4) Hospice needs to be discussed with family.
	will follow. I discussed Dr Kenny/Dr Cancemi briefing my participation in pt's care.

Form #: SM-NU-710-1 (Rev. 08/10)

BRUNSTING NELVA E MSV: XM
PT #: 0068342 MR #: 000006905
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 AND TIME
	Sec PM
11/7/11	(S) Pleasant, pasty, hairy, confused, not answering questions very well. Events/work. Caregiver is Belinda, nephew.
Meds	(O) 127/48 P-132 S-24 98.7
rec	Gen - Awake, tries to speak but unintelligible, pale + weak
	CV - tachycardic, abs S1 S2
Lungs	Lungs - diffuse rhonchi (S) wheezes
Mod HC	Abd. tenderness (+) Gait unable to test
Mg 1.6	Ext 3-4+ pitting edema (B) LE
K-5.7	Neuro - awake, alert, attempts to speak, very confused
TSH - 9.69	
	A/P 1) Biliary Cancer, metastatic - (S) Goals of care discussed
6.9 \ 2.7 / 52	2) COPD exacerbation - (S) on Xopenex nebulizer, steroids IV
	3) T2DM glycemic control - Lantus 20 U SQ qhs, SSI TID
128 | 104 / 123	4) Renal failure / uremia - worsening. Cont to monitor.
3.5 | 12.3 \	5) Severe thrombocytosis / ESS on ASA
Co-2 4	6) UTI / Sepsis - cont IV Rocephin
	7) Dysphagia - SLP consult. Pleasant diet
CVR - Sinus	8) Dvt prophylaxis - very poor. She should be contact for heparin
(S) abdominal	home hospice unable to continue. Husband, two
guitar engineer	9) DNR.

Select Specialty Hospital

RHC REGENCY HOSPITAL COMPANY

PROGRESS NOTES

BRUNSTING NELVA E KSV: XM
PT #: 00068342 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
11/4/11	DD 3 Stoff
9:45 am	Remains lethargic, minimally responsive
	92% 127/45 120 24
AM	Ⓒ dry mucous membranes
11/5	lungs: Ⓒ rhonchi
5 00 9:12	c/s: RRR, tachy
	Abd: distended, BS, NT
	Ⓒ Rom PICC 5 extremities
	Ext: +2 pitting edema
	No new labs; UCx Ⓒ
	I. Advanced biliary carcinoma
	Polymicrobial UTI
	Hx of atypical mycobacterial infection
	CRI
	Rec – continue antimicrobials
	– await cultures
	Cora Mitra, MD
11-7-11 10:35	Speech Pathology Bedside Swallow eval completed (recommends) continue npo and nutrition for now 2) modified Barium Swallow Study.
	Speech Pathology, MSCCC/SLP

P5892

Select Specialty Hospital

RHC

PROGRESS NOTES

Page 1 of 2

BRUNSTING NELVA B HGV: XM
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
11/7/11 1700	Pt S= great, ambulating well in hall Pt's Dr. 163/60 O= A&Ox4 NAD Ext/Int clear Lab: Urine culture (-) Renal US = Hydronephrosis bilat. BMP= Cr 1.2 130 / 4.6 / 104 / 25 / 5.5 / 21 / 0.3 (123) TSH Hyperthyroidism - Start Tapazole Chest xray clear & lungs clear Low Glucose Pt's A= P= Pt to F/U with Endocrine late

Form 4: SM-NU-710-1 (Rev. 06/10)

P5893

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:

PROGRESS NOTES Page 2 of 2

DATE / TIME	PLEASE NOTE DATE AND TIME
11/6/11	Looks slightly more comfortable this AM
	VSS 135/61 P 114 R 22 94%
	Eating regular
	Alert & oriented, A&Ox3
	Cont. O2 @ 2L via NC
	Dx: R TKA c/b hematoma (AA/CAD/HTN) (Anemia)
	Renal failure, malnutrition (Sick Syndrome)
	Will f/u/x

Form #: SM-NU-710-1 (Rev 02/10)

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RHC REGENCY HOSPITAL COMPANY

PROGRESS NOTES

Page 1 of 2

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

DATE / TIME	PLEASE NOTE DATE AND TIME
11/12/11 @ 55 min	I D [illegible]
	More alert, less restless, no new complaints.
11/5	97.2 131/67 114 22 96% on 2L
11/5 Allergies	Chronically ill appearing, NAD
	Lungs: Rt lower b/l
	RRR, no MRG, trace
	Abd: distended, bibs, LUT
	Ext: R comm PICC 5 erythema
	Ext: +2 pitting edema b/l
	Skin: pale, dry
11/7	63 58 wt 2.4 Ucx (-)
	Ne 90%
	US on 11/6: scattered abdominal ascites collections,
	Sm pleural effusions
	I Advanced biliary carcinoma
	Polymicrobial UTI
	Hx of atypical mycobacterial inf. (lung)
	CRI
	Asmtx: S/p drainage last week
	↑ bilirubins
	Rec - Continue meropenem
	- F/u CBC → if further ↑ will treat them
	- will F/u on Cx's M/T/Th and further adjust Abx
	- continue to encourage
	- ✓ C. diff/toxin
	CRC
	(cont. on next pg)

Form #: SM-NU-710-1 (Rev. 08/10)

P5895

BRUNSTING NELVA E MSV: XM
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 2 of 2

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 P114 R22 Temp 97.2 F/O 1620/1625 - 125 | 99 | 109 (219) (5.6) | 18 | 2.4
Cr 8.3 BUN 61.6 K 4.9 Mg 2.3	GEN: NAD Lungs: ⊖ Rhonchi Heart: S1S2 tachy Abd: BS⊕ Ext: ⊕ edema (B) LE ⊕ DP/PT pulses
	A: ① ARF/CKD ② hyperkalemia ③ Biliary Dz
	P: 2 units in am Repeat Kayexalate Renal seen pt and agree with above ARF - likely in setting of pt has persistent hypotension - will try to minimize IV fluids and monitor BP Keep Out Renal Dept

Form #: SM-NU-710-7 (Rev. 08/10)

P5896

Select Specialty Hospital

RHC

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

Patient Identification

PROGRESS NOTES

DATE / TIME	PLEASE NOTE DATE AND TIME
11/9/11	Isc PN
	(S) Pt 5 events of Fevers of N.V.D Pt has BM from enema
	Continues on TPN & SOB (O) room
Meds	(O) 101/67 114 97.2 22
rev	Gen, Awake, moderate distress
	CV - tachycardia, ds s1 s2 -
Labs	Lungs - (B) diminished crackles wheezes rhonchi
	Abd - soft, bowel sounds (BS) or check
129 99 109 /24	Ext - Edema (R) LE
5.6 18 24	Neuro - moves all extremities Good strength
Alb-1.6	A/P 1) Metabolic Biliary CA -
Mg-2.3	2) COPD exacerbation
Phos-4.9	3) Tachycardia / SVT - stable
	4) Renal failure / Hyponatremia - slowly improving, Creatinine 0.8 / Sodium 129
	5) UTI / Sepsis - cont Abx per Dr. Thomas
	6) Dysphagia - ST for MBS today
	7) DNR
	8) Malnutrition - TPN per nutr. Marlyn, MD
11-8-11 16:20	Speech Pathology Pt presents Soft oral Pharyngeal Stage Dysphagia on modified Barium Swallow Study. Recommend: 1) mech soft feeding 2) Dysphagia 4 3) nectar thick liquids 4 weeks J. Shelby, MA CCC-SLP

Select Specialty Hospital

RHC

PROGRESS NOTES

Page 1 of 2

BRUNSTING NELVA E RSV: XM
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 7:30 A	Card Dr Dist sleep due to Confusion. 151 BS = 109/66, P: 132, 16 CV: tachy, regular Lungs: Diminished abd: BS+, NT, ND, active EXT: edema 3+ LE edema Labs: 11/8 WBC A/P: 85 y.o. Female Chdampoca, tachycardia, Confusion. Agreed c goodan. Renal 1223 S: C/O on Neuro Dist and lethargy BP: 104/68 D/C 163/3W CV: Dist on exam Resp: Resp on exam Abd: Abd on exam Ext: edema on exam Lab: 129/4.5/30/116/24 (15) A: Hyperkalemia P: Abx Fluids, Cx Monitor, labs Card TRO

Form #: SM-NU-710-1 (Rev. 08-10)

BRUNSTING NELVA E MSV: XM
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 2 of 2

DATE / TIME	PLEASE NOTE DATE AND TIME
11/9/11	Pt unable to sleep. Pain controlled.
	109/65 101-32 / 97° 100%
	Lungs - CTA
	Heart - RRR
	Abd - soft
	Ext - no edema
	Pt and Brother
	CCMD
	SVT
	AOF
	VTL
	Questions answered

Form #: SM-NU-710-1 (Rev. 08/10)

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PROGRESS NOTES

Page 1 of 2

BRUNSTING NELVA E HSV: XM
PT #: 0068342 MR #: 000003905
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	ID Staff
A3x	Alert. No new complaints, minimal coughs.
11/5 Meropenem	97' 109/65 130 RR 18 100%
	Chronically ill appearing
	lungs: ⊖ crackles b/l
	s1 s2 RRR, tachy
	Abd: distended, firm, NT, ⊖ BS ⊖ R/G
	Extr: +2 pitting edema b/l
	Skin: pale and dry
	7.6 / 179 Cr 2.6 UCx 11/6 No growth
	Ne 92%
	I: Advanced biliary carcinoma
	Polymicrobial UTI → recent UCx ⊖
	Hx of pulmonary atypical mycobacterium avium CRI
	Ascites s/p drainage
	↑ leukocytosis → new infectious process: ? BSI ? peritonitis.
	No new fevers.
	Rec - continue meropenem
	- Blood cultures today
	- f/u CBC
	- ✓ C. difficile
	- ? diagnostic / therapeutic paracentesis
	Cora Mihas, MD

Form #: SM-NU-710-1 (Rev. 08/10)

BRUNSTING NELVA E HSV: XM
FT #: C068342 MR #: 000008905
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

Doctor,
The antibiotic Meropenem Brunsting 22 11/9/11

will be discontinued on 11/12/11
unless a renewal order is written on the Physician Order Form with a reason for continuation.

Sig. _____

Form #: SM-NU-710-1 (Rev. 08/10)

P5901

Select Specialty Hospital

RHC

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

PROGRESS NOTES

DATE / TIME	PLEASE NOTE DATE AND TIME
11/09/11 21:00	IPC – Internal Medicine Notes: Awake, several nights.
	Subjective: very much
BP: 96/52	General: A/N/R WD/WN NAD
HR: 73	HEENT: EOMI/PERRLA
T: 97.1	Neck: Supple JVD Scar Mass Bruits
RR: 20	Chest: CTA&P Wheezes decreased breath sounds.
	Cardio: RRR Irregular Irregularly irregular Murmur 3/6 SEM
	Abdomen: Soft NT ND 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 calfused.
	Skin: Intact Decubiti Rash Bowel sounds.
	Labs/Imaging: Reviewed No new labs/ No new x-rays Lung sounds clear.
	ASESSMENT AND PLAN:
	Acute failure to thrive
	Alts. biliary tract cancer
	severe protein/cal. malnut.
	Anxiety DJD
	Agitation/ Agitation
	UTI - Sepsis
	Cont. c supportive care
	TPN per nutrition.
	Atrovent IV prn
	Code: DNR
	Hospice Eval pending per Houston Hospice.

Jerson Cadenas, MD
IPC: 713.960.8008

Select Specialty Hospital

RHC

PROGRESS NOTES

Page 1 of 2

BRUNSTING NELVA E BSV: XM
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
11/8/11	ad Team
mag / K	A very stressed out Very congested.
lab	ROS-NA
725	97% RR-96/45-52 75-132 97³
	on-neb
	chest mild/bronchi:
	Abd soft/NT
	Plan - stressed out
	DC - AC =
	- COPD
	- SVT
	- HTN
	- Insomnia
	- acute flu/aspirate
	Plan progress pow
	- pulmonary hygiene
	- DC Cardiac
	- Neb - ID
	- supportive care
	TRAN
11/9/11 1240	Rounds
	S = stressed out
	- DO 1950/3+W
	BP = 84/50
	Gen = NAD HEENT = NC
	Lungs = Exp rhi ch
	Card = RRR/09/115 Chest 134
	Exp Abn =
	C mild Hyperinf
	C chest effort ok
	Plan pow continue for - HD - with
	Lift Tolerate - wean

Form #: SM-NU-710-1 (Rev. 08/10)

BRUNSTING NILVA E KSV: KK
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 2 of 2

DATE / TIME	PLEASE NOTE DATE
11/10/11	RESP: Had green sputum earlier.
7:05 A	VS: BP 86/48, P 118, R 16
	Fri: Tachy, regular abd: ascites, BS+
	CVS: Distant CVS: 2+ edema
	Chest: LLQ noted.
	A/P: 85 y.o. Pt c cholangiocA, pulm parenchymal
	Sepsis; WBC c/w infect, poor prognosis.
11/10/11	TO Stop
6:15 pm	Events noted. More lethargic today
	97.3 86/45 118 16 97% on 2L NC
ASX	Chronically ill appearing
11/5 Meropenem	Lungs: (+) ronchi
	S1, S2 RRR, Tachy
	Abd: distended soft.
cct 2.56	+2 pitting edema b/l
	I Advanced biliary carcinoma
	Polymicrobial UTI → recent UTI (-)
	Hx of atypical pulmonary mycobacterial infection.
	CKD
	Ascites s/p drainage.
	↑ Leukocytosis
	No fevers.
	Rec. – continue meropenem
	– currently being evaluated for hospice care
	– F/U on (P) cultures
	Cora Mitu, MD

Form #: SM-NU-710-1 (Rev. 08/10)

P5904

Select Specialty Hospital

RHC

PROGRESS NOTES

Page 1 of 2

Breathing.

Patient Identification #221

DATE / TIME	PLEASE NOTE DATE AND TIME
11/10/11 14:00	IPC – Internal Medicine Notes: very drowsy; daughter at bedside.
	Subjective:
BP: stable	General: AT/NC WD/WN NAD lethargic
HR:	HEENT: EOMI/PERLA
T: Afebrile	Neck: Supple JVD Scar Mass Bruits
RR:	Chest: CTA&P Wheezes decreased breath sounds.
	Cardio: RRR Irregular Irregularly irregular Murmur 4/6 sem.
	Abdomen: Soft NT ND Tender Distended Bowel sounds normal/ hyperactive
	Extremities: Edema Cyanosis Clubbing Pulses good Calves non-tender
	Neuro: Awake A & Ox Moves all extremities drowsy. responds.
	Spine: Non-tender/ non-deformed
	Skin: Intact Decubiti Rash large sacral ulcer.
	Labs/Imaging: Reviewed No new labs No new x-rays
	ASESSMENT AND PLAN:
	UTI - sepsis Failure to thrive Meta. Pulmonary CA Acute protein Cal. Malnutrition. Dysphagia. Encephalopathy Dementia
	Cont. current mgmt. Hospice eval. with DC TPN once transfer to Hospice. May benefit from Lu pt. Hospice Rel spoke daughter Need Home Hospice.

Jerson Cadenas, MD
IPC: 713.960.8008

Form #: SM-NU-710-1 (Rev. 08/10)

Select Specialty Hospital

RHC

PROGRESS NOTES

Page 1 of 2

BRUNSTING NELVA E HSV: XM
PT #: 0068342 MR #: 000008905
DOB: 10/08/1926 AGE: 85 SEX: F
ATT: CADENAS JERSON # 2400
ADMIT: 11/04/11 RM/BED: /

DATE / TIME	PLEASE NOTE
11/11/11 720	

Form #: SM-NU-710-1 (Rev. 08/10)

BRUNSTING NELVA E HSV: XM
PT #: 0068342 MR #: 000068905
DOB: 10/08/1926 AGE: 85 SEX: F
ATT: CADENAS JERSON # 1400
ADMIT: 11/04/11 RM/BED: /

PROGRESS NOTES

DATE / TIME	PLEASE NOTE DATE AND TIME
	Carol Brashear
11/14/11	events noted. pt will be transferring to
1700	hospice.
	VS: BP 172/50, P 100, R 20
	CV: Tachy, regular
	GI: Bowel sounds, soft
	N/V labs noted
	Alb 1.8 g/dl. Pending chole surgery CA, poor prognosis,
	will be going to hospice. will sign off. Thank you.

Select Specialty Hospital RHC

PROGRESS NOTES

Page 1 of 2

BRUNSTING NELVA E
PT #: 0069342 HSV: XM
DOB: 10/08/1926 AGE: 85 MR #: 000008905
ATT: CADENAS JERSON SEX: F
ADMIT: 11/04/11 RM/BED: # 1400

DATE / TIME	PLEASE NOTE DATE AND TIME
11/11/11 8am	IM cover S) pt is lethargic. O) 92/50 101 14 96 unresponsive, gasping respirations good BS, rales lungs are clear abd soft. A/P ① End stage biliary carcinoma – admit bed for hospice – keep comfortable ② Renal insuff. ③ Malnutrition MD
11/11/11 1515	S= pt Hospice family in bedside P= d/c IVF E= d/c labs d/c BP meds, PRN = HR < 50 T= d/c TPN C= Biliary CA D/W family A= pt c/ terminal family directed regimen probably induced HRS → pt is unstable Now. will stop tx

Form #: SM-NU-710-1 (Rev. 08/09)

Select Specialty Hospital

RHC

PROGRESS NOTES

Page 1 of 2

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: /

DATE / TIME	PLEASE NOT
	House physician note
Nov 11, 2011	I was called in the room of "patient's pulse and she is a 85 yo female, DNR who was scheduled for transfer to Hospice. On exam, patient is unresponsive, No cardio respiratory activities detectable, her pupils are fixed and dilated. She was pronounced at 4:50 pm.
	Akbar Aamer Ali, MD

Form #: SM-NU-710-1 (Rev. 08/10)

Accession: *MRN:* 8905 *Name:* BRUNSTING, NELVA E

Select Specialty Hospital

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

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

Accession: *MRN: 8905* *Name:* **BRUNSTING, NELVA E**

Select Specialty Hospital

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 #:	901	**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: **P5912**
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 03/21/2012 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 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, Zoloft 50 MG Tablet 1 tablet Once a day, Megace Oral 40 MG/ML Suspension 1 drop Twice a day, Spiriva HandiHaler 18 MCG Capsule 1 capsule by mouth Once a day, Norvasc 5 MG Tablet 1 tablet Once a day, Clonidine HCl 0.1 MG Tablet 1 tablet Twice a day, Alendronate Sodium 10 MG Tablet 1 tablet Once a day, 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 **P5915**
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 03/21/2012 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 , Zoloft 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:

P5917

1. Atypical MB pulmonary infection

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

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

* 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

* 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

* 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

PULMONARY H&P

Name: Nelva Ernsting

Date: 11/29/10 cc: S.O.B

HPI:

McGowen
- PSH/I
- Gadvani

80y

Gradual/Stable → Weight gain SOB
- Any activity make SOB 24/7
- Several years - progressively
Minimal activity SOB

Since 3 month on oxygen 24/7.
- Cough - occasional
- 2 episodes of XS coughing
- Levaquin → Pneumonia got better
- does not do much activity

Inhaler - (Advair) Combo
(Spiriva) Tiotropium
& Protonix
Occ. Cough (mild)
& Sinus change → for 1 hour meds help "feel better" & change in SOB
& Relation to drugs

ANMTB → 9 meds
Pneumonia 3 years ago - Pneumonia/Bronchial infection X 1 month → SOB, July Bile Duct Cancer - Sept →
- drop
10 years ago (Atypical Mycobacterium) 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 9 PACK YEARS ☐ETOH ☐DRUGS ☐TB ☐Asbestos
ROS (neg unless checked) 20 years ago Smoke
GENERAL: ☐WEIGHT CHANGE ☐NIGHT SWEATS ☐FEVER
HEENT: ☐VISUAL CHANGES ☐ SORETHROAT ☐SNORING ☐APNEAS MAI
NECK: ☐LAD
CVS: ☐CHEST PAIN ☐PND ☐ORTHOPNEA
LUNGS: ☐HEMOPTYSIS ☐DYSPENA ☐SOB ☐COUGH PLEURTIC ☐ 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

P5926

PULMONARY H & P

OBJECTIVE:
Vital Signs: BP: 100/64 P: 96 R: ____ T: ____ Weight: 142 Height: ____

Pulse Oximetry: 98% @ 2Lt.

PHYSICAL EXAM:
HEENT: ☑ Normal
LUNGS: ☑ Clear ☐ Diminished BS ☐ Prolonged expiratory Phase ☐ Rales/Ronchi
HEART: ☑ Normal Sinus Rhythem ☐ 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.

Why MAI
↳ Smear neds
↳ – Rfam ✓
– Agitan
→ Ethambutol
– Drug @ Cenath
Side effects etc.
– Isoniazid

Smoking Cessation Consuling:

Follow Up in

Minh A. Tran M.D.

Ajay Jain M.D.

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
Name: NELVA BRUSTING
Gender: FEMALE
Medication:
Dosage:

Height: 69" Physician:
Age: 84YRS Technician:
Weight: 147LBS
Smoker: NO
Ethnicity/Correction: CAUCASIAN 100.0%

Sensor Code: 538116
Temperature: 72F
Barometric Press: 760mmHg
BTPS Correction: 1.104
Normals: KNUDSON 83

Clinical Format: PREMED - 04:39PM
Best Criteria: VAL

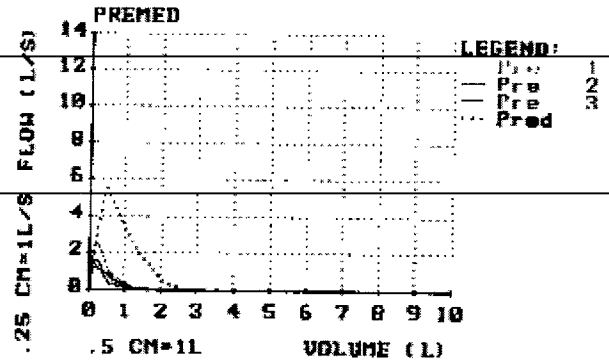
* Indicates Best Value
< Indicates Below LLN

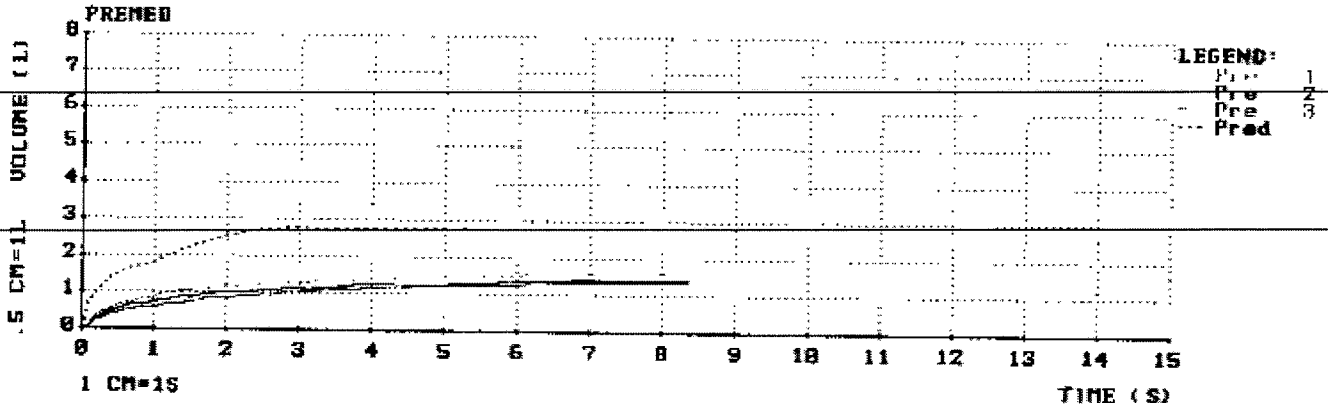
MEASUREMENT	Trial 1	%Pred	Trial 2	Trial 3	Pred	LLN
FVC (L)	*<	60	1.48 <	1.42 <	2.80	2.01
FEV1 (L)	*<	53	0.81 <	0.67 <	1.87	1.32
FEV1%	<	77	55 <	47 <	74	63
FEF25-75 (L/S)	*	32	0.34	0.27	1.21	
PEF(L/S)	*	55	2.22	1.74	5.74	
FET (S)	*		7.08	7.79		

BEST FEV1% *<

Report Summary:
Pre Med: Tests 3 Acceptable 3 Reproducible 0 FVC VAR: 218ML FEV1 VAR: 159ML PIT VAR: 989ML/S

ATS Interpretation: PREMED - Moderately Severe Obstruction
Comment:





P5928

PULMONARY PROGRESS NOTE

Name: Velva Bunsting

Date of Visit: 12/27/10 cc: hosp f/u

SUBJECTIVE: Doing better, ↓SOB, ↑energy, physical therapy ↑mal
When off O2 feels very SOB; ⊕cough mild ⊖wheezing

ROS: Negative unless checked ☐ Cough ☐ Fever ☐ Chills ☐ Night sweats ☐ Dyspnea ☐ Chest pain ☐ Lower extedema

OBJECTIVE:
Vital Signs: BP: 110/78 P: 2 R: _____ T: _____ Weight: _____ Height: _____

Pulse Oximetry: 99% on 2L on all three ADLs → ⊖side effects to medications

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:
① MAI
② Severe COPD
③ ? MAT

Plan
- BROWN Rehab
- Cont. Antibx Rifampin ethambutol
- Oxygen
- Brovana

Smoking Cessation

G. Thomas Keith M.D. Minh A. Tran M.D. Ajay Jain M.D.

P5929

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: ~~GIOVANG~~

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

fax to ordering Physician.

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: f/u

SUBJECTIVE: Breathing ok as long as on Oxygen
& coughing & wheezing & fever chills
@ on Meds feels congested
@ time Needs O2 constantly

ROS: Negative unless checked ☐ Cough ☐ Fever ☐ Chills ☐ Night sweats ☐ Dyspnea ☐ Chest pain ☐ Lower extedema

OBJECTIVE:
Vital Signs: BP: 110/74 P: 75 R: _____ T: _____ Weight: 136 Height: _____

Pulse Oximetry: 99%

PHYSICAL EXAM:
HEENT: ☑ Normal
LUNGS: ☑ Clear ☐ Diminished BS ☐ Prolonged expiratory Phase ☐ Rales/Ronchi/Wheeze
HEART: ☑ Normal Sinus 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:
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.

P5931

GIRLING HEALTH CARE

6700 West Loop South, Suite 200
Bellaire, TX 77401
Phone: (713) 781-6691
Fax: (713) 432-0807

Fax

To: Dr. Jim Ayo
Fax: 7136044107-5518090
Phone:
Re: Brumatina, Nelva

From: Anna Jarl – Office Manager
Pages: 6 Including Cover Sheet
Date: 10.4.11
cc:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle
☒ For M.D. To Sign, Date and 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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1310501514

HOME HEALTH FACE TO FACE ENCOUNTER

1. Provider's Name, Address and Telephone Number:	2. Physician's Name and Address:
HOUSTON CERTIFIED GIRLING HEALTH CARE INC 6700 W LOOP SOUTH STE 200 BELLAIRE, TX 77401 7137816693 Return Fax 7134320807	JAIN, AJAY 902 FROSTWOOD DRIVE SUITE 188 HOUSTON, TX 77024 713-467-8888

3. Patient's Name:	SOC 7-16-11 (Date Range 4-18-11 – 8-14-11)	
BRUNSTING, NELVA E		
4. Medical Record No.: 00366734-00445345	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 X

Face to Face Encounter related to primary reason for homecare?: (Y) N (circle one) X

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):

X Failure to thrive
Arrhythmia

I certify that, based on my findings, the following services are medically necessary home health services (Check all that apply):

X ___ Nursing ✓ Physical therapy ___ Speech language pathology

My clinical findings support the need for the above services because:

X 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:

X Here bound 2° to weakness, & walky ataxic

Physician's Signature and Date Signed:

X JAIN, AJAY

Date Provider Received Signed Document:

X 10/1/11

Document Author and Signature Date:

WENHAM, AMY RN/EX/FCX

FAXED
OCT 04 2011
By

1510602603

HOME HEALTH CERTIFICATION AND PLAN OF CARE

$*.*)1)+11,$

1.Patient's HI Claim No.	2.Start Of Care Date	3.Certification Period		4.Medical Record No.	5.CCN
282328905D	0716L	From: 091411	To: 111211	0C365734-00445345	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
7137816692
Return Fax 713432.0807

8.Date of Birth 100826 | 9.Sex M X F

11.ICD-9-CM	Principal Diagnosis	Date
43851	LT EF CER PARAL DOM	071611
12.ICD-9-CM N/A	Surgical Procedure	Date
13.ICD-9-CM 43812	Other Pertinent Diagnoses: LATE EFF CV DIS-CVP	071611
49121	OBS CHR BRONC W(AC	071611
0319	MYCOBACTERIAL DIS NOS (See Addendum)	071611

10. Medications: Dose/Frequency/Route (N)ew (C)hanged

CALCIUM WITH VITAMIN D 600 mg (1,500 mg)-200 unit TABLET
1 ORAL 2 times daily

ASPIRIN 81 mg TABLET
1 ORAL Daily

OXYGEN GAS
(See Addendum)

14.DME and Supplies:
Has - Walker (standard) Has -(ee 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 Endurance	A X Dyspnea With Minimal Exertion					
3 Contracture	7 X Ambulation						
4 Hearing	8 X Speech	B Other (Specify)					

18.B. Activities Permitted

1 Complete Bedrest	6 Partial Weight Bearing	A X Wheelchair			
2 Bedrest BRP	7 Independent At Home	B X Walker			
3 X Up As Tolerated	8 Crutches	C No Restrictions			
4 X Transfer Bed/Chair	9 Cane	D Other (Specify)			
5 Exercise Prescribed					

19.Mental Status:	1 Oriented	3 X Forgetful	5 Disoriented	7 Agitated
	2 Comatose	4 Depressed	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: 9/14/11-11/12/11

SIGNED ORDERS RECEIVED FROM DR. JAIN

EFFECTIVE DATE: 9/29/11

FAXED
OCT 04 2011
By

SN 1W1, 2W6: 3 AS NEEDED (MON AM, THUR)

SN TEACH/ASSESS DISEASE, DIET, RESPIRATION PRECAUTIONS, WOUND CARE TO STAGE 2 PU ULCER, CLEANSE WITH NS, CA ALGINATE WITH SILVER AND HYDROCOLLOID TO SACRUM CHANGE 2 X WEEK, PT/INR DRAWS WEEKLY ON THURSDAYS
SUPPLIES INCLUDE NS, 4X4, FOAM DRESSING WITH ADHESIVE.
SKILLED OBS/EVAL OF THE FOLLOWING SYSTEMS/STATUS: CARDIOVASCULAR, CIRCULATORY, RESPIRATORY, ELIMINATION, NUTRITION/HYDRATION, INTEGUMENTARY, EMOTIONAL, NEUROLOGICAL. REPORT TO MD: BP >170/90 <90/50, HR >104 <50, RR >32 <12, TEMP >100.9. PAIN >5 ON 1-10 SCALE WITH INTERVENTIONS. BG >250 OR <60 RANDOM.
(See Addendum)

22. Goals/Rehabilitation Potential/Discharge Plans
Goals: (See Addendum)

23. Nurse's Signature and Date of Verbal SOC Where Applicable:
MENHAM, AMY RN/BSN/FNP 091411

25. Date SOA Received Signed POT

24. Physician's Name and Address
JAIN, AJAY
202 FROSTWOOD DRIVE
SUITE 108
HOUSTON, TX 77024
713-467-8888

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
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.

P5934

ADDENDUM TO: X PLAN OF TREATMENT MEDICAL UPDATE

1. Patient's HI Claim No.	2. Start Of Care	3. Certification Period	4. Medical Record No.	5. CCN
882328905D	071511	From: 091411 To: 111211	00366734-00445345	457222

6. Patient's Name
BRUMSTING, MELVA E

7. Provider Name
HOUSTON CERTIFIED

8. Item No.	
10	2L NASAL Daily METOPROLOL TARTRATE 50 mg TABLET 1 ORAL Every 12 hours SPIRIVA 18 mcg CAP W/C N 1 INHALATION Daily CALCIUM 1,200 mg (calcium)-1,000 unit TAB CHEW 1 ORAL Daily NITROQUICK 0.4 mg TAB SUBL 1 SUBLINGUAL As needed CENTRUM 400 mcg-162 mg 18 mg-300 mcg-2 TABLET 1 ORAL Daily LEVOTHYROXINE SODIUM 5 mcg TABLET 1 ORAL Daily ETHAMBUTOL HCL 400 mg TABLET 3 ORAL Daily ALENDRONATE SODIUM 70 mg TABLET 1 ORAL Weekly NORVASC 5 mg TABLET 1 ORAL Daily CLONIDINE HCL 0.1 mg TABLET 1 ORAL As needed; PRN IF PARAMATERS DULCOLAX 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 TK IF 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

10. Date 10/12/11

11. Optional Name/Signature of Aide/Therapist

12. Date 091411

MEMBER AM PM/EX/PCM

ADDENDUM TO: X PLAN OF TREATMENT _ MEDICAL UPDATE

1. Patient's HI Claim No.	2. Start Of Care	3. Certification Period	4. Medical Record No.	5. CCN
2823289050	071611	From: 091411 To: 111211	00366734-00445345	457222

6. Patient's Name: BRUNSTING, MELVA B

7. Provider Name: HOUSTON CERTIFIED

8. Item No.	
10	1 ORAL Daily HYDROCODONE-ACETAMINOP-EN 5 mg-500 mg TABLET (N) 1-2 ORAL every 4 hours, As needed for pain XELODA 500 mg TABLET (N) 3 ORAL 2 times daily; ften a meal while patient is receiving radiatio ALBUTEROL SULFATE 0.63 mg/3 ML VIAL-NEB (N) 1 INHALATION 2 times d ily
13	5. 4019 HYPERTENSION OS 071611 6. 1561 MAL NEO EXTRA EPAT D 071611 7. 70705 PRESSURE ULC R, BUTT 071611 8. 70722 PRESSURE ULC R, STAG 071611
14	Wheelchair Has - Hosp tal bed Has - Bed side commode
15	Establish fire respon e plan 3 - Establish emergency disaster plan 4 - Implement a falls prevention program (e.g., remove throw ru s, 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 dded 1 - Soft solids 2 - Ground meat 4 - Thickened liquids
21	

SN TO TEACH PT/CG RE: NEW/CHANGED MEDICATIONS, DISEASE PROCESS, DIET, S/S TO REPORT TO SN/MD, SAFETY PRECAUTIONS IN THE HOM , 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 CA E UNLESS OTHERWISE INDICATED BY MD.

PT 2 Week 4
CERT PERIOD: 9/14/11-1 /12/11

SIGNED ORDERS RECEIVED FROM DR. JAIN

EFFECTIVE DATE: 10/03/ 1

PT: 2w2
PT: TO PERFORM THERAPEUTIC EXERCISES, LOWER EXTREMITY EXERCISES, TRANSFER, BALANCE , GAIT TRAINING AND INSTRUCT IN HEP

9. Signature of Physician

10. Date: 10/12/11

11. Optional Name/Signature of Nurse/Therapist: MENTRAM, AMY RN/BX/BCM

12. Date: 091411

ADDENDUM TO: X PLAN OF TREATMENT MEDICAL UPDATE

1. Patient's HI Claim No.	2. Start Of Care	3. Certification Period	4. Medical Record No.	5. OCN
2823289850	091411	From: 091411 To: 111211	00366734-00445385	457222

6. Patient's Name: BRUNSTING, MELVA R

7. Provider Name: HOUSTON CERTIFIED

8. Item No.	
22	Patient and or caregiver will demonstrate knowledge of safety instructions and perform HEP as evidenced by an accurate return demonstration of the program. Patient/caregiver will verbalize S/S to report to MD 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 physicians 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. 84 YEAR OLD FEMALE LIVING IN OWN HOME WITH 2x HOUR PAID CAREGIVERS WITF PMH TO INCLUDE CVA, HTN, ATYPICAL MYCOBACTRIUM INFECTION, COPD, BILIARY DUCTAL NEOPLASM, HYPOTHROIDISM, TIA, HOSPLIZED TIA FROM KATY REHAB. AAOX2, HEART IRREGULAR LUNGS SHORT OF BREATH WITH MINIMAL EXERTION AND RONCHI RIGHT MIDDLE AND LOWER LOBES, OXYGEN THERPY AS NEEDED. INCONTIENT BOWEL AND BLADDER. WEIGHT LOSS 10 POUNDS LAST MONTH, DIET IS AS TOLERATED WITH THICKEN LIQUIDS AND SOFT FOODS WITH SUPPLEMENTS DAILY. CAREGIVER PROVIDER ASS AID/ADLS AND MANAGE ORAL MEDICTNES. HAS STAGE 2 PRESSURE ULCER COCCYX. UNABLE TO AMBULATE BUT CAN STAND AND PIVIOT TO TRANSFER WITH MAXIMUM ASSISTANCE. ADDITED IN TEACH/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 6 - 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: WENRAM, AMC RN/RX/RCN Lisa Brewer

12. Date: 091411

Texas O2 Testing
229 Harris Lane
Yantis, Texas 75497

Test date: 10/06/11 Start: 10/06/11 10:54:11 Brumstring, Nelva
Doctor: ~~Robert Wales~~ End: 10/06/11 10:57:51 ID#: 282328905

Oximetry: Comprehensive Report

Comments: Exertion Test on RA

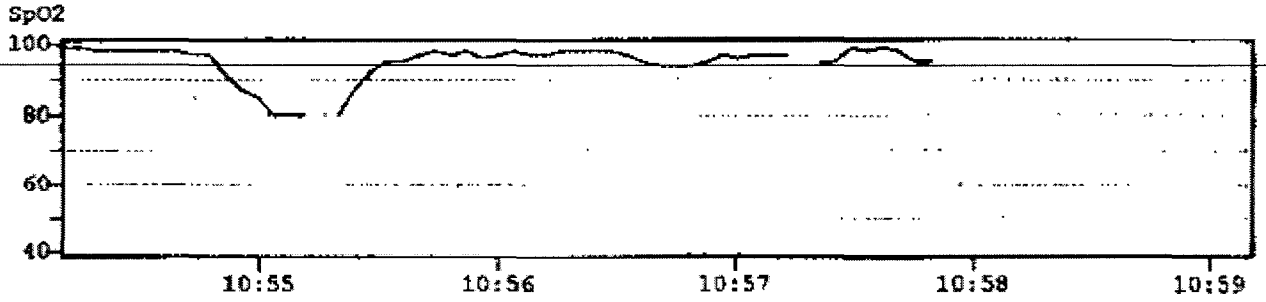
Recording time:	00:03:40	Highest pulse:	75	Highest SpO2:	99%
Excluded sampling:	00:00:08	Lowest pulse:	37	Lowest SpO2:	80%
Total valid sampling:	00:03:32	Mean pulse:	67	Mean SpO2:	94.8%

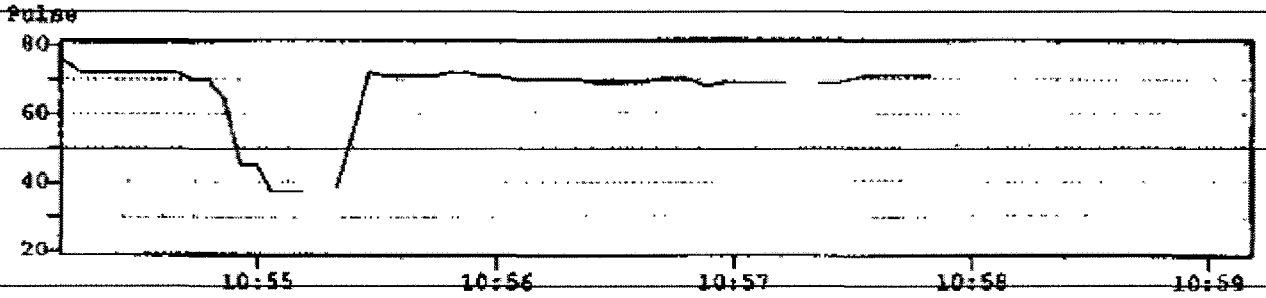
Time with SpO2<90:	0:00:28,	13.2%
Time with SpO2<80:	0:00:00,	0.0%
Time with SpO2<70:	0:00:00,	0.0%
Time with SpO2<60:	0:00:00,	0.0%
Time with SpO2<88:	0:00:28,	13.2%

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 87.0%.
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





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Oximeter: Respironics 920M memory, 4 second resolution.

10/19/2011 09:30 FAX 7139562150 MEDCONNECT 003/004
10/06/2011 01:14 9364485082 WALKER ROSS PAGE 03

Texas O2 Testing
229 Harris Lane
Yantis, Texas 75497

Test date: 10/06/11 | Start: 10/06/11 10:48:51 | Brunstring, Nelva
Doctor: [redacted] | End: 10/06/11 10:49:27 | ID#: 282328905

Oximetry: Comprehensive Report

Comments: RA Oximetry at Rest

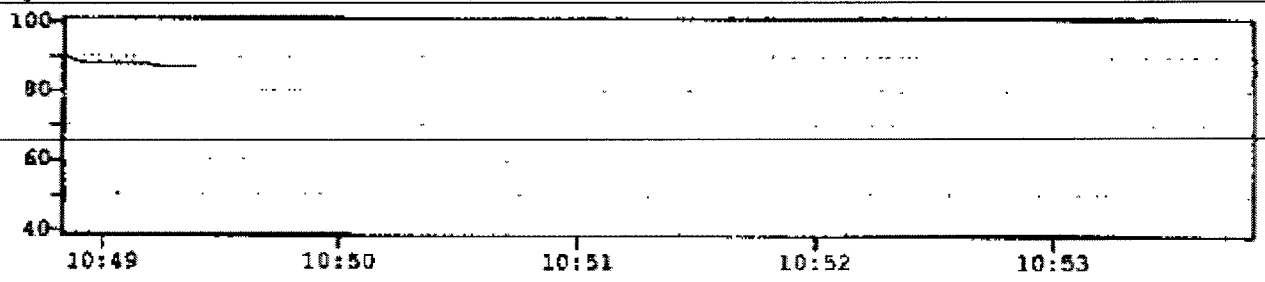
Recording time:	00:00:36	Highest pulse:	87	Highest SpO2:	90%
Excluded sampling:	00:00:00	Lowest pulse:	65	Lowest SpO2:	87%
Total valid sampling:	00:00:36	Mean pulse:	74	Mean SpO2:	87.9%

Time with SpO2<90:	0:00:32,	88.9%
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%

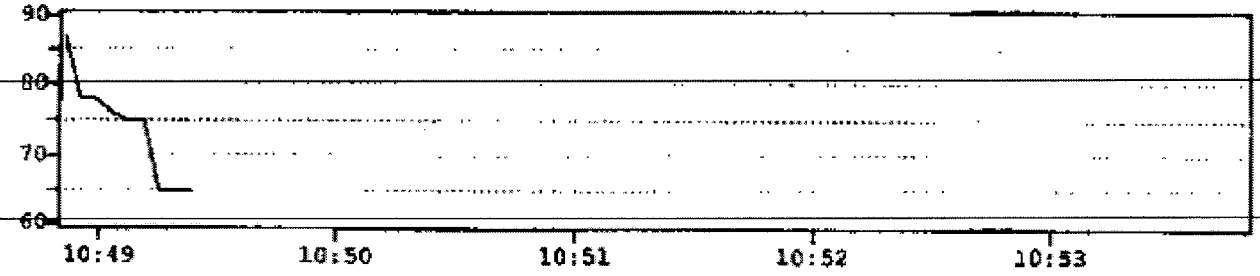
The longest continuous time with saturation <=88 was 00:00:32, which started at 10/06/11 10:48:55.

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



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Oximeter: Respironics 920M memory, 4 second resolution.

10/18/2011 01:14 9364485082 WALKER ROSS PAGE 02
10/18/2011 08:30 FAX 7138562150 MEDCONNECT 004/004
P5939

10405 Katy Freeway, Suite 150 E
Houston, TX 77024
713-722-9660
713-722-9664 (Fax)
www.HoustonPrecisionCC.com

HOUSTON PRECISION CANCER CENTER

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
☒ Primary; ☐ Boost	IMRT Liver	4500 cGy
☐ Primary; ☒ 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
Approved date/time: 10/21/2011 2:29:53 PM

Oncology Consultants, PA

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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
DOB: Oct 08, 1926
Age: 84
MRN: 41166

Date: Aug 03, 2011
Physician: Miguel Miro-Quesada
Note Type: Follow-Up Note
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, Zoloft, 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 orgin consistent with cholangiocarcinoma. She was not able to undergo resection due to comorbities.

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 discontiued 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 progessive 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, Zoloft 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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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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P5949

Patient: Nelva Brunsting
DOB: Oct 08, 1926
MRN: 41166

Date: Oct 24, 2011
Physician: Alex P Nguyen
Note Type: Follow-Up Note

Oncology Consultants
925 Gessner, #600
Houston, TX 77024
(713)827-9525

Chief Complaint:
Follow up for DVT and cholangiocarcinoma.

History:
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 orgin consistent with cholangiocarcinoma. She was not able to undergo resection due to comorbities.

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 discontiued 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 progessive 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, Zoloft 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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10405 Katy Freeway, Suite 150 E
Houston, TX 77024
713-722-9660
713-722-9664 (Fax)
www.HoustonPrecisionCC.com

HOUSTON PRECISION CANCER CENTER

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 DATE: 10/26/2011
DOB: 10/8/1926
MR#: KY10256
Requesting Physician: Miguel Miro-Quesada, 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 legions 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 ascitics. 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

P5954

Electronically Approved By: Kuan Yu., M.D.
Approved date/time: 10/27/2011 11:16:47 AM

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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.

P5955

Electronically Approved By: Kuan Yu., M.D.
Approved date/time: 10/27/2011 11:16:47 AM

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HOUSTON PRECISION CANCER CENTER

Chris Phan, M.D.
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

P5956

Electronically Approved By: Kuan Yu., M.D.
Approved date/time: 10/27/2011 11:16:47 AM

PULMONARY PROGRESS NOTE

Name: Braunsting, 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.

P5957

PULMONARY PROGRESS NOTE

Name: Brunsting, Nelva

Date of Visit: 2-28-11 CC: f/u

SUBJECTIVE: Breathy ok as long as on Oxygen
↑ coughing ↑ wheezing ↑ fever chills
on Meds feels exhausted
@ times needs O2 constantly

ROS: Negative unless checked ☐ Cough ☐ Fever ☐ Chills ☐ Night sweats ☐ Dyspnea ☐ Chest pain ☐ Lower extedema

OBJECTIVE:
Vital Signs: BP: 110/76 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 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:
① MAI
② Severe COPD
③ Metastatic Breast CA.

Plan
- Cont Abx
- O2
- Brovana/Spiriva
- Flu CT on 4th month

Smoking Cessation

G. Thomas Keith M.D. Minh A. Tran M.D. Ajay Jain M.D.

P5958

PULMONARY PROGRESS NOTE

Name: Delva Bunsting

Date of Visit: 12/27/10 **CC:** hosp f/u

SUBJECTIVE: Doing better, ↓SOB, ↑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:
Vital Signs: BP: 110/78 P: 2. R: _____ T: _____ Weight: _____ Height: _____

Pulse Oximetry: 99% on 2L on all three Rx

→ ⊖ side effects to medications

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:
① MAI
② Severe COPD
③ ? MAI.

Plan
- Brown Rehab
- Cont. Azithro Rifam ethan
- Oxygen
- Brovana

Smoking Cessation

G. Thomas Keith M.D. **Minh A. Tran M.D.** **Ajay Jain M.D.**

P5959

PULMONARY H & P

OBJECTIVE:
Vital Signs: BP: 100/66 P: 96 R: _____ T: _____ Weight: 142 Height: _____

Pulse Oximetry: 98% @ 2Lt.

PHYSICAL EXAM:
HEENT: ☑ Normal
LUNGS: ☑ Clear ☐ Diminished BS ☐ Prolonged expiratory Phase ☐ Rales/Ronchi
HEART: ☑ Normal Sinus Rhythem ☐ 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 → MAT ✓
→ Metastatic CA ✓
→ PE.

Likely MAT
(
Start meds
- Prednisone ✓
- Azithro ✓
- Ethambutol

D/w pt re: CA Tx
side effects etc.
- Counseling

Smoking Cessation Consuling:

Follow Up in

Minh A. Tran M.D.

Ajay Jain M.D.

P5960

PULMONARY H&P

Name: Nelva Emnsting

Date: 11/29/10 CC: SOB

HPI:

McGowan
Phil
Graham

SOB x

Gradual/Lobal → Weight gain SOB

- Any activity makes SOB worse
- Several years - progressively
- Minimal Activity SOB

Arric 3 months on oxygen 2L/2.

Inhaler - (Advair) Prn
(Spiriva) Talp
↓ Lantus
Occ. Cough (mild)
(B) Sinus drainage → for 7 hrs meds help
& relation to Allergy

- Cough - occasional
- 2 episodes of XS coughing
- Levaquin → Pneumonia got better.
- does not do much actually
- feel better & change in SOB

APNM + B → 9 mos

Pneumonia 3 years ago - Pneumonia/Bronchial infection x 1 month → SOB, July Bile Duct Cancer - Sept →

Dx of
10 years ago (Atypical Mycobacterium) (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 9 PACK YEARS ☐ETOH ☐DRUGS ☐TB ☐Asbestos
ROS (neg unless checked) 20 years ago Smoker
GENERAL: ☐WEIGHT CHANGE ☐NIGHT SWEATS ☐FEVER
HEENT: ☐VISUAL CHANGES ☐SORETHROAT ☐SNORING ☐APNEAS MA-I
NECK: ☐LAD
CVS: ☐CHEST PAIN ☐PND ☐ORTHOPNEA
LUNGS: ☐HEMOPTYSIS ☐DYSPENA ☐SOB ☐COUGH PLEURTIC ☐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

P5961

Patient General Information Form

Please fill out this form to the best of your ability. Thank You.

NAME: Nelva (FIRST) E. (MIDDLE) Brunsting (LAST) **Today's Date:** 11/29/10

ADDRESS: 13630 (STREET) Pinemoak (APT. #) Houston (CITY) TX (STATE) 77079 (ZIP)

HOME PHONE: (713) 464-4391 **CELL PHONE:** (___) ___

PERSONAL

Age: 84 yr. Date of Birth: 10-8-26

Sex M ___ F ✓

Marital Status: S M D (W)

Social Security #: 481-30-4685

Drivers License #: 01934029

EMPLOYMENT

Patient employed by: ~

Work Address: ___

Business Phone: ~

Occupation: ✓

SPOUSE (if married) or

PARENT/GUARDIAN (if minor)

Name: ___

Address: ___

Home Phone: ___

Cell Phone: ___

EMERGENCY CONTACT: RELATIVE OR FRIEND

Name: CAROLE BRUNSTING

Address: 5322 JASON

Home Phone: ___

Cell Phone: 713-560-6381

PRIMARY INSURANCE INFORMATION

Insurance Company: ___

Name of Subscriber: ___

Policy #: ___

Group #: ___

Phone #: ___

Relation to Patient: ___

Date of Birth: ___

Employed by: ___

Occupation: ___

Business Address: ___

Business Phone: ___

SECONDARY INSURANCE INFORMATION

Insurance Company: ___

Name of Subscriber: ___

Policy #: ___

Group #: ___

Phone #: ___

Relation to Patient: ___

Date of Birth: ___

Employed by: ___

Occupation: ___

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 Associates. The assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I understand that I am financially responsible for all charges withheld or not paid by said insurance. I hereby authorize said assignee to release all information necessary to secure payment.

Signed ___ Date ___

P5962

TEXAS
DEPARTMENT OF PUBLIC SAFETY
DRIVER LICENSE

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

UnitedHealthcare

Chevron

Health Plan (80840) 911-87726-04

Member ID: 852243769 Group Number: 247848

Member:
NELVA E BRUNSTING

Payer ID 87726

CHEVRON
MEDICARE PLUS PLAN

0503

UnitedHealthcare Options PPO
Administered by UnitedHealthcare Insurance Company

Printed: 12/10/09

[redacted]

This card does not guarantee coverage. To verify benefits, view claims, or find a provider, visit the websites or call.

For Members www.myuhc.com 800-654-0079

For Providers: www.unitedhealthcareonline.com 877-842-3210
Medical Claims: PO BOX 30555, Salt Lake City, UT 84130-0555

M- Care : Primary

Patient General Information Form

Please fill out this form to the best of your ability. Thank You.

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PERSONAL

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Sex M ___ F ✓

Marital Status: S M D (W)

Social Security #: 481-30-4655

Drivers License #: 01934029

EMPLOYMENT

Patient employed by: ~

Work Address: ___

Business Phone: ~

Occupation: ✓

SPOUSE (if married) or PARENT/GUARDIAN (if minor)

Name: ___

Address: ___

Home Phone: ___

Cell Phone: ___

EMERGENCY CONTACT: RELATIVE OR FRIEND

Name: CAROLE BRUNSTING

Address: 5322 JASON

Home Phone: ___

Cell Phone: 713-560-6381

PRIMARY INSURANCE INFORMATION

Insurance Company: ___

Name of Subscriber: ___

Policy #: ___

Group #: ___

Phone #: ___

Relation to Patient: ___

Date of Birth: ___

Employed by: ___

Occupation: ___

Business Address: ___

Business Phone: ___

SECONDARY INSURANCE INFORMATION

Insurance Company: ___

Name of Subscriber: ___

Policy #: ___

Group #: ___

Phone #: ___

Relation to Patient: ___

Date of Birth: ___

Employed by: ___

Occupation: ___

REFERRED BY

Name: ___

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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.

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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 Associates, P.A. 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: 2w7+3PRN Discipline: _____ LOC: _____

Discipline: PT LOC: reeval + treat Discipline: _____ LOC: _____

Discipline: _____ LOC: _____ Discipline: _____ LOC: _____

New / Changed Order: (Meds, Tx's, etc.):

SN: To wound: sacrum: Cleanse c NS, pat dry, Calcium Alg c Silver to wound bed, Cover c hydrocolloid, A 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
Date: 9/26/11 Time: 0900	Date: _____

Sign and return to Agency and keep original copy for your records.

Amy RN 9/26/11 3619

P5965

☐ **STAT** "PLACE X IN BOX IF STAT"

"As to all orders in writing given to dispense the Generic equivalent or Medicaid Brand approved therapeutic equivalent unless otherwise indicated by the words – DO NOT SUBSTITUTE – MEDICAL NECESSITY"

ALLERGIES: ☐ NKA ☐ YES
DRUG:
OTHER:
Wt: kg. HT: cm.

DATE	TIME	PHYSICIAN'S ORDERS
7/15/11		DC Home
BE		
7-15-11		Continue Home Health
		Eckhal Dr A. Jain / Discuss Meltec w next
PS		Home Health:
		SN, PT, OT visits
		Arrange for hospital bed @ home
		V.O. Dr. Ajay Jain / [illegible]

M.D. 8/31/11 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, MSO4	MORPHINE SULFATE
QD	DAILY	MGSO4	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

[redacted] ADM: 07/11/11
BRUNSTING, NERVA E
DOB: 10/01/1936 74 Years F SER: PUL
MD: Jain, Ajay MD J7M4A /7M1810

653100 2/05

P5966

PHYSICIAN'S ORDER

PATIENT: NELVA 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: 2823289050
NPI: 1497825731
ACCOUNT: 12499
DOCUMENT: 15565
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

8/31/11
Date

PHYSICIAN: AJAY JAIN
902 FROSTWOOD
SUITE 188
Houston, TX 77024
(713)467-8888
Fax (713)467-5569
UPIN:
NPI: 1063426674

AUG-30-2011 16:06 SOS Medical Sup. 713 957 1011 P.002

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. Tran, M.D.
Ajay Jain, M.D.

Fax Cover Sheet

CAUTION: CONTAINS CONFIDENTIAL HEALTH CARE INFORMATION

To: SOS Medical Supplies
Fax: 713-957-1011
Date: 8-31-11
Re: Nelva Brunsting

From: Dr. Spain
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 torted 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
Zoloft	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

Jan. A

PATIENT: NELVA BRUNSTING
DATE OF BIRTH: 10/08/1926 **REF. PHYSICIAN:** ~~GIBVANT~~
DATE OF EXAM: 2/22/2011 3:15:09 PM
PATIENT ID: 969650

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

fax to ordering Physician.

hy 4/28/11

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MEMORIAL MRI & DIAGNOSTIC
1346 Campbell Road & 1241 Campbell Road
Houston, Texas 77055

MEMORIAL WOMEN'S CENTER
6800 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 **REF. PHYSICIAN:** ~~GIDVANI~~
DATE OF EXAM: 2/22/2011 3:15:09 PM
PATIENT ID: 969650

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. Resolved right pleural effusion but persistent nodule 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

fax to ordering Physician

2/24/2011

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6800 Katy Freeway Suite #105
Houston, Texas 77024

Phone (713) 463-3399 - Fax (713) 463-3684

P5972

Memorial MRI & Diagnostic

JAN A

PATIENT: NELVA BRUNSTING
DATE OF BIRTH: 10/08/1926
REF. PHYSICIAN: ~~GIDYANI~~
DATE OF EXAM: 2/22/2011 3:15:09 PM
PATIENT ID: 969650

CHEST X-RAY

HISTORY: Dyspnea.

TECHNIQUE: PA and lateral views compared to November 26, 2010.

FINDINGS:
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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

fax to ordering Physician.

LL 4/28/11

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Houston, Texas 77024

Phone (713) 461-3399 - Fax (713) 461-1969
www.memorialdiagnostic.com

P5973

Memorial MRI & Diagnostic

Jan. A

PATIENT: NELVA BRUNSTING
DATE OF BIRTH: 10/08/1926 **REF. PHYSICIAN:** ~~GIBVART~~
DATE OF EXAM: 2/22/2011 3:15:09 PM
PATIENT ID: 969650

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/ejp/mms DD: 02/24/2011 DT: 02/24/2011

Stephen Parven MD

Dr. Stephen Parven
Board Certified Radiologist

fax to ordering Physician

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Houston, Texas 77024

Phone (713) [illegible] 3599 · Fax [illegible] 7649

P5974

Spirometry Report
Puritan-Bennett Renaissance II
S/N: G050702765
Version: 1.2.0

MEDICAL CHEST

BEST 3 FVC/FVL REPORT

Session Date: 29NOV2010
Session Time: 04:38PM
Last Cal Check: 13OCT2010

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
Best Criteria:

* Indicates Best Value
VAL

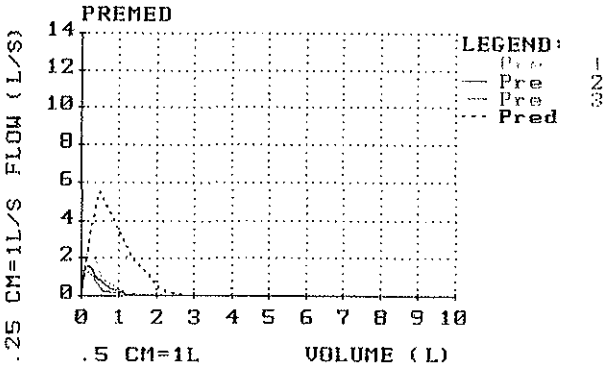
< Indicates Below LLN

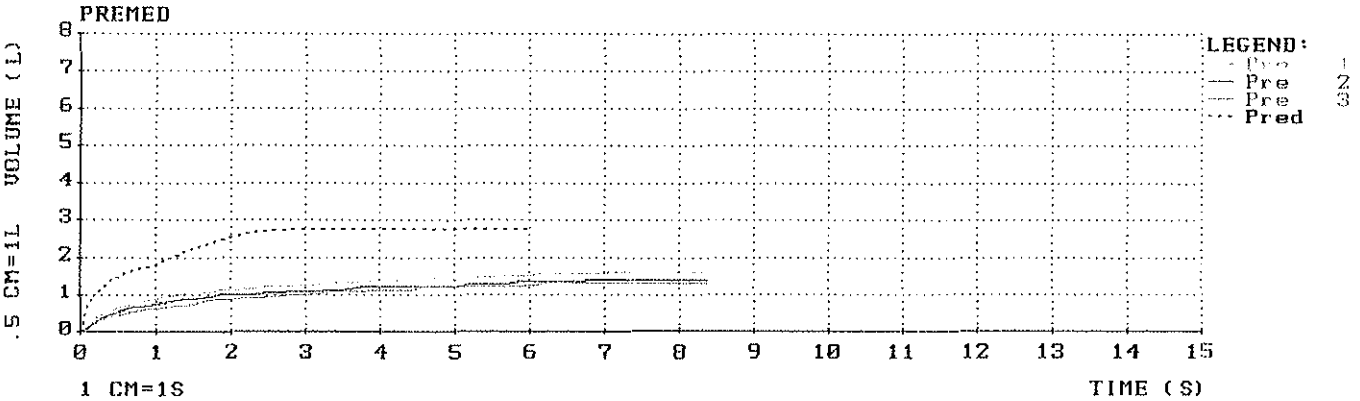
MEASUREMENT	Trial 1	%Pred	Trial 2	Trial 3	Pred	LLN
FVC (L)	[illegible]* <	60	1.48 <	1.42 <	2.80	2.01
FEV1 (L)	[illegible]* <	53	0.81 <	0.67 <	1.82	1.32
FEV1%	[illegible] <	77	55 <	47 <	74	63
FEF25-75 (L/S)	[illegible]*	32	0.34	0.27	1.21	
PEF(L/S)	[illegible]*	55	2.22	1.74	5.74	
FET (S)	[illegible]*		7.08	7.79		

BEST FEV1% [illegible]* <

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:





P5975

* 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

* 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

* 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, 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:

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:

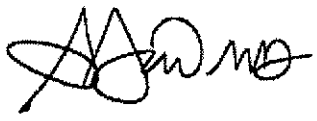
Plan:

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, Zoloft 50 MG Tablet 1 tablet Once a day, Megace Oral 40 MG/ML Suspension 1 drop Twice a day, Spiriva HandiHaler 18 MCG Capsule 1 capsule by mouth Once a day, Norvasc 5 MG Tablet 1 tablet Once a day, Clonidine HCl 0.1 MG Tablet 1 tablet Twice a day, Alendronate Sodium 10 MG Tablet 1 tablet Once a day, 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:

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 , Zoloft 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 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 03/22/2012 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

LabCorp
Laboratory Corporation of America

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

Phone: 713-856-8288

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	
119-720-2111-0	S	HD	COMPLETE	Page #: 1

ADDITIONAL INFORMATION SS#: ***-**-4685

FASTING: N
PHONE: 713-464-4391 DOB: 10/08/1926

PATIENT NAME	SEX	AGE(YR./MOS.)
BRUNSTING,NELVA	F	84 / 6

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

DATE OF COLLECTION	TIME	DATE RECEIVED	DATE REPORTED	TIME	
4/29/2011	17:29	4/29/2011	4/30/2011	18:07	7513

CLINICAL INFORMATION
CD- 51066468422

PHYSICIAN ID.	NPI	PATIENT ID.
NGUYEN T	1841228970	481-30-4685

ACCOUNT: Dr. Thien Nguyen

2405 S. Gessner, Suite B
Houston TX 77063-0000

ACCOUNT NUMBER: 42210730

	TEST	RESULT		LIMITS	LAB
	CBC With Differential/Platelet				
	WBC	10.4	x10E3/uL	4.0 - 10.5	01
	RBC	4.20	x10E6/uL	3.80 - 5.10	01
	Hemoglobin	13.1	g/dL	11.5 - 15.0	01
	Hematocrit	38.9	%	34.0 - 44.0	01
	MCV	93	fL	80 - 98	01
	MCH	31.2	pg	27.0 - 34.0	01
	MCHC	33.7	g/dL	32.0 - 36.0	01
	RDW	14.5	%	11.7 - 15.0	01
	Platelets	165	x10E3/uL	140 - 415	01
>	Neutrophils	78 H	%	40 - 74	01
>	Lymphs	11 L	%	14 - 46	01
	Monocytes	10	%	4 - 13	01
	Eos	1	%	0 - 7	01
	Basos	0	%	0 - 3	01
>	Neutrophils (Absolute)	8.1H	x10E3/uL	1.8 - 7.8	01
	Lymphs (Absolute)	1.1	x10E3/uL	0.7 - 4.5	01
	Monocytes(Absolute)	1.0	x10E3/uL	0.1 - 1.0	01
	Eos (Absolute)	0.2	x10E3/uL	0.0 - 0.4	01
	Baso (Absolute)	0.0	x10E3/uL	0.0 - 0.2	01
	Immature Granulocytes	0	%	0 - 1	01
	Immature Grans (Abs)	0.0	x10E3/uL	0.0 - 0.1	01
	Comp. Metabolic Panel (14)				
>	Glucose, Serum	124 H	mg/dL	65 - 99	01
	BUN	20	mg/dL	8 - 27	01
	Creatinine, Serum	0.82	mg/dL	0.57 - 1.00	01
	eGFR If NonAfricn Am	66	mL/min/1.73	>59	
	eGFR If Africn Am	76	mL/min/1.73	>59	
	Note: A persistent eGFR <60 mL/min/1.73 m2 (3 months or more) may indicate chronic kidney disease. An eGFR >59 mL/min/1.73 m2 with an elevated urine protein also may indicate chronic kidney disease. Calculated using CKD-EPI formula.				
	BUN/Creatinine Ratio	24		11 - 26	
	Sodium, Serum	135	mmol/L	135 - 145	01
	Potassium, Serum	5.1	mmol/L	3.5 - 5.2	01
>	Chloride, Serum	93 L	mmol/L	97 - 108	01
	Carbon Dioxide, Total	23	mmol/L	20 - 32	01
	Calcium, Serum	9.4	mg/dL	8.6 - 10.2	01
	Protein, Total, Serum	6.7	g/dL	6.0 - 8.5	01
	Albumin, Serum	4.0	g/dL	3.5 - 4.7	01

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7207 North Gessner, Houston, TX 77040-3143
Phone: 713-856-8288

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	
119-720-2111-0	S	HD	COMPLETE	Page #: 2

ADDITIONAL INFORMATION SS#: ***-**-4685

FASTING: N
PHONE: 713-464-4391 DOB: 10/08/1926

PATIENT NAME	SEX	AGE(YR./MOS.)
BRUNSTING,NELVA	F	84 / 6

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

DATE OF COLLECTION	TIME	DATE RECEIVED	DATE REPORTED	TIME	
4/29/2011	17:29	4/29/2011	4/30/2011	18:07	7513

CLINICAL INFORMATION
CD- 51066468422

PHYSICIAN ID.	NPI	PATIENT ID.
NGUYEN T	1841228970	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 DIRECTOR: Pamela Holder D MD
7207 North Gessner, Houston, TX 77040-3143

LAB: 02 DA LabCorp Dallas DIRECTOR: Celeste Vardaman MD
7777 Forest Lane Suite 350C, Dallas, TX 75230-0000

LabCorp
Laboratory Corporation of America
LabCorp Houston
7207 North Gessner, Houston, TX 77040-3143
Phone: 713-856-8288

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	
302-004-1263-0	S	HD	COMPLETE	Page #: 1

ADDITIONAL INFORMATION SS#: ***-**-4685

FASTING: N
PHONE: 713-464-4391 DOB: 10/08/1926

PATIENT NAME	SEX	AGE(YR./MOS.)
BRUNSTING,NELVA	F	84 /

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

DATE OF COLLECTION	TIME	DATE RECEIVED	DATE REPORTED	TIME	
10/29/2010	12:00	10/29/2010	10/30/2010	7:15	4715

CLINICAL INFORMATION
CD- 51066465891

PHYSICIAN ID.	NPI	PATIENT ID.
TRINH J	1952594616	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

LabCorp
Laboratory Corporation of America

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

Phone: 713-856-8288

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	
302-004-1223-0	S	HD	COMPLETE	Page #: 1

ADDITIONAL INFORMATION SS#: ***-**-4685

SRC: URINE FASTING: N
SRC:VA PHONE: 713-464-4391 DOB: 10/08/1926

PATIENT NAME	SEX	AGE(YR./MOS.)
BRUNSTING,NELVA	F	84 /

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

DATE OF COLLECTION	TIME	DATE RECEIVED	DATE REPORTED	TIME	
10/29/2010	17:11	10/29/2010	10/31/2010	10:06	4723

CLINICAL INFORMATION
CD- 51066465904

PHYSICIAN ID.	NPI	PATIENT ID.
TRINH J	1952594616	481-30-4685

ACCOUNT: Juliette Depue, DO

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

TEST	RESULT	LIMITS	LAB
Urine Culture, Routine	Final report		01
Result 1			01
Mixed urogenital flora			
25,000-50,000 colony forming units per mL			

LAB: 01 HD LabCorp Houston DIRECTOR: Pamela Holder D MD
7207 North Gessner, Houston, TX 77040-3143

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Laboratory Corporation of America

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

Phone: 713-856-8288

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	
302-004-1263-0	S	HD	COMPLETE	Page #: 1

ADDITIONAL INFORMATION SS#: ***-**-4685

FASTING: N
PHONE: 713-464-4391 DOB: 10/08/1926

PATIENT NAME	SEX	AGE(YR./MOS.)
BRUNSTING,NELVA	F	84 /

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

DATE OF COLLECTION	TIME	DATE RECEIVED	DATE REPORTED	TIME	
10/29/2010	12:00	10/29/2010	10/30/2010	7:15	4715

CLINICAL INFORMATION
CD- 51066465891

PHYSICIAN ID.	NPI	PATIENT ID.
TRINH J	1952594616	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

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 **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%.

M-Mode			MV Doppler		AO Doppler	
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/s²	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 cm²
			MVA By PHT	3.8 cm²	AVA (VTI)	2.9 cm²
			E/E'	7.70		
			MV meanPG	1.40 mmHg		
			IVRT	111 ms		

2-D		PV Doppler		TV Doppler	
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.**

P5993

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.

NAME Nelva Brunsting DOB 10/8/26 SMOKER: Yes___ No X

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 L	160/86	140/80	138/80	156/90	130/92	150/60			
R	158/98								
HR	64	68	90	64	89	127			
	Reg.	Reg.	Reg.	irreg	Reg				
B/P - LYING									
B/P-STANDING									
SPO2						79			

DATE:	7/6/06	8/16/10							
DRUG									
TOTAL CHOL.	204								
HDL / LDL	80								
RATIO	107								
TRIG.	87								
LFT'S	WNL	WNL							
BUN	19	31							
CREAT.	0.8	1.13							
K+	4.4	5.8							
FBS	82	137							
DIG. LEVEL									
CBC		See Lab							
GFR		56							
PSA		4.2							
BUN		98.3							

EKG	6/6/06	4/3/08	8/16/10						
TST		7/6/06							
H.M.									
HEART ECHO.	7/6/06	4/15/08	8/16/10						
CAROTID U.S.									
ABD. U.S.									
HEART CATH.									

DISCHARGE SUMMARY

PERFORMED BY: BHAKTI D. GIDVANI

ATTENDING PHYSICIAN: BHAKTI D GIDVANI

DISCHARGE DIAGNOSES
1. Right lower lobe pneumonia, most likely gram-negative. Sputum cultures negative.
2. Bronchiectasis due to MAI.
3. Right lower lobe spiculated density. In July 2010, she had bronchoscopy with bronchial wash, which was negative for malignancy. Her cultures grew out MAI and Penicillium. The patient had a PET scan in May 2010, which was reported with a hypermetabolic right lower lobe pulmonary nodule associated with cavity and also left hepatic segment mass, which was compatible with malignancy. She has an appointment with MD Anderson for liver carcinoma next week, and even though the bronchial washings have come back as MAI, if her chest x-ray does not improve in 10 days, then I would recommend doing an FNAC of her right lower lobe for metastasis.
4. History of knee replacement.
5. Hemoptysis, resolved.

DISCHARGE SUMMARY
The patient is an elderly lady who presented with hemoptysis. She has a history of bronchiectasis and MAI. She has opted not to be treated because of the side effects of the medications and the poor efficacy and her generalized medical condition. She presented to her primary care's office with high-grade fever, cough and hemoptysis. She came to the emergency room and was found to have a white count of 17. The patient had an increased infiltrate in the right lower lobe. She was treated in the hospital with Cefepime and Avelox. Her bronchodilators were continued. The patient improved, and on discharge, she was afebrile. Her white count was 11. She was ambulating on the floor. There was no hemoptysis. Oxygen saturation was 96% to 97% on room air. The patient was discharged home on Levaquin.

DISCHARGE MEDICATION
Please see medication reconciliation sheet.

FOLLOWUP
In the office in 10 days. She will need a repeat chest x-ray and further discussion on FNAC of her right lower lobe mass depending on what MD Anderson's evaluation suggests.

Dictated by: BHAKTI D. GIDVANI

Memorial City Hospital

PRELIMINARY REPORT

Patient:	NELVA E BRUNSTING
DOB/Sex:	10/08/1926/F
Account#:	343169220260
Location:	717 00
Pt Type:	IP
Adm/Dc Date:	09/17/2010/ 09/20/2010

P5996

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

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

ICAEL
Accredited Echocardiography Laboratory

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/s²	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 cm²	AVA Vmax	3.1 cm²
			E/E'	8.04	AVA (VTI)	3.3 cm²
			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.

Lt pt knows heart function looks good – unchanged from 4/15/2008

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,Nelva
ID: #100917114410

09/17/2010 11:44:24

D.O.B.: 10/08/1926 83 YEARS
B/P:
Meds:
Class:
Dr: Dr white
Tech: Nada
User Field:FAA:

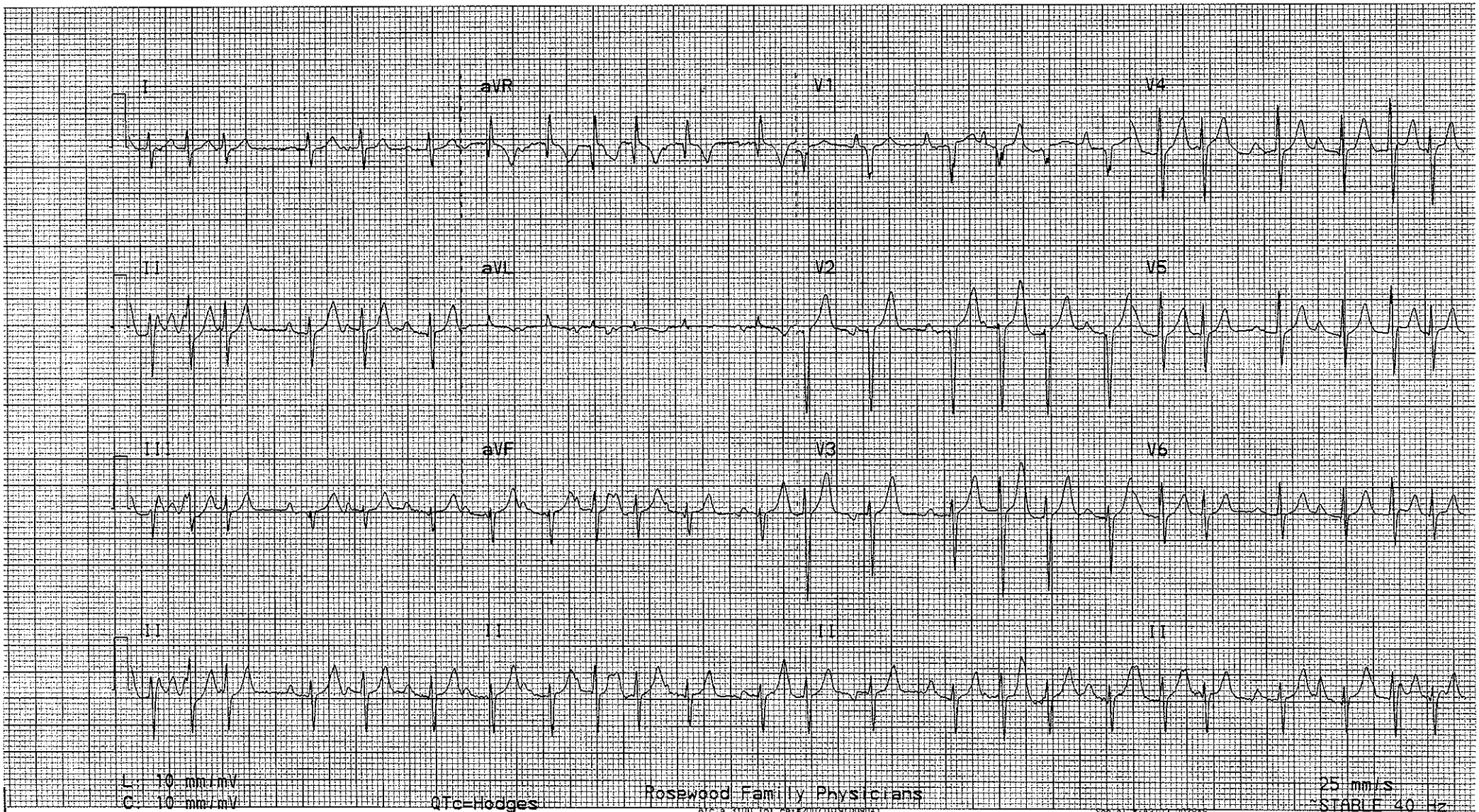
Vent. Rate:	60 bpm
RR Interval:	998 ms
PR Interval:	
QRS Duration:	68 ms
QT Interval:	438 ms
QTc Interval:	438 ms
QT Dispersion:	150 ms
P-R-T AXIS:	°-112° 76°

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

Abnormal ECG

* Unconfirmed Analysis *

P6000



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.

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.

PHYSICAL EXAMINATION:	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.

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.

PHYSICAL EXAMINATION:	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.

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:	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 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 hemorrhoidsThe 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 fiberin 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

Date:	Wednesday, November 11, 2009
Patient:	**Nelva E Brunsting**
Birth Date:	10/8/1926 (83 years)
ID #:	93308
Endoscopist (s):	P. Martin Mauk, MD

Robert E White , M.D.
9000 Westheimer #100

Houston , Tx 77063

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.

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 concerned 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.

OFFICE VISIT

BRUNSTING, NELVA E.

07/31/09:

Nelva comes in today in routine follow-up. She is actually feeling quite well. She states that her appetite is not the best, but she is maintaining her weight. She reports that the previous digestive system upset has disappeared completely. She denies abdominal pain, fever, chills, night sweats, melena, hematochezia or genitourinary difficulties.

PHYSICAL EXAMINATION:	She is well developed and well nourished. She is in no acute distress. She does not appear chronically ill or anemic.
LYMPHATIC:	No cervical, supraclavicular, infraclavicular nor inguinal adenopathy.
ABDOMEN:	Soft and nontender, without hepatosplenomegaly, distention, ascites or evidence of portal hypertension. Bowel sounds are present. Murphy's sign is absent.

IMPRESSION:

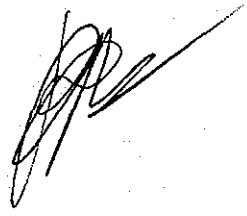
1. Previous digestive system upset has resolved and I suspect was related to gastritis or a self-limited enteric infection.
2. Two small lesions with respect to the pancreas of uncertain clinical significance. I suspect that these are benign based on the radiologist report, but some degree of follow-up is in order.

PLAN:

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

PMM:ati/fas
08/03/09
cc: Robert E. White, M.D.

P. MARTIN MAUK, M.D.



HISTORY PHYSICAL EXAMINATION SHEET

PATIENT NAME: Nelva Brunsting AGE: 82 SEX: F DATE: 4/17/2009

PRESENT ILLNESS: Decreased vision OS

PAST HISTORY: Appendectomy, D&C, Arthroscopic (R) knee, Knee replacement (R) 06. (L) 04
Hypertension, Controlled. Chronic inflammatory eyelids (due to chronic infection c mycobacterium similar), Osteoporosis.

ALLERGIES: None known

CURRENT MEDICATIONS: Actonel 150 (monthly), Benicar 20 q daily, Norvasc

PHYSICAL EXAMINATION

BLOOD PRESSURE: 122/72 PULSE: 70 RESPIRATIONS: 12

GENERAL: Somewhat kyphotic, otherwise appears healthy

EYE:

HEAD & NECK: Essentially WNL within normal limits

HEART: NO murmur, Regular

LUNGS: Clear to auscultation

ABDOMEN: No organomegally or masses

EXTREMITIES: Within normal limits

MENTAL STATUS: Clear

OTHER:

ADMITTING DIAGNOSIS: Cataract OS, I see no apparent contra-indication to surgery or anesthetic.

SURGICAL PLAN:

ADMITTING SURGEON: OTHER PHYSICIAN: Robert E. Ludlow

FAXED 4/20/09

PATIENT IDENTIFICATION:
Nelva Brunsting -
P6009

Gramercy Outpatient Surgery Center
2727 Gramercy
Houston, Texas 77025

GOS-019 (03/06)

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.

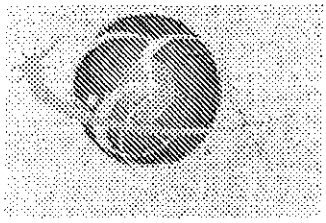
Thank you for completing the history and physical evaluation. Please also send a copy of a recent EKG done within last 6 months. Please fax to 713-558-8795.

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



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.

LabCorp Houston
7207 North Gessner, Houston, TX 77040-0000 Phone: 713-856-8288

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	
220-720-4398-0	S	HD	COMPLETE	Page #: 1

ADDITIONAL INFORMATION SS#: ***-**-4685

FASTING: N
PHONE: 713-464-4391 DOB: 10/08/1926

PATIENT NAME	SEX	AGE(YR./MOS.)
BRUNSTING,NELVA	F	81 / 9

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

DATE OF COLLECTION	TIME	DATE RECEIVED	DATE REPORTED	TIME	
8/07/2008	12:16	8/08/2008	8/08/2008	7:20	3892

CLINICAL INFORMATION
CD- 51066423843

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

ACCOUNT: Robert White,M.D.

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

	TEST	RESULT		LIMITS	LAB
	CBC With Differential/Platelet				
	WBC	8.1	x10E3/uL	4.0 - 10.5	01
	RBC	4.43	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	

LabCorp
Laboratory Corporation of America
LabCorp Houston
7207 North Gessner, Houston, TX 77040-0000
Phone: 713-856-8288

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	
220-720-4398-0	S	HD	COMPLETE	Page #: 2

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WHITE R		481-30-4685

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

TEST	RESULT		LIMITS	LAB
A/G Ratio	1.3		1.1 - 2.5	
Bilirubin, Total	0.4	mg/dL	0.1 - 1.2	01
Alkaline Phosphatase, S	89	IU/L	25 - 165	01
AST (SGOT)	29	IU/L	0 - 40	01
ALT (SGPT)	16	IU/L	0 - 40	01

LAB: 01 HD LabCorp Houston DIRECTOR: Pamela Holder D MD
7207 North Gessner, Houston, TX 77040-0000

LabCorp
Laboratory Corporation of America
LabCorp Houston
7207 North Gessner, Houston, TX 77040-0000
Phone: 713-856-8288

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	
022-720-5382-0	S	HD	COMPLETE	Page #: 1

ADDITIONAL INFORMATION SS#: ***-**-4685

FASTING: N
PHONE: 713-464-4391 DOB: 10/08/1926

PATIENT NAME	SEX	AGE(YR./MOS.)
BRUNSTING,NELVA	F	83 / 3

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

DATE OF COLLECTION	TIME	DATE RECEIVED	DATE REPORTED	TIME	
1/22/2010	11:24	1/23/2010	1/23/2010	8:18	698

CLINICAL INFORMATION
CD- 51066461437

PHYSICIAN ID.	NPI	PATIENT ID.
WHITE R	1437187549	481-30-4685

ACCOUNT: Robert White,M.D.

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

	TEST	RESULT		LIMITS	LAB
	CBC With Differential/Platelet				
	WBC	8.1	x10E3/uL	4.0 - 10.5	01
	RBC	4.40	x10E6/uL	3.80 - 5.10	01
	Hemoglobin	13.1	g/dL	11.5 - 15.0	01
	Hematocrit	39.5	%	34.0 - 44.0	01
	MCV	90	fL	80 - 98	01
	MCH	29.9	pg	27.0 - 34.0	01
	MCHC	33.2	g/dL	32.0 - 36.0	01
	RDW	14.1	%	11.7 - 15.0	01
	Platelets	184	x10E3/uL	140 - 415	01
>	Neutrophils	78 H	%	40 - 74	01
>	Lymphs	12 L	%	14 - 46	01
	Monocytes	8	%	4 - 13	01
	Eos	2	%	0 - 7	01
	Basos	0	%	0 - 3	01
	Neutrophils (Absolute)	6.3	x10E3/uL	1.8 - 7.8	01
	Lymphs (Absolute)	1.0	x10E3/uL	0.7 - 4.5	01
	Monocytes(Absolute)	0.6	x10E3/uL	0.1 - 1.0	01
	Eos (Absolute)	0.2	x10E3/uL	0.0 - 0.4	01
	Baso (Absolute)	0.0	x10E3/uL	0.0 - 0.2	01
	Comp. Metabolic Panel (14)				
>	Glucose, Serum	108 H	mg/dL	65 - 99	01
	BUN	20	mg/dL	5 - 26	01
	Creatinine, Serum	0.95	mg/dL	0.57 - 1.00	01
>	eGFR	56 L	mL/min/1.73	>59	
	eGFR AfricanAmerican	>59	mL/min/1.73	>59	
	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	

LabCorp Houston
7207 North Gessner, Houston, TX 77040-0000 Phone: 713-856-8288

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	
022-720-5382-0	S	HD	COMPLETE	Page #: 2

ADDITIONAL INFORMATION SS#: ***-**-4685

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BRUNSTING,NELVA	F	83 / 3

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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

TEST	RESULT		LIMITS	LAB
A/G Ratio	1.2		1.1 - 2.5	
Bilirubin, Total	0.4	mg/dL	0.1 - 1.2	01
Alkaline Phosphatase, S	71	IU/L	25 - 165	01
AST (SGOT)	24	IU/L	0 - 40	01
ALT (SGPT)	13	IU/L	0 - 40	01
Thyroid Panel With TSH				
TSH	3.040	uIU/mL	0.450 - 4.500	01
***Effective January 25, 2010, TSH reference interval for**				
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 DIRECTOR: Pamela Holder D MD
7207 North Gessner, Houston, TX 77040-0000

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

Memorial Hermann Memorial City Imaging Services
925 Gessner
Houston, Texas 77024

Patient Name:	BRUNSTING, NELVA E	Admitting Physician:	,
DOB/Age/Sex:	10-08-1926 / 81 years / F	Ordering Physician:	White, Robert E MD
Med Rec Number:	34316922		
Location:	RM MOIM		

Diagnostic Radiology

Exam:	Accession Number:	Exam Date/Time:
Chest 2 views	08-177-008683	06-25-2008 2:19:34 PM

RADIOLOGY REPORT
2-view chest x-ray.

HISTORY: Followup pneumonia

FINDINGS: Reference examination is dated May 24, 2008. There is extensive airspace disease with a large area of opacification located in the posterior basal segment of the left lower lobe. Architectural distortion is seen throughout the lungs bilaterally, greater in the right midlung. Hazy nodular opacities are noted in left lung, ranging in size from 1.4 to 1.6 cm. Biapical pleural and parenchymal scarring is identified. There are no effusions. The heart size is normal.

IMPRESSION: Stable multifocal predominately left lower lobe airspace disease and scattered nodular opacities and parenchymal distortion. CT of the chest is recommended for further evaluation.

-
-
Read by: Attisha, Walid Khalid
Dictated Date/time: 06/25/08 2:30 pm
Electronically Signed by: Attisha, Walid Khalid , M.D. 06/25/08 2:30 pm
FINAL REPORT A

Financial #:	343169228177
Patient Type:	Outpatient
Admit Date:	06-25-2008
Discharge Date:	--

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 thoracal 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 visions 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 cavitary 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: **Nelva Brunsting**
FOR TODAY'S VISIT ON: **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 & pelvic

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.

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 AM	5/24/2008 10:26 PM	5/24/2008 9:50 PM	5/24/2008 12:00 AM
ELECTROLYTES				
SODIUM LEVEL		139		
POTASSIUM LEVEL		5.4 H		
CHLORIDE LEVEL		101		
CO2 LEVEL		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		

P6026

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 AM	5/24/2008 10:26 PM	5/24/2008 9:50 PM	5/24/2008 12:00 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

P6027

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. **Cavitary 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 cavitary 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 cavitary 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
BR/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
Laboratory Corporation of America
LabCorp Houston
7207 North Gessner, Houston, TX 77040-0000
Phone: 713-856-8288

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	
113-720-4711-0	S	HD	COMPLETE	Page #: 1

ADDITIONAL INFORMATION SS#: ***-**-4685

FASTING: N
PHONE: 713-464-4391 DOB: 10/08/1926

PATIENT NAME	SEX	AGE(YR./MOS.)
BRUNSTING,NELVA	F	81 / 6

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

DATE OF COLLECTION	TIME	DATE RECEIVED	DATE REPORTED	TIME	
4/22/2008	11:59	4/23/2008	4/23/2008	10:27	2452

CLINICAL INFORMATION
CD- 51066422320

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

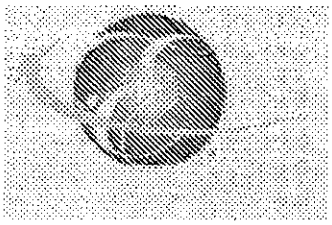
ACCOUNT: Robert White,M.D.

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

TEST	RESULT		LIMITS	LAB
Thyroid Panel With TSH				
TSH	4.913	uIU/mL	0.350 - 5.500	01
	Adult TSH concentrations below 5.5 uIU/mL does not rule out the presence of subclinical hypothyroidism.			
Thyroxine (T4)	6.3	ug/dL	4.5 - 12.0	01
T3 Uptake	36	%	24 - 39	01
Free Thyroxine Index	2.3		1.2 - 4.9	
C-Reactive Protein, Cardiac				
> C-Reactive Protein, Cardiac	13.12H	mg/L	0.00 - 3.00	01
	Relative Risk for Future Cardiovascular Event			
		Low	<1.00	
		Average	1.00 - 3.00	
		High	>3.00	
Sedimentation Rate-Westergren	18	mm/hr	0 - 30	01

LAB: 01 HD LabCorp Houston DIRECTOR: Pamela Holder D MD
7207 North Gessner, Houston, TX 77040-0000

Faxed 5/7/08



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. **Cavitary 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.

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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

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

LabCorp
Laboratory Corporation of America
LabCorp Houston
7207 North Gessner, Houston, TX 77040-0000
Phone: 713-856-8288

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	
106-720-3706-0	S	HD	COMPLETE	Page #: 1

ADDITIONAL INFORMATION SS#: ***-**-4685

FASTING: N
PHONE: 713-464-4391 DOB: 10/08/1926

PATIENT NAME	SEX	AGE(YR./MOS.)
BRUNSTING,NELVA	F	81 / 6

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

DATE OF COLLECTION	TIME	DATE RECEIVED	DATE REPORTED	TIME	
4/15/2008	14:26	4/16/2008	4/16/2008	7:30	2363

CLINICAL INFORMATION
CD- 51066422219

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

ACCOUNT: Robert White,M.D.

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

	TEST	RESULT		LIMITS	LAB
	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 DIRECTOR: Pamela Holder D MD
7207 North Gessner, Houston, TX 77040-0000

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 cavitary 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 cavitary 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 cavitary 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,

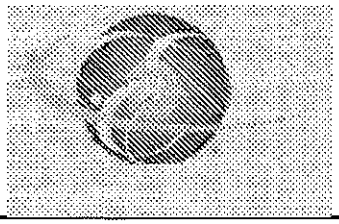
Saween Thompson M.D.
Electronically Signed: 2/12/08 9:43 am

P6034

p035

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 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.

T/ngb013008

Sincerely,

BRUNSTING, NELVA (Exam 67304) **MRN #: 04-114513**

Saween Thompson M.D.

Electronically Signed: 1/31/08 11:44 am

Addendum A

ADDENDUM:

Impression:

1. Stable biapical pleural thickening.

2. Cavitary 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 cavitary 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 cavitary lesion on the current examination. Further evaluation with chest CT is suggested. There is progression of disease in the right lung relative to the prior examination. The right apical pleural thickening and left apical pleural thickening are stable.

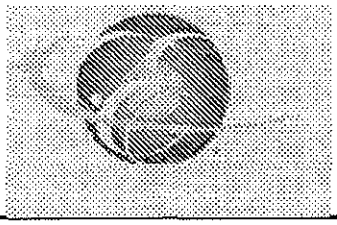
ST/ngb020408

Interpreting Radiologist

Saween Thompson M.D.

Addendum Electronically Signed: 2/4/08 4:49 pm

Thank you for referring NELVA BRUNSTING to Excel Diagnostic Imaging Clinics.



Excel Diagnostic Imaging Clinics
9701 Richmond Avenue
Suite 122
Houston, TX 77042
Phone: 713-781-6200
Fax: 713-781-6206

To: **ROBERT E. WHITE, M.D.**
2405 S. GESSNER STE B
HOUSTON, TX 77063

Fax: 713-266-4744

Name: NELVA BRUNSTING
MRN #: 04-114513
Phone: 713-464-4391
DOB: 10/08/1926 **Gender:** Female
Exam Start: 1/30/2008 11:45:28AM
Referring Phys.: ROBERT E. WHITE, M.D.

Exam: CHEST

X-RAY OF THE CHEST (2-VIEW)

Indication: Cough and fever.

Impression:

1. Left lower lobe alveolar opacity due to atelectasis and/or pneumonia.

2. Cystic cavitary area of the right mid lung with a vague nodular opacity over the left upper lung on the left seventh rib posteriorly and right lower lobe. Correlation with prior chest x-rays are suggested.

Comments:

PA and lateral chest obtained on 1/30/08.

There is alveolar opacity of the left lower lobe consistent with pneumonia. The left costophrenic sulcus is blunted. The right costophrenic sulcus is sharp. There is biapical, right greater than left, pleural thickening and nodularity. There is also a cystic cavitary area of the right mid lung field with some nodularity which could represent old TB. There is also a nodular area of the left mid lung with vague alveolar opacity in this region. Correlation with prior chest x-rays is suggested to be certain that there is no evidence of active TB as well. Follow-up for clearing of the left lower lobe pneumonia is suggested. The heart and hila are of normal configuration. There is mild tortuosity of the descending thoracic aorta with scoliosis of the spine and degenerative changes.

ST/ngb013008

Sincerely,

BRUNSTING, NELVA (Exam 67304) **MRN #: 04-114513**

Saween Thompson M.D.

Electronically Signed: 1/31/08 11:44 am

Thank you for referring NELVA BRUNSTING to Excel Diagnostic Imaging Clinics.

ID: #STAT#050516143906

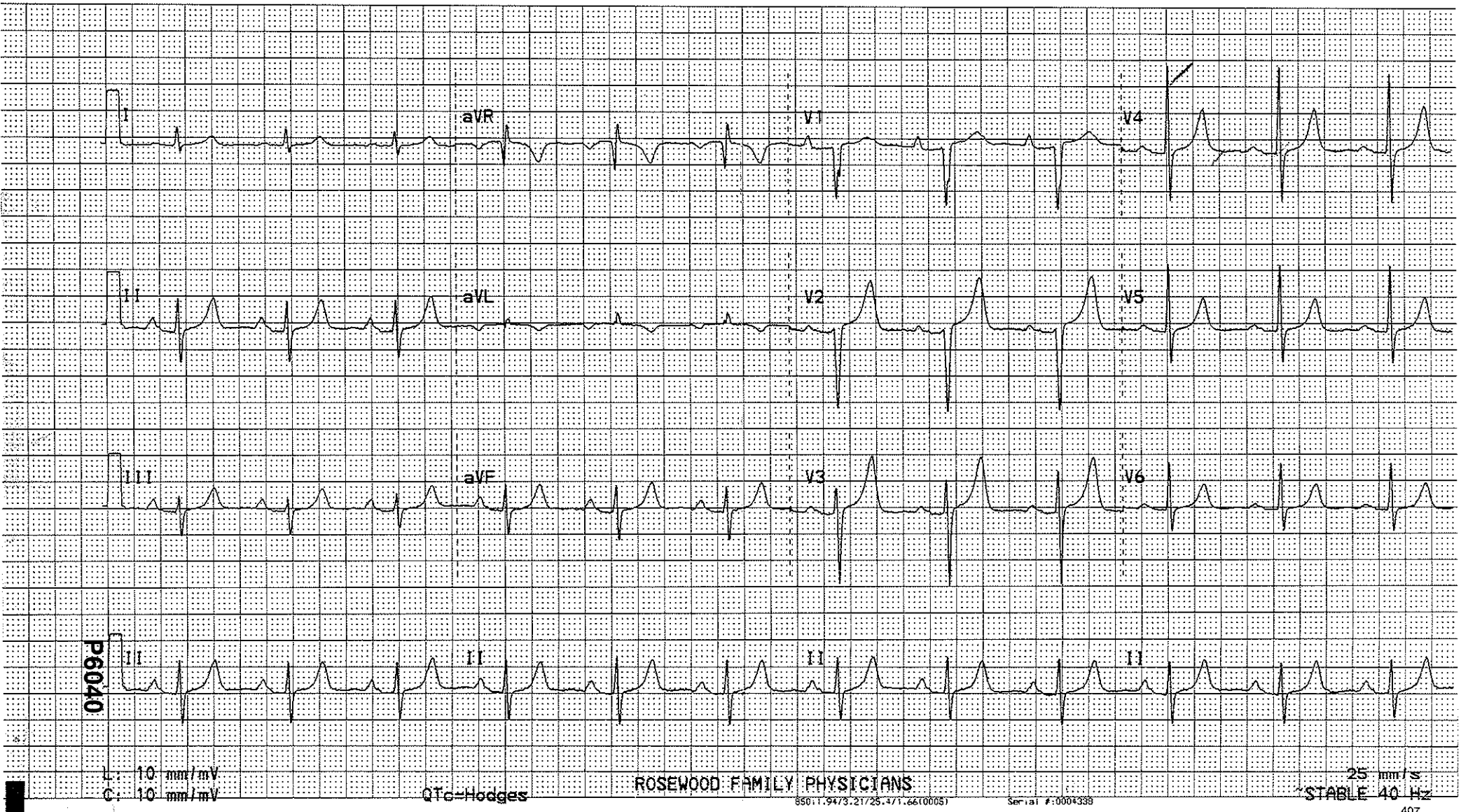
D.O.B.: 10/08/1926 78 YEARS
in. lbs. B/P:
Meds:
Class:
Loc: 1
Dr:

Vent. Rate:	72 bpm
RR Interval:	828 ms
PR Interval:	220 ms
QRS Duration:	72 ms
QT Interval:	374 ms
QTc Interval:	395 ms
QT Dispersion:	32 ms
P-R-T AXIS:	82° 16° 75°

Possible right atrial abnormality

Abnormal ECG

* Unconfirmed Analysis *



LabCorp
Laboratory Corporation of America
LabCorp Houston
7207 North Gessner, Houston, TX 77040-0000
Phone: 713-856-8288

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	
129-596-2482-0	S	HD	COMPLETE	Page #: 1

ADDITIONAL INFORMATION SS#: 481-30-4685

FASTING: N
DOB: 10/08/1926

PATIENT NAME	SEX	AGE(YR./MOS.)
BRUNSTING,NELVA	F	78 / 7

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

DATE OF SPECIMEN	TIME	DATE RECEIVED	DATE REPORTED	TIME	
5/09/2005	11:25	5/09/2005	5/10/2005	7:21	6243

CLINICAL INFORMATION
CD- 51066406544

PHYSICIAN ID.	PATIENT ID.
WHITE R	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				HD
	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
					HD
	Lipids				HD
	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				HD
	HDL cholesterol values >59 mg/dL are associated with reduced cardiac risk.				
					HD
	Thyroid				HD
	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				HD
	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

LabCorp Houston
7207 North Gessner, Houston, TX 77040-0000
Phone: 713-856-8288

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	
129-596-2482-0	S	HD	COMPLETE	Page #: 2

ADDITIONAL INFORMATION SS#: 481-30-4685

FASTING: N
DOB: 10/08/1926

PATIENT NAME	SEX	AGE(YR./MOS.)
BRUNSTING,NELVA	F	78 / 7

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

DATE OF SPECIMEN	TIME	DATE RECEIVED	DATE REPORTED	TIME	
5/09/2005	11:25	5/09/2005	5/10/2005	7:21	6243

CLINICAL INFORMATION
CD- 51066406544

PHYSICIAN ID.	PATIENT ID.
WHITE R	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 DIRECTOR:
7207 North Gessner, Houston, TX 77040-0000

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

NELVA E. BRUNSTING
Houston, Texas 77079
Harris County, Texas

Two competent adult witnesses must sign below, acknowledging the signature of the declarant. The witness designated as Witness 1 may not be a person designated to make a treatment decision for the patient and may not be related to the patient by blood or marriage. This witness may not be entitled to any part of the estate and may not have a claim against the estate of the patient. This witness may not be the attending physician or an employee of the attending physician. If this witness is an employee of a health care facility in which the patient is being cared for, this witness may not be involved in providing direct patient care to the patient. This witness may not be an officer, director, partner, or business office employee of a health care facility in which the patient is being cared for or of any parent organization of the health care facility.

Charlotte Allman

Signature of First Witness

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

Address

Sherrie A. McCall

Signature of Second Witness

SHERRIE A. MCCALL
11511 KATY FREEWAY, SUITE 520
HOUSTON, TEXAS 77079

Address

DEFINITIONS:

"**Artificial nutrition and hydration**" means the provision of nutrients or fluids by a tube inserted in a vein, under the skin in the subcutaneous tissues, or in the stomach (gastrointestinal tract).

"**Irreversible condition**" means a condition, injury, or illness:

(1) that may be treated, but is never cured or eliminated;

(2) that leaves a person unable to care for or make decisions for the person's own self; and

(3) that, without life-sustaining treatment provided in accordance with the prevailing standard of medical care, is fatal.

Explanation: Many serious illnesses such as cancer, failure of major organs (kidney, heart, liver, or lung), and serious brain disease such as Alzheimer's dementia may be considered irreversible early on. There is no cure, but the patient may be kept alive for prolonged periods of time if the patient receives life-sustaining treatments. Late in the course of the same illness, the disease may be considered terminal when, even with treatment, the patient is expected to die. You may wish to consider which burdens of treatment you would be willing to accept in an effort to achieve a particular outcome. This is a very personal decision that you may wish to discuss with your physician, family, or other important persons in your life.

"**Life-sustaining treatment**" means treatment that, based on reasonable medical judgment, sustains the life of a patient and without which the patient will die. The term includes both life-sustaining medications and artificial life support such as mechanical breathing machines, kidney dialysis treatment, and artificial hydration and nutrition. The term does not include the administration of pain management medication, the performance of a medical procedure necessary to provide comfort care, or any other medical care provided to alleviate a patient's pain.

"**Terminal condition**" means an incurable condition caused by injury, disease, or illness that according to reasonable medical judgment will produce death within six months, even with available life-sustaining treatment provided in accordance with the prevailing standard of medical care.

Explanation: Many serious illnesses may be considered irreversible early in the course of the illness, but they may not be considered terminal until the disease is fairly advanced. In thinking about terminal illness and its treatment, you again may wish to consider the relative benefits and burdens of treatment and discuss your wishes with your physician, family, or other important persons in your life.

CYTOLOGY REPORT: ☒ Vaginal, Cervical & Endocervical; ☐ Oral; ☐ Sputum; ☐ Other _____

☒ Class I: No evidence of malignancy

☐ Class II: Atypical cells but no evidence of malignancy

☐ Class III: Abnormal cells suspicious of malignancy

☐ Class IV: Cells fairly conclusive of malignancy

☐ Class V: Cells and cell clusters conclusive of malignancy

LEUKOCYTES (POLYS): ☐ Few; ☐ Moderate; ☒ Many

RED BLOOD CORPUSCLES: ☐ Cervical; ☐ Vaginal: ☒ None; ☐ Few; ☐ Moderate; ☐ Many; ☐ Old Blood

BACTERIAL FLORA: ☒ Mixed; ☐ Coccoid Bacteria PARASITES: ☐ Trichomonas

MYCOTIC FLORA: ☐ Spores; ☐ Mycelia; ☐ Monilia; ☐ Leptothrix

SUGGESTED RE-EXAM.: ☐ After therapy; ☐ 1 Mo.; ☐ 3 Mo.; ☒ 6 Mo.; ☐ 1 Yr.

HORMONE LEVEL: Moderate estrogen effect

COMMENTS

PREVIOUS SMEARS (WHEN PERTINENT)

Harold Wood M.D.
HAROLD WOOD, M.D.

56265

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

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

AGE: 48
SEX: F
PHYSICIAN:
L.M.P.: 6-13-75
HORMONE THERAPY: None
PREVIOUS RADIATION:
DATE OBTAINED: 6-20-75
DATE RECEIVED: 6-23-75
DATE REPORTED: ----------

PAP SMEARS
7.00
CHARGE

1975 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)

E B Powell 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 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

Inflammatory changes in cervical smear

PREVIOUS SMEARS (WHEN PERTINENT)

025709

O B Powell 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

[redacted]

AREA CODE 713
TELEPHONE SU 1-1272

HAROLD WOOD, M. D.
LABORATORY MEDICINE
2909 HILLCROFT, SUITE K
HOUSTON, TEXAS 77027

P6049

CYTOLOGY REPORT: [illegible] ☐ 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)

E 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 [illegible]

LABORATORY MEDICINE DATA, INC.
HAROLD WOOD, [illegible]
P. O. BO[illegible]
[illegible]ON, T[illegible]

P6050

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

HILLCROFT MEDICAL CLINIC ASSOCIATION

HMC

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 X Nelva E. Brunsting

Patient

Nelva E. Brunsting

PRINT NAME OF PATIENT

WITNESS: Margie Pleasant

P6052

PRESERVATION
PLANNING

GREG J. JUNGEBLUT, CLU
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

Greg J. Jungeblut

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 Teno-synovitis 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 histio-lytes 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 com-pression, 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, MD

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 J. Jungeblut
WITNESS

Nehra E. Brunsting

10-8-26
DATE OF BIRTH

DATED 11-19-96

P6055

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

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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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, MD

Robert E. White, M.D.
12/9/96

P6057

AUTHORIZATION — A photo copy of this authorization shall be as valid as the original.

I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, the Medical Information Bureau or other organization, institution or person that has any records or knowledge of me or my health, to give All American Life Insurance Company or its reinsurers any such information. **This includes that information obtained in connection with the preparation or procurement of an investigative consumer report as defined under the Fair Credit Reporting Act(s) and referred to elsewhere in this application for insurance.** To facilitate the rapid submission of such information, I authorize all said sources, except the Medical Information Bureau, to give such records or knowledge to any agency employed by All American Life Insurance Company to collect and transmit such information. This authorization will be valid for 30 months from the date of this application.

Debra E. Brunsting
Signature of Proposed Insured (Owner if Proposed Insured under age)

11-19-96

P6058

Agency Office	Attending Physician's Statement	Jefferson-Pilot Life Insurance Company PO Box 21008 Greensboro, NC 27420	Code
75710			BLUE
Agent			Policy Number
JUNGEBLUT			JP4432833

Date	Name	Date of Birth
12/13/96	NELVA E BRUNSTING	10/08/26

P6059

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

No. 010337

Curtis R Lashley M.D.

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

Please give details of the conditions for which you attended this patient. Copies of your medical records and EKGs will be appreciated. Your report is confidential and is to be used solely for insurance purposes.

1. Dates Attended 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 Pland Tx

2. Laboratory Findings (including x-ray ECG, pathological reports, etc. **with dates**).

3. Have you diagnosed, treated or counseled this person for any sexually transmitted diseases, including AIDS, AIDS Related Complex, or HIV antibody studies? If so, please give details.

4. Does this person smoke cigarettes? ☐ Yes ☐ No

Date	Signature M.D.	S.S. or Tax I.D. Number

BJ-7128 Rev. 11-96

Please Return This Copy With Your Reply

P6060

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.

Debra E. Bruenstering 11-19-96

Signature of proposed Insured — Date

Greg Jurgeleit

Signature of Agent

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:

NB 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:

NB 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

P6063

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

1975 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

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 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)

E B Powell 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 781-2897

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

COMMENTS

Inflammatory changes in cervical smear

PREVIOUS SMEARS (WHEN PERTINENT)

025709

O B Powell 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

[redacted]

AREA CODE 713
TELEPHONE SU 1-1272

HAROLD WOOD, M. D.
LABORATORY MEDICINE
2909 HILLCROFT, SUITE K
HOUSTON, TEXAS 77027

P6067

CYTOLOGY REPORT: ☒ Cervical; ☐ Vaginal; ☐ 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)

E 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. BO
ON, 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

P6069

HILLCROFT MEDICAL CLINIC ASSOCIATION

HMC

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 X Nelva E. Brunsting

Patient

Nelva E. Brunsting

PRINT NAME OF PATIENT

WITNESS: Margie Pleasant

P6070

PRESERVATION
PLANNING

GREG J. JUNGEBLUT, CLU
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

Greg J. Jungeblut

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 Teno-synovitis 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 histio-lytes 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 com-pression, 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, MD

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

Nelva E. Brunsting

10-8-26
DATE OF BIRTH

DATED 11-19-96

P6073

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

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

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 Teno-synovitis 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 histio-lytes 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.

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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, MD

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.

Debra E. Brewington

Signature of Proposed Insured (Owner if Proposed Insured under age)

11-19-96

P6076

Agency Office	Attending Physician's Statement	Jefferson-Pilot Life Insurance Company PO Box 21008 Greensboro, NC 27420	Code
75710			BLUE
Agent			Policy Number
JUNGERLUT			JP4432833

Date	Name	Date of Birth
12/13/96	NELVA E BRUNSTING	10/08/26

No. 010337

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

Curtis R Lashley M.D.

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

Please give details of the conditions for which you attended this patient. Copies of your medical records and EKGs will be appreciated. Your report is confidential and is to be used solely for insurance purposes.

1. Dates Attended 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 Pland Tx

2. Laboratory Findings (including x-ray ECG, pathological reports, etc. **with dates**)

3. Have you diagnosed, treated or counseled this person for any sexually transmitted diseases, including AIDS, AIDS Related Complex, or HIV antibody studies? If so, please give details.

4. Does this person smoke cigarettes? ☐ Yes ☐ No

Date	Signature M.D.	S.S. or Tax I.D. Number

BI-7126 Rev 11-96

Please Return This Copy With Your Reply

P6077

P6078

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.

Debra E. Brumley 11-19-96

Signature of proposed Insured — Date

Signature of Agent

713.464.4391

O_2 98% (RA) REST c 2L O_2 via NC

PROGRESS NOTE

Name: Nelva Brunsting Date: 10/29/10

DOB: 10/8/26 H: ____ W: 136 T: ____ P: ____ BP: 112/80 R: ____

Nurse's Note: accompanied by daughter-

HPI

Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.

ROS	WNL	See HPI
blurver Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
CV	☐	☐
↓SOB c O_2 via NC Resp	☐	☐
GI	☐	☐
frequency X 1wk GU	☐	☐
Musc	☐	☐
Skin/breasts	☐	☐
Neuro	☐	☐
Psych	☐	☐
Endo	☐	☐
Hem/lymph	☐	☐
Allerg/immun	☐	☐

No noteworthy changes since last visit. See note dated: ____/____/____

PFSH	Not Obtained	See HPI
Past	☐	☐
Family	☐	☐
Social	☐	☐

No noteworthy changes since last visit. See note dated: ____/____/____

Exam	WNL	See HPI
NAD A+OX3 Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
Neck	☐	☐
↓BS (B) LL Resp	☐	☐
RRR CV	☐	☐
Chest (breasts)	☐	☐
nurse BS Diffusely GI (abdomen)	☐	☐
Lymph	☐	☐
GU	☐	☐
Musc	☐	☐
Skin	☐	☐
Grossly intact Neuro	☐	☐
Pleasant Psych	☐	☐

CC: Bloodwork to get into MD Anderson

HPI: 84yo wf

25-30 mm?

Pulm doctor ordered Retscan → picked up activity in lung c ↑ since bile duct ca. Trying to get into MD anderson for treatment

Pos:
Now - cough resolved
↑ activity now driving, preparing own meals
Meds
1) generic actinol
2) MVI
Nausea → ↓ but still present all day
NKDA

pain lower pelvic pain
↓ burning c urination
↓ Frequency

PMHx
1) Resolving PNA 9/2010
2) Bile duct Ca Jan 2010
3) Atypical TB RLL
Specialists
1) Pulm
2) GI
3) Oncologist

Bile Duct Ca

✓CBC, H&P Physical as required by MD Anderson
fax 713.792.4823. Rosalind Mouton
phone 713.792.4804 MRN #0849716

Frequency
✓UA Rx Bactrim DS 1BD x 3 days Resolving PNA
✓MCX 1BD x 3 days Cont O2 2L
#4 FU Pulm

Couns/coord > 50% ☐
Total time: ____ min.
Physician's Signature: Julietta Ogan 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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P6079

PROGRESS NOTE

Name: Nelva B. 98702 Date: 10/1/10

DOB: 10/5/26 H: 69" W: 138 T: 97.9 P: 84 BP: 181/74 R: 20

Nurse's Note: F/U hospital : SOB

ADMISSION 2 UBACD FLURY, D/C MONDAY FOR PNA

CC: AS ABOVE

HPI: W/ C/O PERSISTANT SOB SINCE D/C FROM HOSPITAL FOR PNA. TX & IV ABX.

HOME O2 PRN 2L
BASELINE O2 93%
NEBULIZER
STEROID NASAL SPRAY
ANTIBIOTIC X 10 days
ON DAY 6

Ø ALLERGY SYMPTOMS

PULMONARY A

F/U & PULM Ø FINISH Ø ANTIBIOTICS AS DIRECTED
Complete course of abx
O2 2L PRN, & EXERCISE
AR
S: Nasonex
Cont & OTC antihistamine

Counts/coord > 50% ☐
Total time: _____ min.
Counts/coord time: _____ min.

Physician's Signature: Julieta Lopez

HPI
Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.

ROS	WNL	See note
Const	☑	☐
Eyes	☐	☐
ENT/mouth	☐	☐
CV	☑	☐
SOB Resp	☐	☑
GI	☐	☐
GU	☐	☐
Musc	☐	☐
Skin/breasts	☐	☐
Neuro	☐	☐
Psych	☐	☐
Endo	☐	☐
Hem/lymph	☐	☐
Allerg/immun	☐	☐

+ DIZZINESS & UNSTEADINESS

No noteworthy changes since last visit. See note dated: ___/___/___

PFSH	Not discussed	See note
Past	☐	☐
Family	☐	☐
Social	☐	☐

No noteworthy changes since last visit. See note dated: ___/___/___

Exam	WNL	See note
Const	☑	☐
+ POST NASAL DRIP Eyes	☐	☐
ENT/mouth	☐	☑
Neck	☑	☐
+ WHEEZES (R) LL Resp	☐	☑
RRR CV	☑	☐
Chest (breasts)	☐	☐
GI (abdomen)	☑	☐
Lymph	☑	☐
GU	☐	☐
Musc	☐	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

No ✓: no review/exam

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Name: Melva Brunsting
DOB: 10/08/24
Allergies: NKDA
Date: 04/29/11

CC: Consult & fatigue x.

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

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

Exam: Ht Wt 134# BP 112/80 P R Temp

HEENT ☑ nl ☐ ab

Neck ☑ nl ☐ ab

Chest ☑ nl ☐ ab

Cardio ☑ nl ☐ ab

GI ☑ nl ☐ ab

GU ☐ nl ☐ ab

MSK ☑ nl ☐ ab Slow gait; Strength 5/5

Neuro ☐ nl ☑ ab Ψ - minor

Other ☐ nl ☐ ab

Assessment:

Advanced dementia

Bile duct Ca

HTN

MDD

Plan:

Te Ψ/neuro

✓ BW to r/o reversible causes per M.D Anderson

Stable

to Ψ

Rx -
Ethambutol
Rifampin
metoprolol
Bromaq
Azithromycin
Sprivia
Rifampin
sertraline
Alendronate
VitD

FNA
Bile duct Ca.
~~Pulmonary TB~~ MAI
HTN
MDD.
Dementia

P6081

NAME Nelva Bunting DOB ~~10/29/10~~

ALLERGIES NKA DRUGS

DATE	HISTORY	PHYSICAL	IMPRESSION	TREATMENT & LAB
11/5/10	Staffy head SOB on O2 @home	137 @97.9 BP 132/70		O2 sat 94% @ 10ST
11/9/10	Pain on Low abd area last 3-4 days vcavs Pain in pelvis &	139 @98.0 BP 134/76 Tenderness Rovabdto@mc originally	UTI Bowel problems	(Can't give abx days) meant Cipro 500 Get u/a & c/s before leaving 11/11

P6082

7134644391

NAME Nelva B. DOB 10/8/26

ALLERGIES NKA DRUGS

DATE	HISTORY	PHYSICAL	IMPRESSION	TREATMENT & LAB
8/5/10	V. ears	WT 138 @ 98.3		
	Eus feel full.	134/80 Red TMs Eryth	Eustachian dysfunct	Decongest
9/17/10	very SOB Coughing last 48 hrs Cloudy Sputum Pt Exp of chronic lung infection. Today very SOB & Raising Coughed hemoptysis	WT 140 @ 101.9 BP 132/74 Rales Chest BS =	Pneumonia	O2 Sat 91% Rate 130 Lying sitting After walking 97%

P6083

#1346445911

NAME Nelda B. DOB 10/8/46

ALLERGIES NKA DRUGS

DATE	HISTORY	PHYSICAL	IMPRESSION	TREATMENT & LAB
3/19/10	① VSpots on nose	135 ⓟ 98.3		
		BP 122/80		
	② Shaking	Seb ker		Propranolol 10
	③ ? meds	hand tremor	BET	
	had letter for pharmacy for generic for Lopressor	"		Lorazepam 20 + weekly
5/17	↑ Wt	Hepatic lesion on CT		biopsy Radiology Con
				To Compazine Phenerdan
7/1/10	pain in ⓛ Arm	WT 136 ⓣ 95.2		
	ⓡ Elbow, S.O.B.	BP 132/90		
	nasal drip	Tender medial epicondyle of ⓡ	medial epicondylitis	Mobic 7.5
	Pain ⓡ forearm & elbow			
	& now ⓡ elbow			Patanase for nasal drip
	numbness, R hand 3-4 fingers			
	2) Hx of poorly dif ca of lung			
	3) Seeing Dr Pohl - chronic lung ds.			

P6084

TB 464 4391

NAME Nelva B. DOB 10/8/26

ALLERGIES NKA DRUGS

DATE	HISTORY	PHYSICAL	IMPRESSION	TREATMENT AND LAB
6/Hx	Allergies	~~BP~~ @ 97.9		Protonix -
	Runny nose	132/80	Peptic	
	Upset stomach		Gastritis	
	Lost appetite		& hyperacidity	CT abd
			Stomach -	done in 5/08
	Having alot			showed (N) aorta
	of cramps after	Abd flat		
	eating -	Hyperactive		
	She has anorexia	bowel sounds		~~Levbid 0.375~~
	& if she hungry	@ all 4		~~TBID~~
	Set "full after	Just about		Levsin 0.125 EC
	2 bites	bfast		or prn for
				abd cramps
1/22/pv	Energy	135 @ 98.0		
	SOB, Tired	130/80		CBC
	Insomnia	HEENT c	Malaise	Sed rate
	Takes Keppra	lungs BS	Shortness of	Thyroid Panel
	& exercise	Good bilat	breath	Comp met
	Sl dizziness	Eyebrows bowed		
	& Staying	rales (L>right)		O2 Sat
	"faint" alone			
	& rest			
	Insomnia			
	(intermittent awakening)			

P6085

TT3464691

NAME Nelva B. DOB 10/8/26

ALLERGIES NKA DRUGS

DATE	HISTORY	PHYSICAL	IMPRESSION	TREATMENT AND LAB
3/31/09	Nausea	Wt 134 @ 98.4		
	Upset Stomach	BP 122/80		
	for last two		Peptic	Nexium 40
	wks	Tender epigastrium	~~ulcer~~	1 BID
	Burped	without rigor	Gastritis	
		or rebound		
4/1/09	ER			
	Eaten			
4/17/09	OK for	Wt 132 @ 980		
	Surgery	BP 122/70		
	Having	HEENT	OK for Surg	Cont med
	Cataract OS	Neck		
	by Dr Zomaan	Chest		
		Clear to Ausc		
		Heart		
		RRR no		
		Murmur		
		Abdomen hyperactive		

P6086

NAME Nelva B. DOB 10/8/26

ALLERGIES NKA DRUGS

DATE	HISTORY	PHYSICAL	IMPRESSION	TREATMENT AND LAB
10/20/	F/U	137 / 126/70		flu shot
	Sx improved on Nexium BID, but returned on ~~one~~ daily. no pain but lot of burping & ~~yuck~~ this Bad taste in mouth is back Still has loss of energy	Ess neg. as before	Anorexia probably from Sx's in bowel	↑ Nexium to BID ↓ Regular

P6087

7134644391

NAME Nelva B. DOB 10/8/26

ALLERGIES NKA DRUGS

DATE	HISTORY	PHYSICAL	IMPRESSION	TREATMENT AND LAB
9/3/08	F/U meds	WT 137½ @ 980		
		BP 122/80		
	Constant			
	nausea prob -	No tender-	Diverticulitis	Hold meds
	ably from	ness in old		& see if nausea
	meds. Has	now.		clears;
	"bad taste in			then add
	mouth".			back one at
				a time &
				see what happens
10/3/08	Nausea	133½ @ 980		
	vomited last	BP 120/80		
	pm ; Bad			
	taste in mouth -	tender over	Peptic gastritis	Nexium
	Burps alot;	epigastrium		#20
	Cough prod	Lt mid in		1 PO
	clear sput.	LLQ.		for 3-4 wks then
	Took Hycyl &			daily
	SMZ - Imp W/O			
	help. Less			
	bloated & no			
	gas.			

P6088

7134644391

NAME Nelva B. DOB 10/8/24

ALLERGIES NKA DRUGS

DATE	HISTORY	PHYSICAL	IMPRESSION	TREATMENT AND LAB
8/28/08	Upset stom - 137 @980			
	- "mad"	BP. 124/82		
	very tired			
	Not "feeling"			CBC
	"any better.	Tender (RLQ)	Abd pain	UA
	Vomiting - some gas	@ Right lower		
	2) liver have	quad (had		Flagyl 250
	cleared.	appendectomy)		Sm-2 Tmp DS
	but she was			
	on cipro before			
	it started			
	& has just			
	restarted cipro			

P6089

713 464 4391

NAME Nelva Bramstedt DOB 10/8/26

ALLERGIES Nka DRUGS

DATE	HISTORY	PHYSICAL	IMPRESSION	TREATMENT AND LAB
8/14/08	Consult			
	Re: Mom			
	(c Daughter Calvin)			
	"Diet ↓ quality			8/15 "Increase Ca + Show Increase Intake Limited"
	Seems confused			
	& off."			
	"She won't			
	accept help			
	from caregivers"			
8/22/08	Had allergic		Urticaria	
	reaction to meds			Avoid oral steroids.
	or etc. Saw			
	Thorsten rx			
	c hydroxyzine			

P6090

1134644391

NAME Nelva B. DOB 10/8/46

ALLERGIES NKA DRUGS

DATE	HISTORY	PHYSICAL	IMPRESSION	TREATMENT AND LAB
8/7/08	Consult Re: Health SOB Tired abdominal problem. Gets fatigued easily & thus SOB.	170 @ 580 140/74	Malaise	CBC Comp met
	2) Bad taste in mouth, drowsy Low abd dis - comfort - Stools x 2 x/d	Tenderness low abd R > L	diverticulitis?	Cipro 500 CT Abd & Pelvis w contrast

P6091

713 464 4391

NAME Nelva B. DOB 10/8/26

ALLERGIES NKA DRUGS

DATE	HISTORY	PHYSICAL	IMPRESSION	TREATMENT AND LAB
5/22/08	ER Eye swollen	MD @ 980		Factive
	sore throat	118/82		3 T daily
	HA's	Eye & ear	Headache	
	↓ energy			Garrison Ophthalmic Clinic
6/2/08	F/U ER	BS @ 980		
		BP 132/70		
	Seen @ ER			
	5/24 Dx's			
	pneumonia	Rales in	Pneumonia	
	Lt sided	both bases		
	CT abd ok	R > L	Refer to McGavock	
	except pneumonia			
	dullness			
	in RLL	Dull (R) lateral		
	~~now~~ Rx C			
	2 pak -			
	now has			
	malaise			
	flexo/blood			
	in sputum			
	ER			

P6092

713 464 4391

NAME Nelva Brunkow DOB 10/8/26

ALLERGIES NKA DRUGS

DATE	HISTORY	PHYSICAL	IMPRESSION	TREATMENT AND LAB
4/10/08	Pain on	141 @ 980		
	(D) arm	BP. 124/80		
	(D) hand fingers			Naprosyn 500
	numb	HEENT-	Ulnar nerve entrapment	#14
		Chest - Sc	Costochondritis	+ BID Defer
		fibromyalgia		Contrast bath
		Tenderness		on (D) Supra
		Ulnar nerve		clav Space
		& supraclav space		
		also over		
		cervical SP		
4/22/08	F/U test	138 @ 980		
	CT Straws County 12/6/70			
	having some			CT to
	hemoptysis	Chest now	Pneumonia	McCowan
	& productive	clear	Resolving	
	chest cough			
	"announced"			

P6093

713 464 4391

NAME Nelva Bonsaj DOB 10/8/26

ALLERGIES NKA DRUGS

DATE	HISTORY	PHYSICAL	IMPRESSION	TREATMENT AND LAB
1/30/08	SOB. Some cough, fever flus sx	132 @ 97.9 RR BP 122/74 Bilat Wheeze T Some Rhonchi	Pneumonia Bronchitis	She never used Levaquin 500 Start Doxycycline in ER only S/not better by 2/1 CXR
	~~Reaction~~ Clarithromycin 500 -		Pneumonia	
2/4/08	Still running fever Mouth very Sore 12 days			Mycelex troches
2/28/08	F/U pne- umonia Years	WT 135 @ 96.9 BP 130/90 Lung clear now This is lovely	Pneumonia resolved Continuing dyspepsia	Restart Prevacid 20 Prescribed

P6094

7134644391

NAME Nelva Brunsting DOB 10/8/26

ALLERGIES _____ DRUGS _____

DATE	HISTORY	PHYSICAL	IMPRESSION	TREATMENT AND LAB
11/5/07	Flu shot	O-S V2439AA 6/30/08		
11/9/07	Pain on (R) shoulder last night when coughing up blood for week. Has had w/n for hemoptysis & pneumonia w/n mo past	142 P 98 BP 126/80 Tender long head of biceps Chest - Clear to ausc	Tendonitis of Shoulder Hemoptysis	Mobic 7.5 Cough bath CT Chest & Contrast (Last in 04) C
1/25/08	Flu Flu Coughing all day very weak	138 P 98.1 BP 122/80 Bilat wheezes & rhonchi	Asthmatic bronchitis (post flu)	Levaquin 500 + Duoneb 5 Tessalon 100 Advair 250/50

P6095

713 464 4391

NAME Nelda Bronsting DOB 10/8/26

ALLERGIES NKA DRUGS

DATE	HISTORY	PHYSICAL	IMPRESSION	TREATMENT AND LAB
8/27/07	Ankle foot cramps at night for last couple months	Wt @ 980 BP 124/80 Hrt, Lgs	Nocturnal Cramps	Tonic Water may be Hx in BP med Dc
	② ↓ finger nails Nails separate	① - Syphoned to midnail bed elev	Probably Anemia	Keep dry Chromosteel or Lotion
				Benicar Dc instead of Cozaar
9/18/07	F/U WT ↓ 4 OV. Dr. K.	195 @ 980 BP 122/80		Xopenex Inh pulmicort twice daily
	Saw Dr K & was Rx for Reactive Airways & Steroid spray but Rx'd & hasn't picked up yet	No wheez Hrt RRR	Reactive Airways	
		She scratched her back		

P6096

Progress Note

Name: Branstine, Nelva DOB: 10-8-26 Date: 9.10.07 Allergies: NKDA

CC: headaches

meds: Amerge Niacin 250mg BID

HPI: pt fell 2d ago, tripped backward over stationary briefcase. Landed on hardbone + head onto floor (carpet) dx'd ø LOC ø visual ø blood ø hematoma c/o dizziness this am. Tried ASA, then Tylenol.

Hx FS Reviewed: ✓

ROS: Constnl
HEENT headache neck stiffness - resolved + left tinnitus - ø new
CV ø
Pulm ø
GI ø
GU ✓
MSK ø
Skin ✓
Neuro ø N.W.T.
Psych ø
Endo ✓
Heme ✓
Breast ø
Other ✓

Gen: NAD WD WN affect: nl mood: nl Tob: ø 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 postmenopausal

HEENT: (nl) abnl head occiput & temples.

Neck:	nl	(abnl) tense (L).
CV:	nl	(abnl) S3
Lungs:	nl	(abnl) exp wheezes LLE
Abd:	nl	abnl
Neuro:	nl	abnl
Ext:	nl	abnl
Skin:	nl	abnl
C :	nl	abnl

PMH
Migraine HA
Tinnitus

PSH
(B) knee TKR.

Labs:

A/P:

(1) Headache - Tylenol, Aleve c/ood HRN
nsAK

(2) Acute Asthma Exac — F/u 2wk.
— Xopenex
— pulmicort/Xhaler 180mcg 2 puffs BID

(3) Tinnitus - prob 2° migraines dx.
d/w multiple meds & risks.

(4) Migraine HA Amerge 2.5mg

Soc
(+) ETOH occ'wine 2/wk
(+) Caffeine 1 cup/d. 1/4c decaf coffee/d.
married 5 kids - age 54-44.

P6097

NAME Nelva Brunsting DOB 10/08/26

ALLERGIES NKDA DRUGS

DATE	HISTORY	PHYSICAL	IMPRESSION	TREATMENT AND LAB
6/01/07	ears clogged SL.	WT: 143 BP: 114/80 Canals clear Can hear 2 clicks to eardrum Air > bone ↓	Eustachian dysfunction	/ Nasonex Claritin Singulair
6/14/07				
7/16/07	Balance problems DR. White ✓ her prese Ears still feel blocked Had episode of loss of balance & saw Brothers & help from her ears	146 1/2 @ 80. BP: 160/80		

P6098

NAME Nelva B. DOB 10/8/26

ALLERGIES NKA DRUGS

DATE	HISTORY	PHYSICAL	IMPRESSION	TREATMENT AND LAB
11/27/06	flu shot	0.5 cc U225DAA exp 6/30/07		
4/4/07	labs test			
4/5/07	gyn pap	WT 150 @ 980 HT 68" BP 124/78		UA dip
	1) Recently put on lisinopril for ↑ BP by Cardiac now has cough		Cough 2° to meds	DC lisinopril Benicar 20 #1
	2) Not sleeping well (Arthritis) due to hip pain uses pillow between knees.			Try mattress on floor Ultracet ER 100 #60 1 tab QHS

over

NAME Velma Brunsting DOB 10/8/26

ALLERGIES NKA DRUGS

DATE	HISTORY	PHYSICAL	IMPRESSION	TREATMENT AND LAB
7/24/26	gyn pap	wt 152 (98) Ht 68" 122/80		
	1) Rad. Cardiolyte shows (Brune) c Amdara-hy 2) Leg cramps explained this DXTR Gen Fleeson He Theodarks	Healthy appearing	nocturnal leg cramps malaise	Calan Qhs Mg helps Quinine Sulf
	Ear EV N T some hoarseness on exp Neck Chest CV - Sept Resp. GI Colonoscopy	✓ ✓ Properly Stemfast ? Cataract OS ✓ ✓ ✓ ✓ no (m) HSR ✓ no nausea	Pupils seem unequated os compared to od	
	Syrsago GU - Skin	Ulcer lower lip wks E		

P6100

NAME 10/8/26 Nelva B. DOB _____

ALLERGIES NKA DRUGS _____

DATE	HISTORY	PHYSICAL	IMPRESSION	TREATMENT AND LAB
6/6/06	Tight in chest for week off/on very tired no SOB but very fatigued Some shoulder pain in spine	152 C 980 BP 126/ HEENTC CR— no w/ no SS	Chest pain reflux? Anxiety Doubt angina EKG as EKGs coml	hitro 0.4
7/21/06	Echo test			

P6101

DOB 10/08/26

NKA

NAME Nelva Brumbaugh

DATE	HISTORY	PHYSICAL	IMPRESSION	TREATMENT AND LAB
5/26/05	Low abdominal Cramps also some Low back pain. NO GU problems No diarrhea No BM today ↓ Yesterday Eating Regular	148 P 98-3 BP 126/74 SL distended Diffusely tender	GI Prob/Constip	Lactulose Enema
6/14/05	Pain under (L) arm since Sitting inside (L) pound Pain ↑ When in bed at ↑ & Standing	149.1 in P 98 O BP 126/70 Tender over Mid lumbar area (R) (L) over lumbar bundle.	Neuritis ? Nerve	Medrol
11/21/05	Flu + pneumo 62443 6/30/06	1004P 12/18/06		
11/29 (T)	Dehydrated Cramps			Chlorpromazine to ↓ N/V Tort PO Pain Cramps

P6102

DOB 10/8/44

113 464 4341

NAME Nora Brunskill

NKA

DATE	HISTORY	PHYSICAL	IMPRESSION	TREATMENT AND LAB
5/16/08	gpmpgs	WT 150 ↓ 9 lbs HT 69" 12/24/08		
	1) had knee surg yr Dec of Feb by Louis Campos she needed shes EKG because of possible MI			EKG
	2)			
	Gen - ✓	✓		
	HE ✓	✓		
	Ea - ✓	✓		
	Ex - ✓ Lordosis ✓ Tenderness No ✓ Lips sago	✓		
	Th ✓	✓		
	Neck -	✓		
	Chest - ✓	✓		
	Resp - ✓	Clear		
	Wheezes on Roll see #1			
	GI - ✓	no masses		
	GU not done - needs Counseling Adv ✓	ut - cervix atrophy	Ectopy of cervix	Pap
	Gyn ✓			
	MM - see pic Skin Path ✓	✓		

P6103

713 464-4391

DOB 10/8/26

NAME Velva Brumbaugh

NURSE

DATE	HISTORY	PHYSICAL	IMPRESSION	TREATMENT AND LAB
11/15/04	Sinus infection 1 wk & 9 days for month Overage also need pre-op clearance (1) Sinus " Ex - pain behind Dizzy ↑ by bending for two. Among Others. (2) Knee ⓒ Knee replacement	138 P 98 R BP 126/70 Frontal & max sinus tenderness Hrs NRT CV - RRR Resp - clear Abd - soft + bs Ext -	Sphenoid sinusitis vs Otitis	Nasonex Prop
1/18/05	Leg problem walking Had knee replacement 12/6 - Doing well until 1 wk ago & L leg started giving out. Saw Ortho who dx nerve entrapment 2° to edema. Needs Medical clearance - Thurs w/o help	152 P 98 R BP 155/85 Pedal edema L > R DTR non reactive Resp - clear on exam Abd - soft + bs	Peripheral edema L > R Lower leg	Contrast baths

P6104

10/08/26

NAME Brunsting, Nelva

DATE	HISTORY	PHYSICAL	IMPRESSION	TREATMENT AND LAB
05/07/04	Chest feel heavy discomfort Onset x 1 wk. Then pt. felt twinge under (L) breast. (-)SOB / radiation (-) palpitations Denies trauma.	WT: 156 BP 142/78 HEENT - nl Neck - supple Chest - clear CV - RRR 5 m/c/4 Tender to palpation (L) inframammary.	Chest pain most likely costochondritis	EKG - LAD o/w (-) Celebrex (s) Flu prn
5/10/04	P. P. Cal next wk - CS			
5/13 04	Gyn prep	WT 158 @ 98.0 HT 69" 152/74		
	1) Pain in chest wall see 5/7	no lump swelling along rib feels like callus		CXR
	2) Pelvic discomfort		cause?	
	3) Heavy feeling across upper abd usually at night Heart Rate Sometimes		Reflux? Gastritis?	Try Nexium
	4)			
	Gen - ✓ ↓ energy	✓		
	HE ✓	✓		
	Ea ✓	✓		
	Ee - ✓ w/ hx Tyr No Sx	cataracts early myopic deg of fundi		P6105
	No ✓	✓		
	Thy ✓	✓		

8/24

NVP

NAME Nelva Bolumbro

HISTORY	PHYSICAL	IMPRESSION	TREATMENT AND LAB
✗ Low back pain also pain on vaginal-pelvic area	158 6980 BP-126/70 On pelvic exam Uterus tender Adnexa ⊖ pain Cervix WNL Soft tissue swelling. Pain radiated up into supra pubic area	Lumbar ? Pelvic pain vs Soft tissue?	X-ray Pelvis Pain ? pelvis ? lumbar ? soft tissue
8/17/04 UA Xray suggests Ureteral Stone		UA micro hematuria	
3/1/04 Still low back pain on (L) side Pt present seen Stone last pain Cont. (L) pelvic pain Low back pain	Wt 157 ↓ 9 BP. 122/70 No flank tenderness Suprapubic	Ureteral	IVP Barium Xray

P6106

2 BTO

DOB: 10/8/20

Patient Name: Velva Brunstrum

NKA

Date	History	Physical	Impression	Treatment/Lab
4/15/03	P.P. Cleo			
4/17/03	Gyn Pap	wt 152 @ 98. Ht 68" BP 122/72		Mag
	Neg Orgasm Cramps legs & feet after night			
	(2) Low back pain and hurts sometimes R knee			
	(3) Aches & weak Sinus sleep apnea			
	Sin - Cong Snores Somewhat floaters			
	H Frontal HA			
	Ear ✓	✓		
	Ear - ✓	✓		
	Nose - ✓	✓		
	Throat	✓		
	Neck ✓	✓		
	Chest - ✓	✓		
	CV - ✓	no M R S R		
	Resp - ✓ Some wheezing clear on exp no cough			

P6107

(?B) 464-4391

D/B 10/8/26

NKA

NAME Nelva Brewer

	HISTORY	PHYSICAL	IMPRESSION	TREATM AND L
10/1/02	Allergy Sx i Sinus Infection drainage, some congestion also ? pressure Wants to restart HRT -	Wt. 154 P. 98.1 BP. 134/80 Erythro Ointment Nasal mucosa boggy	Allergic Rhinitis Cyclery c prem 0.625 x 90d c Provera 10 Last 15 days	
11/25/02	Post UTI ? but pain on (R) side low back more to (R) leg Some low abdominal comps.	Wt 156 P. 98.1 BP 126/70 DTR - SLR - Tender Stretch	C54 Rhinitis enlarged on (R)	
3/6/03	Lost taste for two months also Sinus HA ↓ Smell (cannot & does) Taste W/o Smell in mouth	Wt 156 P 82.4 BP. 122/70 Nasal mucosa Sinus Pain	Allergic Rhinitis Anosmia	

P6108

#5464-4591

D/B 10/8/26

NAME Neva Brustad

		HISTORY	PHYSICAL	IMPRESSION	TREATMENT AND LAB
4/16	DA	Gyn pap	Wt 156 BP 98.0 HT 68 1/2" BP 136/80		UA-C
		1) Doesn't to stop prem pms Bone density DXA @ Halters.			
		2) Breast thinks better on Mobic			
		3) Had CT follow up of kidney lesion by McCowen today			
		Gen - generalized tenderness		malaise	CBC
		He - recent hx sinus PND - yellow			
		Ea - Hum AD			
		EV - Loss Defect OD		? Macular changes OS	Watch
		Nec -			
		Th -			
		Neck - Carotids -			
		Chest - Heart reg rate			
		Ab - no masses			
		Resp -			
		CVA -			
		Gyn - Cervix abnl to biopsy			
		Ext -			
		NM -			
		Skin -			

P6109

(405)464-4391

DOB: 10/8/26

Patient Name: Nelva Brumley NKA

Date	History	Physical	Impression	Treatment/Lab
8/7/01	Some cough & ~~bloody~~ sputum & congestion Some flecks of blood in sputum. No SOB or pain	wt 157 @ 80 BP 140/70 non toxic Rales @ R base Some wheezing throughout fields.	Hemoptysis Pneumonitis Bronchitis Sinusitis ?	Cipro 500 BID Flonase Mucinex DM CXR chest
12/7/01	Flu shot Lot U072800 exp 6/30/02			
3/28/02	Rash on upper chest for couple days some itching	wt 159 @ 920 BP 136/70 Erythematous blanching papular rash on upper chest wall.	Contact derm	Cause? Hydrocortisone
4/9/02	P.P. lab next wk cp			

P6110

(713) 464-4391

Sheet1

DOB 10/8/26

Patient Name: Velva Browning NKA

Date	History	Physical	Impression	Treatment/Lab
5/2/01	4-5 wks chest congestion now the head some cough	WT 158 @ 97.5 BP 115/80 Wheezing & rhonchi	Asth bronchitis	Albuterol #1 Singulair X/4
5/31/01	Head / chest congested & cough BP 120/80 S/Runs HA's OU (R) side	Rales bases L>R No wheeze RW	allergic rhinitis	Prednisone 10 Bromfen X/C SD
7/10/01	CK bump- cyst under (R) arm	WT 160 @ 98.8 BP 124/84 Some induration & tenderness in soft tissue.	Cyst? soft tissue inflammation	Watch Change deodorant
	2) Some residual nasal cong & cough			

P6111

(703)464-4391

Sheet1

DOB: 10/8/26

Patient Name: Nelva Brunson NKA

Date	History	Physical	Impression	Treatment/Lab
4/6/09	Gyn prp	wt 163 (8.9.9) Ht 64" BP 130/72		UA dip
	① abd pain ↓ c edema mildly metamucil ↑ Colace Hot/cold compress 11/26 – neg			
	② finger nails brittle, ridges ↑.			
	Gen –	good hair		
	He headaches on & off uses advil prn	✓		Allergic 2.5
	Ea	✓		
	Ear ✓	✓		
	no –	✓		
	Th –	✓		
	neck –	✓ Thyroid nl		
	Chest –	✓		
	Breast	① ② Multiple fibroadenomas		Bx/mammo 3/30 Mam Ck
	CV	✓ nsm		
	Resp cool wheeze	✓		

P6112

TB 464-4391

DOB: 10/8/20

Patient Name: Nelva Bruning

Date	History	Physical	Impression	Treatment and Lab
7/21/00	Diverticulitis, nausea, also nasal drainage	Lot 165 R 98 BP 130/70		
	Has had 2 flare since June 2 seems to clear & return	Non Tender Non Rigid Non Distended Bowel Sounds Present Abd tender c fullness over LQ	Diverticulitis	Bm 2 Tsp MOM Keflex 250
11/17/00	flu shot	Lot U0414BB		
2/27/01	Cont Hosp Abdominal Pain. Discuss Migrain Med c Dehydration Hx of Hx of GB Hx of Appy. pain clears after BM in AM but increases during day progresses until Evening.	Lot 165 154/90 97 P64 R HE, Abd tender, c fullness LQ	Constipation Abd Pain	Enemeze Tylenol

3/30/01 P.P. lab next wk cp Salmeze 2.5

P6113

NKA

(H) (713) 464-4391

Sheet1

DOB: 10/8/26

Patient Name: Velma Barnberg

Date	History	Physical	Impression	Treatment and Lab
1/3/00	L/O Shoulder	wt 168 @ 98.1 BP. 120/70		
		Tenderness	Bicep tendonitis	Exercises Vioxx Tylenol ROM exercises
2-17-00	Check lump in (R) axillary area.	Wt. 170 @ RA BP. 155/82. SL tender 1/2 cm node on (R)	Axillary Lymphadenitis	no rx
4/4/00	c/c (Rt) Knee feels like bursitis - hx of bursitis -	wt 169 @ 97.2 BP 152/90 Synovial fluid aspirated	Synovitis (R) knee	Celebrex Lodine Vioxx
6/2/00	Stomach cramps Low back pain Tbg HA's Loose stools/cramps & nausea - 5d No help c Pepto. Stools (W). Low back discomfort Some right headaches & feeling weak	wt 166 @ 97.9 BP. 120/70 Tender Sigmoid SL distension	Diverticulitis	UA - Cefadroxil 500 Bentyl 20

Page 1

P6114

℞ (TB) 464-4391

DOB: 10/8/26

Patient Name: Nelva Bunting

Date	History	Physical	Impression	Treatment and Lab
11/99	Lap abd,	WT 170 ℞ 98.3		UA dip
	no UTI problems BP 115/70			
	CR sore spot			
	on ℞ breast			
	1) Flowabd pain	Tender		UA mg
	for several wks	suprapubic		Stool softener
	comes & goes	area w/ active bowel sx		
	no bowel sx	Pelvic	for pelvic congestion?	Hct 25
	Malaise	mass exam	endometritis?	Levaquin 500
	Eyes watering	Tenderness pelvic	infected cyst?	
	↓ appetite	& cervix		U/A C
	"very hungry"			
	2) Breast tender	℞ O		
12/3/99	℞ shoulder	WT 179½ ℞ 97.2		
	pain also	BP 120/70		
	℞ knee problems	Tender	Tendonitis	Percocet
		biceps long	long head	2 d x 5
		head		1 d x 5
				1 d x 5

P6115

D/B 10/8/26 (713) 464-4391

NAME Melva Bruning

	HISTORY	PHYSICAL	IMPRESSION	TREATMENT AND LAB
11/19/98	Still coughing blood Coughed (hacked) up more blood Seemed to be from throat (pharynx) Had melena last wk – Had feeling of obstruction flu	WT 166 @ 97.3 BP 136/80 Rx except telangiectasia throughout	flu/pneumo Hemoptysis	Tx Dr.
12/2/99	Gyn. pgo 1) Coughed up (spit up) blood yesterday Otherwise ok! 2) nails brittle & not strong 3) irritated skin on cheek	WT 166 @ 98.3 HT 69" BP 120/70		Hemocult x 3 cards Urdip nails fine cyp & XR Aquamousse Lotrisone Rx
	Hx ✓ Rx ✓ EOA some dyspareunia No ✓	✓ ✓ ✓ ✓		

P6116

D/B 10/8/26

NKA

NAME Velva Bonnstetter

		HISTORY	PHYSICAL	IMPRESSION	TREATMENT AND LAB
2/2	98	UTI ① Vaginal discharge itch some burning low backpain	WT 168 @ 97.8 BP 125/70 Grey Labia but not inflamed some discharge no erythema	Vaginitis	UA Diflucan 1 Trozal Lots of Hydrotherapy Sensitivity
		② Low back pain worse c flexion ① = osteoporosis			
		③ Monthly headaches over Range usually lasts 2 d		Migraine hx the late	Imitrex Nasal Spray Emerge
11/9	98	Over the WK coughing up blood	WT 162 @ 97.4 BP: 122/70		
		Cold Images cough since - On Saturday Coughing bright red blood Stopped after 5m & didn't return Feels Wheezy awakens c blood in mouth x 2 Images Again low grade	HEENT Prominent veins on Chest & ant. pelvis.	Hemoptysis	Chest X-ray Levaquin

P6117

(#) (13) 664-4391

/B 10/8/26.

"

NKA

NAME Renee Bonenberg

	HISTORY	PHYSICAL	IMPRESSION	TREATMENT AND PLAN
1/2 as	Gyn pap	wt 168 ↓979 Ht 5'9 1/4" BP 124/70	Normal	CA dp
	1) Back pain			
	2) Nocturia 3-4x ~~nocturia~~ Drinks alot of fluid		Nocturia Cause?	Try Melatonin
	3) Awoken sdot because of hip pain			
	Gen –	✓		
	HE –	✓		
	EA –	✓		
	EV ✓	✓		
	No vault tenderness	✓		
	TA –	✓		
	Neck ✓	✓		
	Chest – ✓	✓		
	CV – ✓	no M		
	Resp – ✓	✓		
	GI ✓	✓		
	GU ✓ see pic	Marked ectopy of cervix ✓		
	NM Pain Hypotonic Skin	atrophic dd ✓		

P6118

(#) (713) 464-4391

DOB 10-8-26

NKA

NAME Debra Brunsing

		HISTORY	PHYSICAL	IMPRESSION	TREATMENT AND LAB
9/18	97	Stomachache, for month off/on nausea - cramps no diarrhea or vomiting Oh morning & nausea & she eats & goes through day — feels like she did in Spain	WT 168 (169) T 97.1 BP 140/80 Tenderness (L) lower quad called Dr Brunsing about findings	Diverticulitis vs Ovarian vs Cystitis vs Pregnancy	Flagyl 250 8m2 Tmp
11/7	97	Jen Shot			
1/2	98	fever chills body aches cough & sick for 5 days. On Thursday & dizziness Reflux Sx & abd pain	WT 172 T 102.8 BP 140/80 Wheezing & Rhonchi Sore throat Tenderness LLQ	Influenza? Diverticulitis	Augmentin 875
2/24	98	Low back pain on (R) side Pain (L) flank for 2 wks Comes & goes Responding	WT 170 (169) BP 135/74 Tenderness (L) CVA area & suprapubic area	Flank pain Chronic lumbar Strain	Phenergan 6.25 Robaxin 750 Valium 5mg

P6119

(H)-464-4391

10-8-26

V.t
Preeu-pne
Overill 0.62

NKA

NAME Velva Brumbing

		HISTORY	PHYSICAL	IMPRESSION	TREATMENT AND LAB
-20	T	GYN. pap.	WT 169 T 98.0 BP 110/70		Va ay Hennecott (neg)
		1) Knee pain 2d (cold) worse when really cold	Some synovial TT		
		2) finger nails brittle			
		Gen ✓	✓		
		HE ✓ headaches recent ✓	✓		
		Ea ✓ of each month	✓		
		EE ✓	✓		
		NO AND TH ✓	✓		
		Neck ✓	✓		
		Chest ✓	✓	Fibrocystic disease breast	Mammogram
		Breast	✓ Inv nipple ✓ of		
		CV	no M NSR ✓		
		Resp	✓		
		GI ✓	✓ abd aorta pulsatile & prominent	Prominent abd aorta (probably tortuous)	abd ultra sound
		GU ✓	Marked ectopy of cervix ✓		
		Nm-sc ✓	✓		
		Skin ✓	✓		

P6120

1, 11 10-8-26 (H) - 464 - 4395 Vit Overk

NKA NAME Nelva Baumbing Prem-pro

	HISTORY	PHYSICAL	IMPRESSION	TREATMENT AND LAB
1-4-96	Nose bleeds for two weeks	WT 168 (T) 96.8 Bp. 130/90 Bleeders in both nostrils, no lesions seen Septum dry, no blood pres	Epistaxis allergic rhinitis	Vancenase DS Atarax Vit C 1000 Hold orders
0-2-96	flu shot		WYETH FluShield®	4968138
1-11-96	(R) ankle-ck tripped on stairs Doesn't know exact mechanism of injury Inj ago pain in ankle and mid foot	WT 169 Bp. 130/90 Exam very mild ankle tenderness and some dorsal midfoot tenderness no marked swelling or ecchymoses	R/T ankle/foot sprain	Will x-ray as week not fully known and mid foot pain Advil 4-6 hr bid
11-25-96	bumps on back (L) Knee N. Sharp pain in knee & then she noted swelling when she walks	WT 169 Bp. 132/90 Swelling (post fossa Knee - Calves Bo) &	Synovial swelling vs (Lupus?) vs (Synovial Cyst?)	X

P6121

D/B 10-8-26

(4)-464-4341

Owork
prior-pro 0/2

NKDA

NAME Vera Bunting

	HISTORY	PHYSICAL	IMPRESSION	TREATMENT AND LAB
6-24-96	(T) hip pain for about month. more on leg to (L) elbow hurt Can't Cross (R) side - Hurts to walk may clear for a few hrs Out & Off Can't lift arms on Disabil.	WT 168 BP: 130/75 Tenderness Supra Iliac & Ischial Area	Tendinitis (R) hip	Tylenol
7-2-96	(T) med for bursitis hasn't helped at all		per REW try II 3X daily - if no help will try cortisone	
7-5-96	(T) Double dose of Indomethacin hasn't helped		called in by medical assistant	
9/11/96	(T) had good day on 9/8 but now sore as before		Cont Skrouds	
			Refills (50) 98/2/80 35	

P6122

D/B 10-8-26

(h) - 404-4591

Curic
Provera
prem 96

NAME Nelva Brumstrng

		HISTORY	PHYSICAL	IMPRESSION	TREATMENT AND
11-2	95	pain in Low abd. mass on left side 2 wk hx hypogastric pain L>R>C ↑ radiation to Q flank. ϕ nausea/vomit intermittent dull + sharp. Nl color/odor ϕ F/C/N/V ↑ H/PM voiding.	WT 177 Bp. 130/82 tender & fullness over L CVA	Diverticulitis Cipro	UA
				WYETH FluShield® 4958115	
3-26	96	Needs written for Premarin to Provera			Prempro .625mg/2.5mg #30 RFX
4-12	96	gyn. pap	WT 170 Bp. 136/70		Vaccine
		Uses Orudis for knee pain.		Headaches Cause ? Nitroglycerin Decrease of headaches Stop Orudis	
		② Some back & suprapubic area. Feels like muscles weak/lost exercises regularly			
		ROS - ✓	✓		
		HEENT - ✓ headaches ↓ on OCPs	✓		
		Resp - ✓	✓		
		CV - ✓	✓	Pain & nodules over anterior neck	
		Neck ✓	✓		
		Chest -	✓		
		CV - ✓	✓ no ②		
		Resp - ✓	✓		
		GI ✓ constipation ↓ on ✓	✓		
		GU ✓	✓	Biopsied 12/94	
		Gyn - see #192	Ectopy of cervix		
		Neuro -	✓		

P6123

D/B 10-8-26 H-464-4541 V

NAME Nelva Brunsting

provera premar.

INKDA		HISTORY	PHYSICAL	IMPRESSION	TREATMENT AND LAB
1-18	95	5 Days of breast tenderness & soreness on previous OCPs Pt's oldest -	WT. 176 B.P. 120/70 Very tender medially & around nipple	fibrocystic ds of breast	VHA VHF mamms
2/17	95	S.T. cong. cough, pain chest onset URI now cough with D.C.	WT 175 (T) 97.1 B.P. 120/76 Erythro Ethril Rx'd Rheum & Kelly (R) lobar	Bronchitis	Brotex
				Tubular	Provera 2.5
7/13	95	sick cough chest problem (1) Runny tired feeling in chest followed by productive cough & clear phlegm. x months Red after swimming (2) adult.	WT. 171 BP. 124/70 T.E.N.T. Brat	Asthmatic bronchitis	Serevent as prevent Proventil pr Erythro 500
		D&B. Hx of cough & bad x 7 years ago. Seen @ that time by pulmonologist who wanted a lung bx - but did not "passed breathing test."			J.R. Stew Parke Davis 02804P

P6124/95

H 464-4571

D/B 10-8-26

NAME Nelva Brumsting

Remain ~~Extra~~

NKDA

	HISTORY	PHYSICAL	IMPRESSION	TREATMENT AND LAB
12-2-94	Gyn, Pap	WT 174		UA Dip
	① Knee Pain on (R) Hx thrombectomy x 2 yrs ago for 2 mo since trip has increased. Pain is posterior & feels stiff — No Ouch or Skewey.	Tenderness Swelling		
	②			
	Gen ✓	✓		
	HE ✓ oulhg	✓		
	Ea when off estrogen			
	Ea	✓		
	EV no	✓		
	Th	✓		
	Neck ✓	✓		
	Chest ✓	✓		
	CV ✓	120/80 now BSR		
	Resp ✓	✓		
	GI ✓	✓		
	GU no cell when cerv — Cycling estrogen on multimedian so stopped protein mass of cervix	Tumor by palpation	Neoplasm VS of top (789.3)	no note Dr to Dr Consult by Dr Cervix of cervix ab-
	Ext ✓ sl pa -	wt (N)		To Thomas
	Skin ✓	✓	Benign	P6125 biopsy
			12-7-94	Onewald #26 r/ dark

h. 464 4591

D/B (O) 10-8 26

NKA

NAME Velva Brunsting — Estrace

	HISTORY	PHYSICAL	IMPRESSION	TREATMENT AND LAB
1/10/89	↓ (L) hand painful bruised radiates up arm began 2-3 mos ago feels emotionally based sometimes worse	WD 167# BP 130/74 Tender over (L) thenar eminence.	Transient inflammation	Naprosyn
10-1-93	Needs Script for Estrace of all rx for 3 mos. Lab Sx are still bad on estrogenics for 15 yrs) Was cycling monthly w/ breakthru bleeding for several yrs.	WT 172	Menopausal (627.2)	Prog 0.625 Estrace 1.25 one daily Progesterone #10
7-15-94	Ache starts in neck goes down (R) to wrist - worse after being still for 1 month	WT 171 110/70 Triceps Weakness ↓ Biceps reflex	Cervical nerve root compression (953.0)	Medrol Dosepack X-ray cervical spine

P6126

D/B 10/8/26

NAME Nelva Brumsting | Estacada

		HISTORY	PHYSICAL	IMPRESSION	TREATMENT AND LAB
10/13/86		(Court) Fell 5 yrs ago. Pain has been present @ first was cyclic (ie last part of month, now comes & goes @ various times.	HEENT Fundi	Migraine vs Trigeminal neuralgia.	Inderal 80 T daily & titrate @ onset Fioricet
10/21/86		↓ Chest cong - feels like something sitting on chest Coughed up blood - Lingers phlegm 3d ago no fever Not on Inderal took @ onset for a Has had cough for + m on & off. Had hemoptysis 3dy	Wt 166# 79° Wheezing on FE & exhale		Amox Theophyl 300 CXR
	X	chest			
1/30/87		(L) ear - closing long time feels like pressure would how c occ'l ache	Wt 167# BP 112/74 79° SL tender over frontals SL retraction neg otherwise	OTEXT Eustachian dysfunction Allergic rhin	Sel tane Sudafed
11/08					

P6127

D/B 10-8-26

NKA

NAME Neva Brunsting Estrace

	HISTORY	PHYSICAL	IMPRESSION	TREATMENT AND LAB
6/6/84	nagging cough - mostly whistles down wheezes then coughs up phlegm began 2-3 mo ago no Rx's - no fever	wt 159# T 97 BP 134/82 ✓ ✓ wheeze bilat	Bronchitis	Tussionex Tet Sol IM
3/22/88	↓ neck - (4) post - 2 mos radiates to shoulder no injury comes & goes worse 1st thing in a.m.'s & to turn head	wt 163# Tender C/V pnt 1st rib & SC area Pulse ↓ c elevation	Thoracic Outlet syndrome	Naprosyn & BSP
	(2) nails brittle & ridged no other thyroid Sx	thyroid not palp	Course!	Labs EBL sent 3/22
1/30/85	relck neck - great while on Nap - finished 2 wks ago running to	wt 162# ↓ Sd triceps ↓ DTR (B) biceps	Thoracic outlet syndrome c/w Sharp CNRC	Restart naps Exercises
2/6/85	relck neck still pain & Rad to (R) arm	wt 162# Tender over cerv spine & parasp muscles		
X	Cervical Spine	NTR & ↓ biceps Strengths seem ok		Overhead traction 6 lbs
10-13-86	h/a - dizziness - began 3 d ago - constant (R) hand side head - has had before 1 x mo x 6 yr. 1-2 days - worse this time. Pain behind (R) eye, then teeth	wt 167# BP 178 T 98.2	Sinus, ear & neck	Will call if worse, otherwise f/u prn

P6128

D/B 10 8 26

NKA

NAME Nelva Brumstead

		HISTORY	PHYSICAL	IMPRESSION	TREATMENT AND LAB
9/20	R	V (R) shoulder fell "landed on it" 5 days - also in (2) side neck	Wt 158# BP 136/80 Tender over AC jnt.	AC separation	Motrin 600
6/10/83		Chest Cong Cough - hurts to cough prod - phlegm head kong - sinus hla - [illegible] ~~[illegible]~~ 8 days ago no fever	Wt 159# T 98° BP 130/80 Chest clr	Bronchitis Sinusitis ??	Amox Entex
		headaches around Ray down neck & Rt eye area	Sinus tens HEENT WNL	Cluster?	Motrin Tylenol Extra
6/14/83		neck - still confusing finished Rx feels like "Someone sitting on chest" tired -	T 98°		
		Wheeze or tickle hurts to breath deep in upper abd & Rt R - no fever.	Tender over R chest 15 over level	Bronchitis Costochond	Tetracycline Keflex
	X	Chest			
4/5/84	(1) V (L) ankle - swollen painful. no injury - began 3-4 wks ago		Wt 159# BP 126/78 Tender post tib tendons	Tendonitis	Naprosyn 500
	(2) V pain (R) chest sudden onset during night - sharp - still sore.			Costo chond	Keflex Robaxin

/B 10826

NKA NAME Mrs E N Brunsting

	HISTORY	PHYSICAL	IMPRESSION	TREATMENT AND LAB
1-20-78	Soreness under Right Breast	T 98.2 Tender over [illegible] Erythema present	Costochondritis	Bextra Heat
10-18-79	V (R) lower chest thought might have cracked rib last night hurt now headache - passed out during night -	T		
	(1) Struck 2 days ago along (R) sternum, Couldn't stand yesterday. now not tender	Tender 4th c.t. Medially	Costochondral injury	D
	(2) Not well this wk. now dizzy & feels full in ears	neg HEENT Chest clear 100/60	URI & Labyrinthitis	Antivert Ery
2 1977	(R) lower chest - flared up - chills, fever coughing	Wt 153# T 98.6 HEENT. Rales (R) base minimal.		Erythro PVCs
7.9	has had cough since last winter - coughed up blood yesterday Low grade cough prod clear sput. ~ 4 days no fever or night sweats in sput - Bright bld — Continual cough 10 days	Wt 158# T 98 BP 116/74 HEENT c CR [illegible] base (probably hx) not dull to percuss. sl ↓ ↓ w	Chronic bronchitis ↓ small segmental bronchiectasis VS allergic cough syndrome	Tet 500 qid Tussionex
	X Chest PA & Lat			

P6130

NAME Mrs E. D. Brunsting (Nelva)

	HISTORY	PHYSICAL	IMPRESSION	TREATMENT AND LA
6-28-74	Ck. Breast	small cyst T 98°		aspirated
		[illegible]		fluid &
				left
7-18-74	Remove	face		
7-21-74	Stitches out			
3-20-75	Gyn check & Pap	Ht 69½ Wt 154		
	No complaints			
	ROS Gen			
	HEENT ✓		✓	
	CV ✓			
	Resp ✓			
	Abd - area above,		✓	
	recess			
	Ped ext const	Cyst aspirated	Cysts	Aspirated
	Gyn S and pelvic	Cervix SL inf		
	6 mo.	area upper lip -	mild cervicitis	
		Ht dysp	only - new pt	
		ovar not P		
	Ext - gen legs	Varicosity		
1-8-76	Vag pr -	SL eryth ex	WNL	AVC cream
	itching mildly			
	No discharge			
	Monostat didn't			
	help.			

P6131

/B

NAME Mrs E. H. Brunsting (Nelva) Age: 69

		HISTORY	PHYSICAL	IMPRESSION	TREATMENT AND LAB
4-76		Gyn Ck x pap	4'11" 70# Wt 156		
		See Gyn hx			
		Gen - ✓			
		HEENT	✓		
		CR Palp. on "off" Lisinopril			
		Brst - Had cyst that "broke" c injury	✓		
		GI neg BMs recently & SI discomfort.	✓		
		Urin Dipstick - neg			
		Gyn - Bleeding intermittently for 2 yrs bleeds ~ 9 days Spotted this last PM after rel.	wt normal Sz. Otr Ovaries upper lim.	Menopausal VS Post menstrual bleeding.	
		NM - ✓	✓		
5-16-76		Ck. L Knee Pain & stiffness esp after sitting Injured ~ 8 mos ago but no injury since	Effusion medial joint tenderness No instability		Motrin
	X	~~Rt~~ Knee			
7-27-76		Ck L Knee pain localized to med joint	Tender med joint		Quad exercises Buf Alka Rx T&S for elevation
2-13-77		Left leg swollen	Erg & swelling below med post to Rt malleolus over peroneal tendon	Thrombophlebitis	P6132 Rx Buf Alka