100450

William K. Thayer
ATTORNEY AT LAW
914 Esther Street
Post Office Box 703
Vancouver, Washington 98666

(206) 695-4244

December 3, 1985

Skamania County Board of Commissioners
P.O. Box 790
Stevenson, Washington 98648

Dear County Commissioners:

I am having our claim for damages in the matter of Gary Donohue vs. Skamania County served upon you. Please advise at your earliest opportunity as to who will be handling this claim on behalf of the County so that I will know where to address future correspondence.

If, after reviewing these materials, you have any questions, need for additional information, or wish to discuss settlement of this claim, please feel free to call me.

Sincerely,

William K. Thayer

WILLIAM K. THAYER
Attorney at Law

WKT/kp

Enclosure: Settlement Brochure

100450

CLAIM FOR DAMAGES

TO: THE BOARD OF COUNTY COMMISSIONERS OF SKAMANIA COUNTY, WASHINGTON

STATE OF WASHINGTON:
:ss
County of Clark :

PLEASE TAKE NOTICE that in accordance with Chapter 36.45 of the Revised Code of Washington, I, Gary Donohue hereby present you with my claim for damages against the County of Skamania, State of Washington, and hereby further supply the information to be given by RCW 36.45.020 as follows:

1. That the injuries for which I claim damages against the County of Skamania, State of Washington, occurred on July 13, 1984.

2. That the primary place of injury was on the Wind River Road, approximately one mile South of Carson, Skamania County, Washington, between SR14 and Carson.

3. That the description of the cause of my injury includes the acts, errors, and omissions, negligently done or omitted by Skamania County Deputy Sheriffs Christopher Ford and others whose identity is presently unknown but who also acted as their representatives, agents, employees and/or servants of Skamania County, Washington;

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that such acts and omissions herein described ultimately led to, and were the proximate cause of the infliction of physical and emotional injuries sustained by the Claimant. Specifically, said deputy and/or deputies, in making a traffic arrest of one Virgil Young, at the date and place indicated previously, negligently left the scene of the arrest and the automobile which had been driven by Mr. Young parked in an unsafe and dangerous area, too near the road way or on the road way and further failed to put out flares, barricades, or other warning devices or to otherwise safely remove the vehicle to a position of safety, arrange for its tow to a position of safety, and/or to wake up Claimant, who was a sleeping passenger in said vehicle, and remove him or at a minimum warn him of the unsafe and dangerous circumstances then existing. Subsequent to said deputies having departed the scene, another vehicle, driven by one Patrick McCracken, collided with the vehicle in which Claimant was sleeping, forcing said vehicle off of an embankment. The above-described deputies then again acted negligently in failing to ensure Claimant's prompt receipt of medical care, transportation to a hospital for medical aid, and otherwise in failing to ensure prompt medical aid for Claimant, who was suffering from shock and confusion as a result of the collision.

4. That the injuries described are as follows:

Special damages including medical bills, pharmaceutical, lost wages, transportation for health care costs, long distance telephone calls to healthcare providers, and future medical medical expenses,

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all in the amounts indicated as set forth on the attached summary of damages, which is hereby incorporated herein by this reference. In addition, Claimant has suffered general damages in an amount set forth in the summary of damages, a copy of which is appended hereto and hereby incorporated herein by this reference. Claimant's injuries are more specifically and completely described in the attached medical records, hereby submitted with this claim and incorporated herein by this reference.

5. That the actual residence of the Claimant at the time of presenting and filing this claim is MPO 179 Little Road, Skamania, Skamania County, Washington.

That the actual residence of the Claimant for a period of six months immediately prior to the time that this claim accrued was Pearl Road, Carson, Skamania County, Washington.

DATED this 10th day of September, 1985.

CLAIMANT -- GARY R. DONOHUE,

SUBSCRIBED and SWORN to before me this 10th day of September, 1985.

NOTARY PUBLIC in and for the State of Washington, residing at Vancouver.

William K. Thayer
Attorney at Law
914 Esther Street
P.O. Box 703
Vancouver, WA 98666
(206) 695-4244

DONOHUE V. SKAMANIA COUNTY

DOL: 7/13/84

SUMMARY OF DAMAGES

SPECIALS:

Past Medical:

Mid-Columbia Family Physicians	$161.00
Stevenson Chiropractic Clinic	$465.00
Vancouver Orthopedic Group	$487.00
Skyline Hospital	$279.50
St. Joseph's Community Hospital	$604.85
Herman C. Klingenmaier (Anesthesiologist)	$140.00
TOTAL	$2,137.35
Past Pharmaceutical	$59.05
Health Care Related Transportation Costs	$12.00
TOTAL PAST SPECIALS	$2,208.40
Estimated Future Medicals (Including pharmaceutical, Arthroscopy expense, other medical follow-up expenses)	$1,500.00
TOTAL MEDICAL SPECIALS	$3,708.40

Wage Loss/Impaired Earning Capacity:

Past: Approximately 16 months x 160 hours per month x $10.00 per hour =	$25,600.00
Future: Estimated additional 3 months x 160 hours per month x $10.00 per hour	$4,800.00
TOTAL WAGE LOSS	$30,400.00

(Impaired earning capacity damages for decreased ability to work in woods or at other manual labor jobs are built into general damages figures).

TOTAL SPECIALS	$34,108.40

GENERALS:

Past:	Approximately 480 days x $50.00 per day =	$24,000.00
Future:	Next year x $20.00 per day =	$7,300.00
	38.61 years* x 365 days x $2.00 per day =	$28,185.30
TOTAL GENERALS		$59,485.30
TOTAL SPECIALS AND GENERALS		$93,593.70

* Life expectancy for 35 year old man.
See WPI (6 Washington Practice) Appendix.

VANCOUVER ORTHOPEDIC GROUP, P.S.
ORTHOPEDIC, FRACTURE, HAND SURGERY AND SPORTS MEDICINE

BEN H. McGOUGH, JR., M.D.
ROBERT G. BUMP, M.D.
JOSEPH S. SACAMANO, M.D.
T. DAVID HAYES, M.D.
EDGAR K. RAGSDALE, M.D.

EAST SIDE OFFICE
505 N.E. 87TH AVE., VANCOUVER, WASHINGTON 98664
TELEPHONE 254-6161

WESTSIDE OFFICE
3212 MAIN ST., VANCOUVER WASHINGTON 98663

October 8, 1985

William K. Thayer
Attorney at Law
PO Box 703
Vancouver, WA 98666

Re: Gary R. Donohue

Dear Mr. Thayer:

Enclosed please find copies of my office records as well as various communications concerning this patient.

As you can see from perusal of these records, the patient has had a rather perplexing problem. He has a painful clicking in his shoulder but he did not actually dislocate or sublux his shoulder.

We have therefore recommended the patient have an arthroscopy to attempt to better delineate his exact problem.

Sincerely,

Ben H. McGough, M.D.

BHM:pag

encl

PROGRESS RECORD

VANCOUVER ORTHOPEDIC GROUP, P.S.
505 N.E. 87th
Vancouver, WA 98664

BEN H. McGOUGH, JR., M.D.
ROBERT G. BUMP, M.D.
JOSEPH S. SACAMANO, M.D.
T. DAVID HAYES, M.D.
EDGAR K. RAGSDALE, M.D.

NAME: DONOHUE, GARY R.
D.O.B. 9-27-51
Insurance: DPA
laim # 718 21 Dislocation L Shoulder.
718.C9751 Donohue B 726.0 Dislocation, L Shoulder

MAY 20 1985	The patient continues to have a lot of soreness and giving-way of his shoulder.
V.M.M.	
OFFICE	On examination today, I was able again to produce a painful click.
7-17	I feel he should have arthroscopy and possible capsulorrhaphy and we will plan to set this up so that Dr. Ragsdale and I can do this together. BHM:pag
5-22-85	Message left with pt. mother for pt. to call Central Reviews to send for surg. approval. Cmm
8-30-85	Letter to DPA. BHM:j
10-8-85	Letter to Attorney Thayer. BHM:pag

PROGRESS RECORD

VANCOUVER ORTHOPEDIC GROUP, P.S.
505 N.E. 87th
Vancouver, WA 98664

BEN H. McGOUGH, JR., M.D.
ROBERT G. BUMP, M.D.
JOSEPH S. SACAMANO, M.D.
T. DAVID HAYES, M.D.
EDGAR K. RAGSDALE, M.D.

NAME: DONOHUE, GARY R.
D.O.B. 9-27-51
Insurance: DPA
claim # SR-092751-Donoh-B

718.21 Dislocation, L Shoulder
726.0 Tendinitis L. Shoulder

2-20-85	Surgery scheduled SJH 3-1-85 T.T. gen. Rotator cuff repair (R) shoulder.
FEB 26 1985	Chart
MAR 4 1985	Hospital history and physical dictated. BHM:j
3-14-85	Letter to DPA. BHM:j
	Patient states that he states his shoulder has come out again on him. On examination today I am able to produce a painful click in the shoulder. The shoulder did not subluxate with the painful click, however.
	I will ask Dr. Ragsdale to see the patient for evaluation for possible diagnostic arthroscopy. BHM:j
	Letter to Dr. McGough. EKR:pag

PROGRESS RECORD

VANCOUVER ORTHOPEDIC GROUP, P.S.
505 N.E. 87th
Vancouver, WA 98664

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T. DAVID HAYES, M.D.
EDGAR K. RAGSDALE, M.D.

NAME: DONOHUE, GARY R.
D.O.B. 9-27-51
Insurance: DPA
I.D.# SR.092751-DONOH-B

847.0 Strain C. Spine
847.2 " Lumbar spine
840.9 " L. shoulder
718.21 Dislocation left shoulder

07 1984	L. shoulder out of socket 3 times.
ST. JOES OFFICE	A.A. - asleep in passenger side car parked (friend to get.) car knocked 40 ft over embankment. Pinned himself. woke on his back next day 2 wks ago again
24-84	Letter to Dr. Fitzsimmons. BHM:j
9-21 1984	The patient had another dislocation of his shoulder after I saw him on 9-7-84. Dr. Fitzsimmons called me and discussed this problem with me. The patient certainly gives a good history of having it spontaneously dislocate and go back into place with his manipulation. Today he still has some tenderness.
ST. JOES OFFICE	
-84	Because of the fourth dislocation, we will go ahead now and examine under anesthesia and do DuToit repair, if his symptoms continue. BHM:j
25-84	Request to DPA for surgery. j
10-1-84	Surgery approval received from DPA.
10-3-84	Surgery scheduled SJH 10-23-84 7:00 am. Arthroscopy possible Du Toit repair (L) shoulder. Dr. R. to assist.
10-17-84	Appt. made w/ Dr. Snelling for abnormal lipids for 10-18-84 2:00pm Pt. notified. Profile results given to office.
10-18-84	CBC results given to Dr. Snelling's office.
10-18-84	Dr. Snelling called pt did not keep above appt. Surg. cancelled per Dr. DC unable to reach pt.
10-19-84	Pt. notified of surg. cancelled. Pt. states he did not have transportation. states he will make another appt. w/ Dr. Snelling.
2-8-85	Request for surgery resubmitted to DPA.

VANCOUVER ORTHOPEDIC GRC.., P.S.
ORTHOPEDIC, FRACTURE, HAND SURGERY AND SPORTS MEDICINE

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EAST SIDE OFFICE
505 N.E. 87TH AVE., VANCOUVER, WASHINGTON 98664
TELEPHONE 254-6161

WESTSIDE OFFICE
3212 MAIN ST., VANCOUVER WASHINGTON 98663

August 30, 1985

Department of Social & Health Services
P.O. Box 817 MS B30-1
Stevenson, WA 98648

Re: Gary R. Donohue
GR 092751 DONOH B

Gentlemen:

Enclosed please find a copy of my report from Dr. Ragsdale. Also find copy of my original report to Dr. Fitzsimmons of September, 1984. The patient continues to have difficulty with his shoulder. I feel he should have an arthroscopy and capsulorrhaphy and am therefore requesting authorization for this procedure.

Sincerely,

Ben H. McGough, Jr., M.D.

BHM:j

Encl.

VANCOUVE.. ORTHOPEDIC GROUP, P.S.
ORTHOPEDIC, FRACTURE, HAND SURGERY AND SPORTS MEDICINE

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T. DAVID HAYES, M.D.
EDGAR K. RAGSDALE, M.D.

LYNNE LAHMANN
Business Administrator

(206) 254-6161

May 6, 1985

Ben H. McGough, M.D.
505 NE 87th Avenue
Vancouver, WA 98664

Re: Gary R. Donohue

Dear Doctor McGough:

I saw Gary Donohue at your request on May 2, 1985.

This 32-year-old was injured on July 13, 1984. He had been in an automobile which was driven over an embankment and he had subsequent pains in his neck, back and shoulders. He felt that the shoulder popped out of its socket at that time and he was able to reduce it himself. He subsequently had dislocation episodes in the abducted, externally rotated position and was seen by yourself on September 10, 1984. He subsequently had several episodes of subluxation and because of this, an examination under anesthesia was performed March 4, 1985 but no dislocation was obtained. Since that time, he has had the shoulder slip on two occasions, once while in the shower scrubbing under the arm and lifting it up to perform this maneuver and another time when he put his arm up on the back of a sofa. At all times, spontaneous reduction was obtained. When last seen by you, he had a painful click in the shoulder.

At the present time, he has a marked apprehension when the arm is brought into abduction and external rotation. He can elevate the arm forward to about 160° however. Any attempts at abduction from this position causes apprehension. He is tender over the anterior portion of the glenoid but not over the rotator cuff. When the arm is brought from 70° to 80° of abduction, there is a pop within the shoulder which is consistently reproducible. This gives him pain. He has normal reflexes, sensation and motor function.

Impression: Probable subluxing left shoulder with some degree of impingement on the glenoid labrum.

EAST SIDE OFFICE
505 N.E. 87th Avenue, Vancouver, Washington 98664-6440 • WEST SIDE OFFICE 3212 Main Street, Vancouver, Washington 98663-6313

I think with his consistent history of subluxation and physical findings of popping and apprehension, arthroscopy of the shoulder would be indicated.

Sincerely,

Ed

Edgar K. Ragsdale, M.D.

EKR:pag

VANCOUVER ORTHOPEDIC GR(_ ?, P.S
ORTHOPEDIC FRACTURE HAND SURGERY AND SPORTS MEDICINE

'NH McGOUGH, JR., M.D.
OBERT G. BUMP, M.D.
JOSEPH S. SACAMANO, M.D.
T. DAVID HAYES, M.D.
EDGAR K. RAGSDALE, M.D.

EAST SIDE OFFICE
505 N.E. 87TH AVE., VANCOUVER, WASHINGTON 98664
TELEPHONE 254 6151

WESTSIDE OFFICE
3212 MAIN ST., VANCOUVER WASHINGTON 98663

March 14, 1985

Margie Nystrom
Incapacity Specialist
Department of Social & Health Services
P.O. Box 751
Vancouver, WA 98666

Re: Gary R. Donohue
30 U 8508

Dear Ms. Nystrom:

Mr. Donohue had examination under anesthesia of the left shoulder on 3-4-85. The shoulder would not dislocate at that time. He will be off work for another two or three weeks, at least. I will check him in the office again in about two weeks.

Sincerely,

Ben H. McGough, Jr., M.D.

BHM:j

VANCOUVER ORTHOPEDIC GR( )P, P.S
ORTHOPEDIC FRACTURE HAND SURGERY AND SPORTS MEDICINE

N H McGOUGH, JR, M D
ROBERT G BUMP, M D
JOSEPH S SACAMANO, M D
T DAVID HAYES, M.D.
EDGAR K RAGSDALE, M D

EAST SIDE OFFICE
505 N E 87TH AVE, VANCOUVER, WASHINGTON 98664
TELEPHONE 254 6161

WESTSIDE OFFICE
3312 MAIN ST, VANCOUVER WASHINGTON 98663

September 10, 1984

Ray Fitzsimmons, M.D.
Rock Creek Clinic
P.O. Box 390
Stevenson, WA 98648

Re: Gary R. Donohue

Dear Doctor Fitzsimmons:

The above-named patient was seen on 9-7-84. This 32-year-old man gives a history of being injury on 7-13-84. He states he was asleep in an automobile when the police stopped the vehicle and took his friend, the driver of the vehicle, to jail. The patient states that the car was struck some time later and driven over a 40 foot embankment. The patient was injured and apparently was taken to the hospital at White Salmon where x-rays of his neck, back and shoulder were taken. The patient states that his left shoulder popped out of socket at the time of the accident and that he was able to reduce it himself. He states that the next day he moved his left arm into an abducted and extended position and that the shoulder again dislocated and he again reduced this himself. His arm apparently was placed in a shoulder immobilizer, but he states he took the immobilizer off about two weeks and again accidentally got his arm in an abducted extended position and his shoulder again dislocated and he was again able to reduce it himself. He has continued to have some soreness in his shoulder since that time.

He states also that he has had pain in his neck, back and leg since that time. He states he has worn a cervical collar since then and complains of pain which extends from his neck all the way down into his calves, even into the bottom of his feet. He states he has stabbing pains extending all the way up and down his back. He states that he has had trouble moving, standing or being active since that time. He states that everything he does essentially makes the pain worse, including sitting, walking, lying on his side with his knees bent up and lying flat of his back also makes the pain worse. He states that he is a timber thinner and was in good health prior to the accident.

Examination today reveals the patient to be a healthy appearing white male who wears a cervical collar. He is careful to hold his neck very rigidly. Examination of the left shoulder reveals some tenderness on the anterior aspect of the shoulder joint. The shoulder can be abducted to about 30° and flex to about 90°. Pain is produced at this point. The patient is wearing a shoulder immobilizer. Examination of the neck after the collar is removed initially shows essentially no active motion of the cervical spine. But, after I encouraged the patient considerably, he demonstrates quite a satisfactory passive and active assistive range of motion of his neck. He tends to hold his neck very rigidly but once he is relaxed his neck moves quite nicely and he demonstrates no involuntary muscle spasm.

Examination of his back reveals diffuse complaints of tenderness, even to light touch all up and down his spine. He demonstrates fairly good range of motion. He can bend forward and reach the mid-tibial area. He complains of pain as he assumes an extended position and also complains of pain with any lateral bending. Straight leg raising however does not produce significant pain and neurologic examination of the lower extremities is entirely normal.

X-rays of the left shoulder today, AP, lateral as well as West Point views are taken and these are found to be normal. X-rays of the neck, AP and lateral views, are also normal except for some mild narrowing of the C4-5 disc space. X-rays of the lumbar spine reveal some minimal arthritic changes, but are otherwise normal.

IMPRESSION: The patient undoubtedly has a strain to his cervical spine and perhaps his lumbar spine. However, I believe he is exaggerating considerably his symptoms. He apparently did have a dislocation of the left shoulder and still seems to have some tenderness in the shoulder. I have encouraged him to continue the shoulder immobilizer for two more weeks and then begin regular activity. If it dislocates another time, then a shoulder capsulorrhaphy will be indicated. I advised him to attempt to exercise more loosening up his back and neck and would hope that this symptoms will go ahead and clear with time. I would be happy to see him again, if his symptoms fail to improve. I believe an attitude

of increasing activity and rapid return to work would be more beneficial to this patient than any other.

Thank you very much for asking us to see this patient.

Sincerely,

Ben H. McGough, Jr., M.D.

BHM:j

CHIEF COMPLAINT: Dislocation, left shoulder

HISTORY OF PRESENT ILLNESS: This 32 yr old patient was injured in an auto accident on 7/13/83. He was riding in a vehicle. He went off a 40 ft. embankment and received injuries to his neck, back and shoulder. He was initially seen in the White Salmon area. He states his left shoulder popped out of the socket at the time of the accident and he was able to reduce it himself. He stated that the next day he moved his arm into an abducted and extended position and the shoulder again dislocated and he again reduced it. He has had numerous dislocations since that time. He has kept his shoulder immobilized in a shoulder immobilizer. Surgery was planned much earlier but he was found to have abnormal liver profile and Dr. Soelling saw him and evaluated him and felt it was due to drinking. He got him to stop drinking for awhile, his liver profile studies have improved and he is now admitted for capsulorrhaphy of his shoulder.

PAST MEDICAL HISTORY: Reveals the patient to be in generally good health otherwise. He gives no history of heart disease, diabetes or kidney disease. He has had a drinking problem. He has had some high blood pressure and is presently on Inderal 40 mg b.i.d. He smokes less than 1 pack of cigarettes a day. He has no history of chest pain, shortness of breath or bowel or bladder symptoms.

FAMILY HISTORY reveals the patient's father to have died, age 42, of heart disease. Mother is living and well at 55.

EXAMINATION: General -- The patient is 5'10", he weighs 200 lb., blood pressure 120/100.

HEENT: Thyroid not palpable. No nodes in the neck.

HEART: Normal sinus rhythm. No murmurs.

LUNGS: Clear.

ABDOMEN: Soft. No masses. The liver is palpable at the costal margin on inspiration. There is no tenderness.

MUSCULO-SKELETAL: Examination of the left shoulder reveals some tenderness about the shoulder and resistance to abduction and external rotation. There is good circulation and sensation present.

IMPRESSION: 1. Recurrent dislocation, left shoulder.

D&T: 3/4/85 /sk BEN MC GOUGH, M.D.

PATIENT NAME
DONOHUE, GARY
16 23 64
MC GOUGH
Adm 3/4/85 213 B5

Southwest Washington Hospitals
[ ] ST. JOSEPH [ ] VANCOUVER MEMORIAL
PATIENT HISTORY AND PHYSICAL EXAMINATION

DATE OF OPERATION 3/4/85

PRE-OPERATIVE DIAGNOSIS: Recurrent dislocation, left shoulder.

POST-OPERATIVE DIAGNOSIS: Probable tendinitis, left shoulder, with some possible subluxation.

SURGEON: McGOUGH ASSISTANT:

OPERATION PERFORMED: Examination under anesthesia, left shoulder.

FINDINGS: GROSS: DESCRIBE ALL PATHOLOGICAL FINDINGS AND ALL ORGANS EXPLORED, NORMAL AND ABNORMAL.
PROCEDURE: ALL OPERATIONS DESCRIBED IN FULL.

DESCRIPTION OF PROCEDURE: After good general anesthesia, the left shoulder was examined. I expected to easily dislocate the left shoulder since the patient did have a good history of recurrent dislocation of the left shoulder; however, I was unable to dislocate the shoulder. There was a slight snapping and very mild subluxation, but I did not feel that this warranted an operative procedure. Therefore the patient was taken to the Recovery Room and allowed to wake up and will be followed as an outpatient. I believe his pain probably represents tendinitis. We will continue to try to treat this conservatively.

D 3/4/85
T 3/5/85

BEN McGOUGH, M.D./brc

NAME
CLAHUE, Gary R.
McGOUGH 16-23-64

Dis 3/4/85

Southwest Washington Hospitals
VANCOUVER, WASHINGTON
ST. JOSEPH COMMUNITY HOSPITAL
VANCOUVER MEMORIAL HOSPITAL
OUTPATIENT OPERATION

9-7-84 DONOHUE, GARY 9-27-57
Views of the lumbar spine (AP, lateral, spot lateral) reveal some arthritic changes at L1-2. The disc spaces are well-maintained. There is no bony abnormality. X-ray of the cervical spine (AP and lateral views) reveal some slight narrowing of the C5 disc space but are otherwise normal. BHM:pag

9-7-84 DONOHUE, GARY 9-27-57
Views of the left shoulder (AP, lateral, obliques) reveal the bony architecture to be normal. There is no obvious erosion of the glenoid. BHM:pag

WASHINGTON STATE DEPARTMENT OF SOCIAL & HEALTH SERVICES

PHYSICAL EVALUATION

VANCOUVER ORTHOPEDIC GROUP, P.S.

Name Gary R. Donohue Birthdate 9/27/51 Case Number

Impairment/symptoms claimed by person

I authorize _____ to release to the Department of Social and Health Services the following information regarding my condition, including information concerning mental health, alcohol or drug abuse, and sickle cell disease.

Signature _____ Date _____

RELEVANT MEDICAL HISTORY:

1. Problem List (List in order of severity, starting with the most significant diagnosis. Rank each diagnosis on a scale of 1-5 with 1 = no impairment and 5 = severe impairment)

"1" - No impairment

"2" - Mild impairment. Condition would not significantly interfere with basic work-related activities.

"3" - Moderate impairment. There is a significant interference with one or more basic work-related activities.

"4" - Marked impairment. There is a very significant restriction of the ability to perform one or more basic work-related activities.

"5" - Severe impairment. The medical condition itself is so serious that the ability to perform one or more basic work-related activities is absent.

Basic work-related activities are sitting, standing, walking, lifting, handling, carrying, seeing, hearing, communicating, and understanding and following directions.

Problem	Diagnosis (including ICD number)	Severity Rating
1. dislocation left shoulder	831.01	5
2.		
3.		
4.		
5.		

— Length of time requir[illegible] r treatment?

— Residual effects after completion of treatment?

EFFECT OF IMPAIRMENTS

Please indicate this individual's present functional capacity, based primarily on your objective findings and clinical judgment.

1. ☐ No Physical Limitation

2. Basic Exertional Abilities:

☐ ***Unlimited***

☐ Limited, but has the following maximum capacities to:

a. Occasionally (less than one-third of the time) lift and/or carry:

☐ Less than 10 lbs. ☐ 10 lbs. ☐ 20 lbs. ☐ 50 lbs. ☐ More than 50 lbs.

b. Frequently (one-third to two-thirds of the time) lift and/or carry:

☐ Less than 10 lbs. ☐ 10 lbs. ☐ 25 lbs. ☐ 50 lbs.

c. The ability to stand and/or walk off and on for a total of 6 hours (per 8-hour day) is:

☐ Absent ☐ Severely restricted ☐ Moderately restricted ☐ Mildly restricted ☐ Unrestricted

d. The ability to sit off and on a total of 6 hours (per 8-hour day) is:

☐ Absent ☐ Severely restricted ☐ Moderately restricted ☐ Mildly restricted ☐ Unrestricted

3. Non-exertional abilities: Check each activity in which the patient is at least moderately restricted.

a.	Balancing	☐	d.	Crouching	☐	g.	Pulling	☐	i. Reaching ☐
b.	Climbing	☐	e.	Handling	☐	h.	Pushing[1]	☐	j. Stooping[2] ☐
c.	Crawling	☐	f.	Kneeling	☐				

[1]Including hand or foot controls
[2]Forward bending

4. Other limitations?

DURATION

[illegible] any limitation exists, please estimate how long (weeks, months?) this individual will be limited to the degree indicated in this report.

Mr. Donohue will be unemployable for 3 months

F. SUBSTANCE ABUSE Complete this section if there is any indication of alcohol or drug abuse.

1. To what extent does alcohol or drug abuse contribute to or exacerbate any other diagnosed conditions?

- ☐ No other diagnosed conditions.
- ☐ Interferes with treatment.
- ☐ Does not apply to or significantly affect the condition(s)
- ☐ Delays improvement.
- ☐ Directly causes or exacerbates the condition(s).
- ☐ Other (please explain):

2. Would abstinence from alcohol/drugs have a significant impact on individual's other diagnosed impairments?

- ☐ No significant impact.
- ☐ Yes, would decrease severity.
- ☐ Yes, would decrease duration.
- ☐ Other (please explain):

3. Would you recommend that this individual be referred for further alcohol/drug assessment and/or treatment?

☐ Yes ☐ No ☐ No opinion

G. ADDITIONAL REMARKS (Use this space to report any other information, such as results of tests, clinical observations, or other factors which in your professional opinion may have a bearing on this individual's ability to work either on a job or in the home.)

H. May this report be released to the patient at his/her request? ☐ Yes ☐ No

Signature/Title
Examining physician: Ben M C Gough MD

Date 2/12/85

Signature/Title
Releasing Authority:

(For use by Veterans' Administration)

Print Name: Ben H. Mc Gough M.D.

Address: 505 N.E. 87 Ave, Vancouver, Wa.98664

Examination Date: Telephone: 254-6161

Ray Fit: .mons, M.D./cdh

7-16-84

Gary Donahue

PROBLEM: Muscle spasm, contusion, MVA

S: On 7-13-84 this gentleman was involved in a MVA. He was asleep in a stopped vehicle which was rear-ended and pushed down an embankment 30-40 feet. When he woke up he was okay and was able to walk away from the accident but over the last couple days has had a lot of muscle pain, neck pain, low back pain, and some left shoulder pain. He saw a chiropractor in Stevenson today who said that he was in a lot of pain and asked me to write him a prescription for pain. I asked the chiropractor to send the patient to see me. The patient is not complaining of any other problems. No abdominal pain, numbness in fingers, etc.

O: Has exquisite tenderness in the muscles of the neck and the back. There is also some spine tenderness although minimal in the neck and low back. Shoulder has pretty good ROM and does not appear to be dislocated or fractured. XRs that were sent from the chiropractor show what appears to be a normal spine, although C-7 is hard to see. There were no XRs of the shoulder or l-spine.

A: Neck strain.

P: I was hesitant to treat this gentleman, as I felt we ought to have full XRs of his back, shoulder, neck and have a radiologist also read them. I called my partner in White Salmon and he agreed to see him in the ER and evaluate him as he saw necessary. The patient, however, refuses to go to the ER and at this time refuses further XR. I had him sign a statement indicating he refused that type of treatment. I have offered him the option of going up. He refuses. I have said that he can return to see me if he would like or do further follow up with chiropractor. I emphasized that he could have serious injuries. I even offered to take him to White Salmon in my car but this was not acceptable to him. I dispensed Valium 10 mg., #20 to be taken 1-2 q.i.d. for muscle spasm.

Ray FitzSimmons, M.D./cdh

7-20-84

Donohue, Gary

PROBLEM: Whiplash injuries of neck and low back, dislocated shoulder (possible) s/p MVA

S: Patient returns and has decided to have a second opinion concerning his injuries. He agrees at this point to get c-spine, l-spine, CXR and left shoulder films at the hospital. He states that his shoulder has dislocated twice since the accident but he has put it back into place himself both times.

O: HEENT: Exam including funduscopic normal. Left shoulder does not appear to be dislocated at this time. Still has tenderness in upper and lower back. Reflexes are symmetric, Babinski's down going. Abdomen soft. Could not void for UA today. He states his urine is not bloody.

A: Injuries from MVA.

P: As above; to Skyline Hospital. Will get UA, CBC there and call me with results. Will get XRs as above. Have given him Rx for Tylenol #3, #30 to take 1-2 t.i.d., no refills; Valium, #40, 5 mg., 102 q.d. He will return Monday morning.

Ray FitzSimmons, M.D./cdh

7-24-84 - Rec'd Tylenol #3 [illegible] per Dr. [illegible] by phone

Stevenson Chiropractic Clinic
P.O. Box 726
Stevenson, Wa. 98648

William K. Thayer
Attorney At Law
P.O. Box 703
806 West 13th St.
Vancouver, Wa. 98666

Re: Gary R. Donohue, Date of Loss: 7/13/84

Dear Mr. Thayer:

On 7-16-84 Mr. Donohue came to this office claiming that he had injured himself due to a car accident.

I performed a comprehensive examination on Mr. Donohue and the following orthopedic and neurological tests were either positive for pain or diminished in their response to testing:

The Cervical flexion was decreased to 20 degrees with pain. The Cervical extension was decreased to 10 degrees with pain. The Kemps test was positive for pain bilaterally. The Straight Leg Raise test was positive for pain bilaterally. The Braggards test was positive for pain bilaterally. The Soto Hall test was positive for pain in the Lumbar and Cervical spine. Minor sign was present.

X-rays revealed no fracture. There was no osseous pathology. There are however multiple intersegmental vertebral disrelationships of the cervical, thoracic and lumbar spine.

My working diagnosis for this case is: cervical sprain/subluxation; thoracic sprain/subluxation; lumbar sprain/subluxation; and Brachial radiculitis bilateral.

Prognosis for Mr. Donohue is good.

Thank you,

Robert W. Sainz, D.C.

RWS:vd

Stevenson Chiropractic Clinic
P.O. Box 726
Stevenson, Wa. 98648

William K. Thayer
Attorney At Law
P.O. Box 703
806 West 13th St.
Vancouver, Wa. 98666

Re: Gary R. Donohue, Date of Loss: 7/13/84

Dear Mr. Thayer:

On 8-3-84 Mr. Donohue came to this office complaining of pain in his cervical, thoracic and lumbar spine.

I performed a re-examination on Mr. Donohue and the following neurological and orthopedic tests were positive for pain:

The Cervical flexion was decreased to 20 degrees with pain. The Cervical extension was decreased to 10 degrees with pain. The Orthopedic Kemps test was positive for pain bilaterally. The Straight Leg Raise test was positive for pain bilaterally. The Braggards test was positive for pain bilaterally. The Soto Hall test was positive for pain in the lumbar and cervical spine. Minor sign was present.

Prognosis for Mr. Donohue is good.

Thank you,

Robert W. Sainz, D.C.

RWS;vd

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Olympia, Washington 98504-0005

September 6, 1985

William K. Thayer
Attorney at Law
914 Esther St. P.O. Box 703
Vancouver, WA 98666

RE: Gary R. Donohue
ID#: GR 092751 DONOH B
DOI: 7/13/84

Dear Mr. Thayer:

Please be advised that this agency has asserted a lien for medical payments made on behalf of the above.

We have a paid statutory lien claim in the amount of $1,043.35. You will be advised if further billings are paid.

I have enclosed a copy of our accounting of payments and a copy of our lien for your file.

If I may be of further assistance, please feel free to contact me.

Sincerely,

Debbie Andersen

Debbie Andersen
Tort Liability Unit
Office of Provider Services
Post Office Box 9256, MS/HA-11
Olympia, Washington 98504

In state: 1-800-562-6136
Out of state: (206) 753-2571

Enclosure

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL RECOVERY
MEDICAL RECOVERY REPORT

INSURANCE INFORMATION

RE: Donohue, Gary R.
GR092751-B

Insurance Name:

Subscriber:

Social Security:

Gr or Pol No:

Employer:

VENDOR	ADDRESS	DATE	RA DATE	AMOUNT	VENDOR TOTAL	DISPOSITION
Mid-Columbia Family Clinic		7/27-8/17/84	9/10/84	16.45		
		8/23/84	9/17/84	16.45		
" "		9/20/84	10/22/84	25.99		
Haynes Retail Pharmacy		8/3/84	9/3/84	11.85		
		8/17/84	9/17/84	5.50		
		8/21/84	9/17/84	11.85		
		8/28/84	9/17/84	5.50		
		9/19/84	10/15/84	8.25		
Physicians Medical Labs		9/21/84	11/19/84	71.66		
Vancouver Ortho. Group		9/21/84	11/5/84	16.45		
		9/7/84	1/21/85	82.92		
		3/4/85	5/27/85	85.07		
Herman C. Klingenmaier		3/4/85	4/1/85	80.56		
St. Joseph Gmn. Hospital		3/4/85	4/8/85	604.85		

Prepared By

SHS 1-06 (Rev. 3/77)

COPY

STATEMENT OF LIEN

Notice is hereby given that the State of Washington, Department of Social and Health Services, has rendered assistance to Gary R. Donohue, a person who was injured on or about the 13th day of July, 1984, in the County of Skamania, State of Washington, and the said Department hereby asserts a lien, to the extent provided in RCW 74.09.180, for the amount of such assistance, upon any sum due and owing Gary R. Donohue, from Skamania County, alleged to have caused the injury, and/or his insurer and from any other person or insurer liable for the injury or obligated to compensate the injured person on account of such injuries by contract or otherwise.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Clara M. Hyatt

Clara M. Hyatt, Medical Claims Examiner

STATE OF WASHINGTON)
) ss.
COUNTY OF THURSTON)

I, Clara M. Hyatt, being first duly sworn on oath, state: That I am Medical Claims Examiner; that I have read the foregoing Statement of Lien, know the contents thereof, and believe the same to be true.

Clara M. Hyatt

Clara M. Hyatt, Medical Claims Examiner

SUBSCRIBED AND SWORN TO before me this 5th day of September, 1985.

Marian J. Kooman

NOTARY PUBLIC IN and for the State of Washington, Residing at Olympia.

RETURN TO;
Department of Social and Health Services
Division of Medical Assistance
Medical Recovery Unit MS HA-11
P.O. Box 9256 Olympia, Washington 98504
Phone; 206/753-3300

DSHS 9-22 (Rev. 9/84)

KAREN RAHM
Secretary

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Olympia, Washington 98504-0005

October 3, 1985

William K. Thayer
Attorney at Law
914 Esther Street
Post Office Box 703
Vancouver, WA 98666

RE: DONOHUE, Gary R.
GR 092751 DONOH B
DOI: 7/31/84

Dear Mr. Thayer:

Thank you for your letter of September 16, 1984.

Per your request, I have enclosed all available copies of the bills for your file. They are arranged in the same order as our accounting of payments.

If I may be of further assistance, feel free to contact me.

Sincerely,

Debbie Andersen
Tort Liability Unit
Office of Provider Services
Post Office Box 9256, MS/HA-11
Olympia, Washington 98504

In state: 1-800-562-6136
Out of state: (206) 753-2571

DA:nmb

Enclosure

STATE OF WASHINGTON
DEPT OF SOCIAL & HEALTH SERVICES

DO NOT STAPLE IN BAR AREA

[redacted]

INTERNAL CONTROL NUMBER-DSHS USE ONLY

, 1 . 3 3 , 3 4 1 9

PHARMACY STATEMENT

PHARMACY NAME & ADDRESS — DSHS PROVIDER NUMBER

6155808
WAYNE'S REXALL PHARMACY
Stevenson, WA 98648

PATIENT IDENTIFICATION
(COPY INFORMATION FROM COUPON)

Pt.	Sex	Birthdate	Last Name	
G	R	092751	DONOH	D

PATIENT NAME AND ADDRESS

GARY R. DONOHUE
GENERAL DELIVERY
CARSON, WA 98610

Print or Type All Information

DETAIL CLAIM INFORMATION

Prescription Number	Refill Code	Nursing Home Res	Est Days Supp	Authorization Number	Fill Date		
274253	2	(No)	15		8.3.84	TOTAL CHARGE	13.60
National Drug Code: 9 750 2	Drug Name: MOTRIN 400				Quantity: Prescribed 60 / Filled 60	PAYABLE BY PATIENT	
Prescriber's ID: R. FitzSimmons	Prescription Direction for use: 1 q.i.d.				Date Written: 8.3.84	INSURANCE PAID AMOUNT	
Generic Res X / Sub Justification/Comments						BALANCE DUE	

Prescription Number	Refill Code	Nursing Home Res	Est Days Supp	Authorization Number	Fill Date		
National Drug Code	Drug Name				Quantity: Prescribed / Filled	TOTAL CHARGE	
Prescriber's ID	Prescription Direction for use				Date Written	PAYABLE BY PATIENT	
Generic Res / Sub Justification/Comments						INSURANCE PAID AMOUNT	
						BALANCE DUE	

3

Prescription Number	Refill Code	Nursing Home Res	Est Days Supp	Authorization Number	Fill Date		
National Drug Code	Drug Name				Quantity: Prescribed / Filled	TOTAL CHARGE	
Prescriber's ID	Prescription Direction for use				Date Written	PAYABLE BY PATIENT	
Generic Res / Sub Justification/Comments						INSURANCE PAID AMOUNT	
						BALANCE DUE	

4

Prescription Number	Refill Code	Nursing Home Res	Est Days Supp	Authorization Number	Fill Date		
National Drug Code	Drug Name				Quantity: Prescribed / Filled	TOTAL CHARGE	
Prescriber's ID	Prescription Direction for use				Date Written	PAYABLE BY PATIENT	
Generic Res / Sub Justification/Comments						INSURANCE PAID AMOUNT	
						BALANCE DUE	

PROVIDER CERTIFICATION

I hereby certify under penalty of perjury that the material furnished and service rendered is a correct charge against the State of Washington, the claim is just and due, that no part of the same has been paid and I am authorized to sign for the payee, and that all goods furnished and/or services rendered have been provided without discrimination on the grounds of race, creed, color, national origin or the presence of any sensory or mental handicap, and that the foregoing information is true, accurate and complete.

NET BILLED TOTAL

SIGNATURE OF PHARMACIST: (signature) DATE: 8/15/84

MAIL TO OFFICE OF PROVIDER SERVICES, P.O. BOX 9248, OLYMPIA, WASHINGTON 98504

STATE COPY

HEALTH INSURANCE CLAIM FORM

Form Approved B.M.C.

DO NOT STAPLE IN BAR AREA

[redacted]

1 0 1 0 1 1 1 7 4

☐ MEDICARE ☒ MEDICAID ☐ CHAMPUS ☐ INDUSTRIAL INS.

PATIENT AND INSURED (SUBSCRIBER) INFORMATION

1. PATIENT'S NAME AND ADDRESS: Donohue, Gary R.

PHONE NO.

2. PATIENT DATE OF BIRTH

3. INSURED'S NAME (First, Middle Initial, Last Name)

4. INSURED'S MEDICARE, MEDICAID, or I.D. No. (Include any Letters): GR092751 DONOH B

5. PATIENT'S SEX ☐ MALE ☐ FEMALE

6. INSURED'S GROUP NO. (or Group Name)

7. RELATIONSHIP TO INSURED: ☐ SELF ☐ SPOUSE ☐ CHILD ☐ OTHER

8. OTHER HEALTH INSURANCE ☐ YES ☐ NO — Enter name of Policy holder and plan name & Address & Policy or Medicaid Association No.

10. WAS CONDITION RELATED TO: ☐ EMPLOYMENT (YES/NO) ☐ AUTO ☐ OTHER ☐ ACCIDENT (YES/NO) ☐ HOME/SCHOOL

11. INSURED'S ADDRESS (Street, City, State, Zip Code)

PHONE NO.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (Read back before signing) I AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION NECESSARY TO PROCESS THE CLAIM AND REQUEST PAYMENT OF MEDICARE BENEFITS EITHER TO MYSELF OR TO THE PARTY WHO ACCEPTS ASSIGNMENT BELOW

SIGNED DATE

13. I AUTHORIZE PAYMENT OF MEDICAL BENEFITS TO THE UNDERSIGNED PHYSICIAN OR SUPPLIER FOR SERVICES DESCRIBED BELOW

SIGNED (WHEN REQUIRED OR AUTHORIZED PERSON)

PHYSICIAN OR SUPPLIER INFORMATION

14. DATE OF ILLNESS/INJURY DATE

15. DATE YOU WERE FIRST CONSULTED FOR THIS CONDITION

16. HAS PATIENT EVER HAD SAME OR SIMILAR SYMPTOMS? ☐ YES ☐ NO

16a. IF AN EMERGENCY CHECK HERE ☐

17. DATE PATIENT ABLE TO RETURN TO WORK

18. DATES OF TOTAL DISABILITY FROM THROUGH

DATES OF PARTIAL DISABILITY FROM THROUGH

19. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE (e.g. public health agency) — I.D. NUMBER

20. FOR SERVICES RELATED TO HOSPITALIZATION, GIVE HOSPITALIZATION DATES ADMITTED DISCHARGED

21. NAME & ADDRESS OF FACILITY WHERE SERVICES RENDERED (if other than home or office)

22. WAS LABORATORY WORK PERFORMED OUTSIDE YOUR OFFICE? YES ☐ NO CHARGES

23. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. RELATE DIAGNOSIS TO PROCEDURE IN COLUMN D BY REFERENCE NUMBERS 1, 2, 3, ETC. OR DX CODE (Use ICDA-9)

Low back pain

23b. EPSDT ☐ INITIAL ☐ FOLLOW UP

FAMILY PLANNING: ☐ YES

23c. PRIOR AUTHORIZATION COMMENTS. ☐ YES ☐ NO

SIGNATURE

A. DATE(S) OF SERVICE	B. PLACE OF SERVICE	C. FULLY DESCRIBE PROCEDURE(S) MEDICAL SERVICE(S) OR SUPPLIES FURNISHED FOR EACH DATE GIVEN: TOS	PROCEDURE CPT/HCPCS	CODE MOD	(If Hospital Ancillary Services or Circumstances)	D. DIAGNOSIS CODE	E. CHARGES	F. DAYS OR UNITS	G. REMARKS	H. [illegible]
72784	3	3	90040		OV Brief	724.5	18.00	1		
81784	3	3	90050		OV Limited	724.5	23.00	1		

24. SIGNATURE OF PHYSICIAN OR SUPPLIER (I certify that the statements on the reverse apply to this bill and are made a part hereof.)

25. ACCEPT ASSIGNMENT? (Medicare claims only) (SEE BACK) ☐ YES ☐ NO

26. TOTAL CHARGE 41.00

27. AMOUNT PAID HEALTH INS.

28. AMOUNT PAID PATIENT

29. BALANCE DUE 41.00

K. Sisson 082384

30. PHYSICIAN / SUPPLIER SOC. SEC. NO. 8183501

31. PHYSICIAN OR SUPPLIER NAME, ADDRESS, ZIP CODE & PHONE NO.

7735707
Mid Columbia Family Physicians
Box 390 Stevenson, Wa.
98648
427-4212

32. YOUR PATIENT'S ACCOUNT NO.

33. PHYSICIAN / SUPPLIER EMPLOYER I.D. NO.

REMARKS

CODE OF SERVICE AND TYPE OF SERVICE (TOS) CODES ON THE BACK REMARKS

APPROVED BY AMA COUNCIL ON MEDICAL SERVICE FORM HCFA 1500 FORM CHAMPUS-500

DO NOT STAPLE IN BAR AREA

[redacted]

☐ MEDICARE ☒ MEDICAID ☐ CHAMPUS ☐ [illegible]

PATIENT AND INSURED (SUBSCRIBER) INFORMATION

1. PATIENT'S NAME AND ADDRESS: Donohue, Gary R.

2. PATIENT DATE OF BIRTH

3. INSURED'S NAME

5. PATIENT'S SEX: ☐ MALE ☐ FEMALE

6. GR07[illegible]

7. RELATIONSHIP TO INSURED: ☐ SELF ☐ SPOUSE ☐ CHILD ☐ OTHER

8. INSURED'S [illegible]

PHONE NO

9. OTHER HEALTH INSURANCE: ☐ YES ☐ NO

Enter names of Policy holder and plan name & Address & Policy or Medicaid Association No

10. WAS CONDITION RELATED TO: YES NO ☐ EMPLOYMENT ☐ AUTO ☐ OTHER ☐ ACCIDENT ☐ HOME/SCHOOL

11. INSURED'S ADDRESS [illegible]

PHONE NO.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (Read back before signing) I AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION NECESSARY TO PROCESS THE CLAIM AND REQUEST PAYMENT OF MEDICARE BENEFITS EITHER TO MYSELF OR TO THE PARTY WHO ACCEPTS ASSIGNMENT BELOW

SIGNED DATE

13. [illegible]

PHYSICIAN OR SUPPLIER INFORMATION

14. ONSET OF ILLNESS/INJURY DATE

15. DATE YOU WERE FIRST CONSULTED FOR THIS CONDITION

16. HAS PATIENT EVER HAD SAME OR SIMILAR SYMPTOMS ☐ YES ☐ NO

17. DATE PATIENT ABLE TO RETURN TO WORK

18. DATES OF TOTAL DISABILITY FROM THROUGH

DATES OF PARTIAL DISABILITY

19. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE (e.g. public health agency)

I.D. NUMBER

20. FOR SERVICES RELATED TO HOSPITALIZATION GIVE DATES

21. NAME & ADDRESS OF FACILITY WHERE SERVICES RENDERED (if other than home or office)

22. WAS LABORATORY WORK DONE ☐ YES ☐ NO

23. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. RELATE DIAGNOSIS TO PROCEDURE IN COLUMN D BY REFERENCE NUMBERS 1, 2, 3, ETC. OR DX CODE (Use ICDA-8)

Low back pain

23b. EPSDT ☐ [illegible]

FAMILY PLANNING ☐ [illegible]

23c. PRIOR AUTHORIZATION COMMENTS: [illegible]

SIGNATURE

24. A DATE OF SERVICE	B PLACE OF SERVICE	C TOS	PROCEDURE CPT/HCPCS	MOD	Services or Supplies	D DIAGNOSIS CODE	E CHARGES	F [illegible]
082384	3	3	90050		OV limited	724.5	23.00	1

25. SIGNATURE OF PHYSICIAN OR SUPPLIER (I certify that the statements on the reverse apply to this bill and are made a part hereof.)

K. Sisson 082784

26. ACCEPT ASSIGNMENT (Government claims only) ☐ YES ☐ NO (SEE BACK)

27. TOTAL CHARGE 23.00

28. AMOUNT PAID HEALTH INS

29. [illegible] PATIENT

30. PHYSICIAN / SUPPLIER SOC SEC NO 818350 1

31. PHYSICIAN OR SUPPLIER NAME, ADDRESS, ZIP CODE & PHONE

7735707
Mid Columbia Family Pr
B4390 Stevenson
427-4212

32. YOUR PATIENT'S ACCOUNT NO

33. PHYSICIAN / SUPPLIER EMPLOYER I.D. NO

REMARKS

PLACE OF SERVICE AND TYPE OF SERVICE (TOS) CODES ON THE BACK - REMARKS

APPROVED BY AMA COUNCIL ON MEDICAL SERVICE FORM HCFA-1500

DO NOT STAPLE IN BAR AREA

INTERNAL CONTROL NUMBER—DSHS USE ONLY

[illegible] 1 8 8 6

PHARMACY STATEMENT

PHARMACY NAME & ADDRESS
DSHS PROVIDER NUMBER

6155468
WAYNE'S REXALL PHARMACY
Stevenson, WA 98648

Gen. Del.
Carson, Wa. 98610

Print or Type All Information

DETAIL CLAIM INFORMATION

1

Prescription Number 274604	Refill Code 1	Nursing Home YES [✓ NO]	Est Days Supp 15	Authorization Number	Fill Date 8-28-84
National Drug Code 228 : 200 : : 96	Drug Name APAP c Cd No 3			Quantity Prescribed 30	Quantity Filled 30
Prescriber's I.D. R. Fitzsimmons	Prescription (Direction for use) U. D.				Date Written 8-17-84
Generic [✓ YES] NO	Justification/Comments				

2

Prescription Number	Refill Code	Nursing Home YES [✓ NO]	Est Days Supp	Authorization Number	Fill Date
National Drug Code	Drug Name			Quantity Prescribed	Quantity Filled
Prescriber's I.D.	Prescription (Direction for use)				Date Written
Generic YES NO	Justification/Comments				

3

Prescription Number	Refill Code	Nursing Home YES [✓ NO]	Est Days Supp	Authorization Number	Fill Date
National Drug Code	Drug Name			Quantity Prescribed	Quantity Filled
Prescriber's I.D.	Prescription (Direction for use)				Date Written
Generic YES NO	Justification/Comments				

4

Prescription Number	Refill Code	Nursing Home YES [✓ NO]	Est Days Supp	Authorization Number	Fill Date
National Drug Code	Drug Name			Quantity Prescribed	Quantity Filled
Prescriber's I.D.	Prescription (Direction for use)				Date Written
Generic YES NO	Justification/Comments				

PROVIDER CERTIFICATION

I hereby certify under penalty of perjury, that the material furnished and service rendered is a correct charge against the State of Washington, the claim is just and due, that no part of the same has been paid and I am authorized to sign for the payee, and that all goods furnished and/or services rendered have been provided without discrimination on the grounds of race, creed, color, national origin or the presence of any sensory or mental handicap, and that the foregoing information is true, accurate and complete.

NET BILLED TOTAL

SIGNATURE OF PHARMACIST D. A. Hatfield DATE 8-31-84

MAIL TO OFFICE OF PROVIDER SERVICES, P.O. BOX [illegible]46, OLYMPIA, WASHINGTON 98504

STATE COPY

DO NOT STAPLE IN BAR AREA

[redacted]

INTERNAL CONTROL NUMBER (ICN)

J 1 2 1 8 d 7

PHARMACY STATEMENT

PHARMACY NAME & ADDRESS | DSHS PROVIDER NUMBER

6155808
HAYNE'S REXALL PHARMACY
Stevenson, WA 98648

Print or Type All Information

DETAIL CLAIM INFORMATION

1

Prescription Number	Refill Code	Nursing Home Yes / No	Est. Days Supply	Authorization Number	Fill Date
27A253	2	Yes / No	15		8-21-84

National Drug Code	Drug Name	Quantity Prescribed	Quantity Filled
9 750 2	Mintrin 400mg		

Prescriber's I.D.	Prescription (Direction for use)	Date Written
R. Pitsimonos	1 qid	8-2-84

Generic Yes / No | Justification/Comments

2

Prescription Number	Refill Code	Nursing Home Yes / No	Est. Days Supply	Authorization Number	Fill Date
		Yes / No			

National Drug Code	Drug Name	Quantity Prescribed	Quantity Filled

Prescriber's I.D.	Prescription (Direction for use)	Date Written

Generic Yes / No | Justification/Comments

3

Prescription Number	Refill Code	Nursing Home Yes / No	Est. Days Supply	Authorization Number	Fill Date
		Yes / No			

National Drug Code	Drug Name	Quantity Prescribed	Quantity Filled

Prescriber's I.D.	Prescription (Direction for use)	Date Written

Generic Yes / No | Justification/Comments

4

Prescription Number	Refill Code	Nursing Home Yes / No	Est. Days Supply	Authorization Number	Fill Date
		Yes / No			

National Drug Code	Drug Name	Quantity Prescribed	Quantity Filled

Prescriber's I.D.	Prescription (Direction for use)	Date Written

Generic Yes / No | Justification/Comments

PROVIDER CERTIFICATION

I hereby certify under penalty of perjury that the material furnished and service rendered is a correct charge against the State of Washington, the claim is just and due, that no part of the same has been paid and I am authorized to sign for the payee, and that all goods furnished and/or services rendered have been provided without discrimination on the grounds of race, creed, color, national origin or the presence of any sensory or mental handicap, and that the foregoing information is true, accurate and complete.

NET BILLED TOTAL

SIGNATURE OF PHARMACIST D A Hatfield DATE 8-31-84

MAIL TO: OFFICE OF PROVIDER SERVICES, P.O. BOX 9646, OLYMPIA, WASHINGTON 98504

STATE COPY

DO NOT STAPLE IN BAR AREA

[redacted]

INTERNAL CONTROL NUMBER

1 1 - 1 1 - 1 8 4 8

PHARMACY STATEMENT

PHARMACY NAME & ADDRESS | DSHS PROVIDER NUMBER

6155868
WAYNE'S REXALL PHARMACY
Stevenson, WA 98648

Print or Type All Information

DETAIL CLAIM INFORMATION

1

Prescription Number	Refill Code	Nursing Home Yes / No	Tot Days Supp	Authorization Number	Fill Date
274604	0	Yes / No	7		8.17.84

National Drug Code	Drug Name	Quantity Prescribed	Quantity Filled
228 2001 96	ACETAMINOPHEN NO. 3		3

Prescriber's ID	Prescription (Direction for use)	Date Written
R. FitzSimmons	1 or 11 h.s.	8.17.84

Generic Yes / No	Justification/Comments
Yes X	

2

Prescription Number	Refill Code	Nursing Home Yes / No	Tot Days Supp	Authorization Number	Fill Date
		Yes / No			

National Drug Code	Drug Name	Quantity Prescribed	Quantity Filled

Prescriber's ID	Prescription (Direction for use)	Date Written

Generic Yes / No	Justification/Comments
Yes / No	

3

Prescription Number	Refill Code	Nursing Home Yes / No	Tot Days Supp	Authorization Number	Fill Date
		Yes / No			

National Drug Code	Drug Name	Quantity Prescribed	Quantity Filled

Prescriber's ID	Prescription (Direction for use)	Date Written

Generic Yes / No	Justification/Comments
Yes / No	

4

Prescription Number	Refill Code	Nursing Home Yes / No	Tot Days Supp	Authorization Number	Fill Date
		Yes / No			

National Drug Code	Drug Name	Quantity Prescribed	Quantity Filled

Prescriber's ID	Prescription (Direction for use)	Date Written

Generic Yes / No	Justification/Comments
Yes / No	

TOTAL CHARGE

PAYMENT BY PATIENT

PROVIDER PART PAYMENT

BALANCE DUE

PROVIDER CERTIFICATION

I hereby certify under penalty of perjury that the material furnished and service rendered is a correct charge against the State of Washington, the claim is just and due, that no part of the same has been paid and I am authorized to sign for the payee, and that all goods furnished and/or services rendered here been provided without discrimination on the grounds of race, creed, color, national origin or the presence of any sensory or mental handicap, and that the foregoing information is true, accurate and complete.

NET BILLED TOTAL

SIGNATURE OF PHARMACIST Wayne Aman DATE 8/31/84

MAIL TO: OFFICE OF PROVIDER SERVICES, P.O. BOX 9245, OLYMPIA, WASHINGTON 98504

STATE COPY

HEALTH INSURANCE CLAIM [illegible]
READ INSTRUCTIONS [illegible]
Form Approved O.M.B. [illegible]

DO NOT STAPLE THIS AREA

[redacted]

☐ MEDICARE ☒ MEDICAID ☐ CHAMPUS ☐ INDUSTRIAL INS

PATIENT AND INSURED (SUBSCRIBER) INFORMATION

1 PATIENT'S NAME AND ADDRESS: Donohue, Gary R.

2 PATIENT DATE OF BIRTH

3 PATIENT'S SEX ☐ MALE ☐ FEMALE

4 PHONE NO

7 RELATIONSHIP TO INSURED: SELF / SPOUSE / CHILD / OTHER

9 OTHER HEALTH INSURANCE ☐ YES ☐ NO

Enter names of Policy holder and plan name & Address & Policy or Medicaid Assistance No

10 WAS CONDITION RELATED TO: YES NO EMPLOYMENT / YES NO AUTO / OTHER / ACCIDENT / HOME / SCHOOL

12 PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical information necessary to process the claim and request payment of medical benefits either to myself or to the party who accepts assignment below

SIGNED DATE

PHYSICIAN OR SUPPLIER INFORMATION

14 ONSET OF ILLNESS / INJURY DATE

15 DATE PATIENT WAS FIRST CONSULTED FOR THIS CONDITION

16 HAS PATIENT EVER HAD SIMILAR CONDITION

17 DATE PATIENT ABLE TO RETURN TO WORK

18 DATES OF TOTAL DISABILITY FROM THROUGH

19 NAME OF REFERRING PHYSICIAN OR OTHER SOURCE

20 PUBLIC HEALTH AGENCY ID NUMBER

21 NAME & ADDRESS OF FACILITY WHERE SERVICES RENDERED (IF OTHER THAN HOME OR OFFICE)

23a DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. RELATE DIAGNOSIS TO PROCEDURE IN COLUMN E BY REFERENCE NUMBERS 1, 2, 3, ETC. OR DECODE USING ICDA 9

1 hypertension,
2 low back pain
3
4
5

21b EPSDT ☐ INITIAL ☐ FOLLOW UP

FAMILY PLANNING ☐ YES

23c PRIOR AUTHORIZATION COMMENTS ☐ YES ☐ NO

SIGNATURE

24 A DATE(S) OF SERVICE	B PLACE OF SERVICE	C TYPE OF SERVICE	D DIAGNOSIS CODE	E CHARGES	F DAYS OR UNITS	G REMARKS	H EMERG
092084	3	3 90060	OV Intermed.	401	32.00	1	
092084	3	3 89998	Blood handling	724.5	4.00	1	
092084	3	3 89996	Blood Drawing	724.5	4.00	1	

25 SOCIAL SECURITY NO OR TAX IDENTIFICATION NO

26 PATIENT'S ACCOUNT NO

27 ACCEPT ASSIGNMENT (GOVT. CLAIMS, SEE BACK) ☐ YES ☐ NO

27 TOTAL CHARGE 40.00

28 AMOUNT PAID HEALTH INS

29a AMOUNT PAID PATIENT

29 BALANCE DUE 40.00

30 SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS: K. Sisson 092084

31 PHYSICIAN OR SUPPLIER SOC. SEC. NO: 627307

32 YOUR PATIENT'S ACCOUNT NO

33 PHYSICIAN OR SUPPLIER IDENTIFICATION NO

34 PHYSICIAN OR SUPPLIER NAME, ADDRESS, ZIP CODE & PHONE NO.

7735707

P.O. Box 300
Stevenson, WA 98648
(509) 427-4212

[illegible] FAMILY HEALTH CENTER

REMARKS

PLACE LABEL AND TYPE IN PHYSICIAN'S NAME ON THE BACK. REMARKS

[illegible] MEDICAL BILL FORM HCFA 1500 FORM CHAMPUS

HEALTH INSURANCE CLAIM FORM — WASHINGTON STATE

READ INSTRUCTIONS BEFORE COMPLETING OR SIGNING THIS FORM

Form Approved O.M.B. 0938-0008

1

[redacted]

☐ MEDICARE ☒ MEDICAID ☐ CHAMPUS ☐ INDUSTRIAL INS

WASHINGTON WELFARE

PATIENT AND INSURED (SUBSCRIBER) INFORMATION

1. PATIENT'S NAME AND ADDRESS

2. PATIENT DATE OF BIRTH

3. INSURED'S NAME (First, Middle Initial, Last Name)

4. PHONE NO

5. PATIENT'S SEX ☐ MALE ☐ FEMALE

7. RELATIONSHIP TO INSURED ☐ SELF ☐ SPOUSE ☐ CHILD ☐ OTHER

8. [illegible]

09 01 84

09 30 84

9. OTHER HEALTH INSURANCE ☐ YES ☐ NO

DPA

10. WAS CONDITION RELATED TO ☐ EMPLOYMENT ☐ AUTO ACCIDENT ☐ OTHER ACCIDENT

GR 097751 DONOH B

CARSO

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE — I authorize the release of any medical information necessary to process this claim and request payment of medical benefits either to myself or to the party who accepts assignment below.

SIGNED _____ DATE _____

PHYSICIAN OR SUPPLIER INFORMATION

GAU NC OUT OF STATE CARE

14. ONSET OF ILLNESS/INJURY DATE

17. DATE PATIENT ABLE TO RETURN TO WORK

DONOHUE, GARY R.
JER. DEL
CARSON WA 98610

19. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE

Ray Fitzsimmons M.D.

NO # Available

Ray Fitzsimmons

SIGNATURE NOT VALID UNLESS SIGNED

23a. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY

1 XXXXXX 718.21 Dislocation, left shoulder.
2 [illegible], left
3 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
4 847.2 Strain, lumbar spine.
5 847.0 Strain, C. Spine.

☐ INITIAL ☐ FOLLOW UP

☐ YES ☐ NO

24 A DATE OF SERVICE	B PLACE OF SERVICE	C	D	E	F	G REMARKS	H LEAVE BLANK
09			718.21				01
09			847.0				01
09			847.2				01
09			840.9				01

Consultation for Ray Fitzsimmons M.D. enclosed.

25. SIGNATURE OF PHYSICIAN OR SUPPLIER

REF

SIGNED

26. PATIENT'S ACCOUNT NO.

001

28. TOTAL CHARGE

29. BALANCE DUE

REMARKS

PLACE OF SERVICE AND TYPE OF SERVICE (TOS) CODES IN THE REMARKS

VANCOUVER ORTHOPEDIC GROUP, P.S
ORTHOPEDIC FRACTURE HAND SURGERY AND SPORTS MEDICINE

BEN H McGOUGH, JR M D
ROBERT G BUMP, M D
JOSEPH S SACAMANO M D
T DAVID HAYES, M D
EDGAR R RAGSDALE M D

EAST SIDE OFFICE
505 N E 87TH AVE, VANCOUVER, WASHINGTON 98664
TELEPHONE 254-6161

WESTSIDE OFFICE
3212 MAIN ST, VANCOUVER WASHINGTON 98663

September 10, 1984

Ray Fitzsimmons, M.D.
Rock Creek Clinic
P.O. Box 390
Stevenson, WA 98648

Re: Gary R. Donohue

Dear Doctor Fitzsimmons:

The above-named patient was seen on 9-7-84. This 32-year-old man gives a history of being injury on 7-13-84. He states he was asleep in an automobile when the police stopped the vehicle and took his friend, the driver of the vehicle, to jail. The patient states that the car was struck some time later and driven over a 40 foot embankment. The patient was injured and apparently was taken to the hospital at White Salmon where x-rays of his neck, back and shoulder were taken. The patient states that his left shoulder popped out of socket at the time of the accident and that he was able to reduce it himself. He states that the next day he moved his left arm into an abducted and extended position and that the shoulder again dislocated and he again reduced this himself. His arm apparently was placed in a shoulder immobilizer, but he states he took the immobilizer off about two weeks and again accidentally got his arm in an abducted extended position and his shoulder again dislocated and he was again able to reduce it himself. He has continued to have some soreness in his shoulder since that time.

He states also that he has had pain in his neck, back and leg since that time. He states he has worn a cervical collar since then and complains of pain which extends from his neck all the way down into his calves, even into the bottom of his feet. He states he has stabbing pains extending all the way up and down his back. He states that he has had trouble moving, standing or being active since that time. He states that everything he does essentially makes the pain worse, including sitting, walking, lying on his side with his knees bent up and lying flat of his back also makes the pain worse. He states that he is a timber thinner and was in good health prior to the accident.

Examination today reveals the patient to be a healthy appearing white male who wears a cervical collar. He is careful to hold his neck very rigidly. Examination of the left shoulder reveals some tenderness on the anterior aspect of the shoulder joint. The shoulder can be abducted to about 80° and flex to about 90°. Pain is produced at this point. The patient is wearing a shoulder immobilizer. Examination of the neck after the collar is removed initially shows essentially no active motion of the cervical spine. But, after I encouraged the patient considerably, he demonstrates quite a satisfactory passive and active assistive range of motion of his neck. He tends to hold his neck very rigidly but once he is relaxed his neck moves quite nicely and he demonstrates no involuntary muscle spasm.

Examination of his back reveals diffuse complaints of tenderness, even to light touch all up and down his spine. He demonstrates fairly good range of motion. He can bend forward and reach the mid-tibial area. He complains of pain as he assumes an extended position and also complains of pain with any lateral bending. Straight leg raising however does not produce significant pain and neurologic examination of the lower extremities is entirely normal.

X-rays of the left shoulder today, AP, lateral as well as West Point views are taken and these are found to be normal. X-rays of the neck, AP and lateral views, are also normal except for some mild narrowing of the C4-5 disc space. X-rays of the lumbar spine reveal some minimal arthritic changes, but are otherwise normal.

IMPRESSION: The patient undoubtedly has a strain to his cervical spine and perhaps his lumbar spine. However, I believe he is exaggerating considerably his symptoms. He apparently did have a dislocation of the left shoulder and still seems to have some tenderness in the shoulder. I have encouraged him to continue the shoulder immobilizer for two more weeks and then begin regular activity. If it dislocates another time, then a shoulder capsulorrhaphy will be indicated. I advised him to attempt to exercise more loosening up his back and neck and would hope that this symptoms will go ahead and clear with time. I would be happy to see him again, if his symptoms fail to improve. I believe an attitude

of increasing activity and rapid return to work would be more beneficial to this patient than any other.

Thank you very m ch for asking us to see this patient.

Sincerely,

Ben H. McGough, Jr., M.D.

BHM:j

DO NOT STAPLE IN BAR AREA

[redacted]

INTERNAL CONTROL NUMBER—USE ONLY

0 8 4 2 7 6 5 3 5 7 0

PHARMACY STATEMENT

PHARMACY NAME & ADDRESS — DSHS PROVIDER NUMBER

6155808
WAYNE'S REXALL PHARMACY
Stevenson, WA 98648

Print or Type All Information

R	W	Initials	Last Name
G	R	098751	[redacted]

Donohue, Gary R.
Gen. Del.
Carson, Wa. 98610

DETAIL CLAIM INFORMATION

1

Prescription Number	Refill Code	Nursing Home Yes / No	Est Days Supp	Authorization Number	Fill Date	Total Charge
275333	0	Yes / No (No)	30		9-19-84	

National Drug Code	Drug Name	Quantity Prescribed	Quantity Filled	Payable by Patient
536 : 4026 : 01	Methocarbamol 500 mg	100	100	

Prescriber's ID	Prescription (Direction for use)	Date Written	Insurance Paid Amount
8627309	one po qid.	9-17-84	

Generic Yes / No	Justification/Comments	Balance Due

2

Prescription Number	Refill Code	Nursing Home Yes / No	Est Days Supp	Authorization Number	Fill Date	Total Charge
275428	2	Yes / No (No)	30		9.20.84	12.4[illegible]

National Drug Code	Drug Name	Quantity Prescribed	Quantity Filled	Payable by Patient
46 : 424 : 91	INDERAL 40mg.	60	60	

Prescriber's ID	Prescription (Direction for use)	Date Written	Insurance Paid Amount
8627309	1 b.i.d	9.20.84	

Generic Yes / No	Justification/Comments	Balance Due

3

Prescription Number	Refill Code	Nursing Home Yes / No	Est Days Supp	Authorization Number	Fill Date	Total Charge
		Yes / No (No)				

National Drug Code	Drug Name	Quantity Prescribed	Quantity Filled	Payable by Patient

Prescriber's ID	Prescription (Direction for use)	Date Written	Insurance Paid Amount

Generic Yes / No	Justification/Comments	Balance Due

4

Prescription Number	Refill Code	Nursing Home Yes / No	Est Days Supp	Authorization Number	Fill Date	Total Charge
		Yes / No (No)				

National Drug Code	Drug Name	Quantity Prescribed	Quantity Filled	Payable by Patient

Prescriber's ID	Prescription (Direction for use)	Date Written	Insurance Paid Amount

Generic Yes / No	Justification/Comments	Balance Due

PROVIDER CERTIFICATION

I hereby certify under penalty of perjury that the material furnished and service rendered is a correct charge under the State of Washington. The claim is just and due, that no part of the same has been paid and I am authorized to sign for the payee; and that all goods furnished and/or services rendered have been provided without discrimination on the grounds of race, creed, color, national origin, or the presence of any sensory or mental handicap, and that the foregoing information is true, accurate and complete.

NET BILLED TOTAL

SIGNATURE OF PHARMACIST: D a Hatfield

DATE: 9-21-84

MAIL TO: OFFICE OF PROVIDER SERVICES, P.O. BOX 9245, OLYMPIA, WASHINGTON 98504

STATE COPY

HEALTH INSURANCE CLAIM FORM — WASHINGTON

READ INSTRUCTIONS BEFORE COMPLETING OR SIGNING THIS FORM

Form Approved O.M.B. [illegible]

[redacted]

0 8 4 2 6 5 0 1 / 4 3

DO NOT STAPLE IN THIS AREA

☐ MEDICARE ☒ MEDICAID ☐ CHAMPUS ☐ INDUSTRIAL INS.

WASHINGTON HELFARE

PATIENT AND INSURED (SUBSCRIBER) INFORMATION

09/27/[illegible]

1 PATIENT'S NAME AND ADDRESS

GARY ROBER DONOHUE
GEN. DEL. SMITH BEACON RD
CARSON, WA 98610

2 PATIENT DATE OF BIRTH 09/27/51

3 INSURED'S NAME (First, Middle Initial, Last Name)

4 PHONE NO 206427[illegible]

5 PATIENT'S SEX ☒ MALE ☐ FEMALE

6 [illegible]

7 RELATIONSHIP TO INSURED ☒ SELF ☐ SPOUSE ☐ CHILD ☐ OTHER

8 [illegible]

9 OTHER HEALTH INSURANCE ☐ YES ☒ NO

Enter names of Policy holder and plan name & Address & Policy or Medicaid Assistance No

DPA

10 WAS CONDITION RELATED TO
YES NO
☐ ☒ EMPLOYMENT
☒ ☐ AUTO
☐ OTHER
YES NO
☒ ☐ ACCIDENT
☐ HOME/SCHOOL

11 [illegible]

12 PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (Read Back before signing) I AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION NECESSARY TO PROCESS THE CLAIM AND REQUEST PAYMENTS OF MEDICARE BENEFITS EITHER TO MYSELF OR TO THE PARTY WHO ACCEPTS ASSIGNMENT BELOW

SIGNED SIGNATURE ON FILE DATE

13 [illegible]

PHYSICIAN OR SUPPLIER INFORMATION

14 ONSET OF ILLNESS/INJURY DATE 07/13/84

15 DATE YOU WERE FIRST CONSULTED FOR THIS CONDITION

16 HAS PATIENT EVER HAD SAME [illegible]

17 DATE PATIENT ABLE TO RETURN TO WORK

18 DATES OF TOTAL DISABILITY FROM THROUGH

19 NAME OF REFERRING PHYSICIAN OR OTHER SOURCE (e.g. public health agency) ID NUMBER

20 [illegible]

21 NAME & ADDRESS OF FACILITY WHERE SERVICES RENDERED (if other than home or office)

CARSON, WA

22 [illegible]

23a DIAGNOSES OR NATURE OF ILLNESS OR INJURY RELATE DIAGNOSIS TO PROCEDURE IN COLUMN D BY REFERENCE NUMBERS 1, 2, 3, ETC. OR DX CODE (Use ICDA 9)

1. 718.21 DISLOCATION SHOULDER/ANT.
2. 840.9 Strain, left shoulder.
3.
4.
5.

23b EPSDT ☐ INITIAL ☐ FOLLOW UP
FAMILY PLANNING ☐ YES

23c PRIOR AUTHORIZATION COMMENTS ☐ YES ☐ NO

SIGNATURE

24 FULLY DESCRIBE PROCEDURES, MEDICAL SERVICES OR SUPPLIES FURNISHED FOR EACH DATE GIVEN (Explain Unusual Services or Circumstances)

A DATE OF SERVICE	B PLACE OF SERVICE	C TOS	PROCEDURE CODE	MOD		D DIAGNOSIS CODE	E CHARGES	F DAYS OR UNITS	G CONTROL	H [illegible]
09/21/84	3	3	90050		OV ESTAB LIMITED	718.21	25.00	1	0188964	01

25 SIGNATURE OF PHYSICIAN OR SUPPLIER (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

BRUCE H. MCGOLDRICK, M.D.

SIGNED DATE 07/27/84

26 ACCEPT ASSIGNMENT (Government Claims Only) SEE BACK ☒ YES ☐ NO

27 TOTAL CHARGE 25.00

28 AMOUNT PAID HEALTH INS 0.00

28a AMOUNT PAID PATIENT

29 BALANCE DUE 25.00

30 PHYSICIAN SUPPLIER SOC SEC NO 328[illegible]

31 PHYSICIAN OR SUPPLIER NAME ADDRESS ZIP CODE & PHONE NO

VANCOUVER ORTHOPEDIC GROUP,
505 N.E. 87TH AVE
SUITE 100
VANCOUVER, WASHINGTON 98664
[illegible] 254-6161

YOUR PATIENT'S ACCOUNT NO

013585 01 11058

32 PHYSICIAN SUPPLIER EMPLOYER I.D. NO 91-0866217

REMARKS

PLACE OF SERVICE AND TYPE OF SERVICE (TOS) CODES ON THE BACK REMARKS

APPROVED BY THE [illegible] MEDICAL SERVICE COMMISSION

HEALTH INSURANCE CLAIM FORM – WASHINGTON
READ INSTRUCTIONS BEFORE COMPLETING OR DETACHING THIS FORM
Form Approved O M B – 0938-0008

[redacted] : 1 : Neighbor M.H. . 3

DO NOT STAPLE IN BAR AREA

☐ MEDICARE ☒ MEDICAID ☐ CHAMPUS ☐ INDUSTRIAL HS

PATIENT AND INSURED (SUBSCRIBER) INFORMATION

1 PATIENT'S NAME AND ADDRESS
DUNOHUE, GARY
GEN DEL
CARSON, WA 98610

2 PATIENT DATE OF BIRTH

3 INSURED'S NAME (First Middle Initial Last Name)

4 PHONE NO

5 PATIENT'S SEX ☐ MALE ☐ FEMALE

6 [redacted] 350 05040 00 0

7 RELATIONSHIP TO INSURED: SELF ☐ SPOUSE ☐ CHILD ☐ OTHER ☐

8 [redacted]

9 OTHER HEALTH INSURANCE ☐ YES ☐ NO

10 WAS CONDITION RELATED TO: YES ☐ NO ☐ EMPLOYMENT ☐ AUTO ☐ OTHER ☐ ACCIDENT ☐ HOME SCHOOL ☐

11 [redacted]

12 PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (read back before signing) I AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION NECESSARY TO PROCESS THE CLAIM AND REQUEST PAYMENT OF MEDICAL BENEFITS EITHER TO MYSELF OR TO THE PARTY WHO ACCEPTS ASSIGNMENT BELOW

SIGNED DATE

13 [redacted]

PHYSICIAN OR SUPPLIER INFORMATION

14 ONSET OF ILLNESS INJURY DATE

15 DATE YOU WERE FIRST CONSULTED FOR THIS CONDITION

16 HAS PATIENT EVER HAD SAME ☐

17 DATE PATIENT ABLE TO RETURN TO WORK

18 DATES OF TOTAL DISABILITY FROM THROUGH

19 NAME OF REFERRING PHYSICIAN OR OTHER SOURCE (e.g. public health agency) ID NUMBER 1627304

20 [redacted]

21 NAME & ADDRESS OF FACILITY WHERE SERVICES RENDERED (if other than home or office)
MID-COLUMBIA FAM PHYS.

22 [redacted]

23a DIAGNOSIS OR NATURE OF ILLNESS OR INJURY RELATE DIAGNOSIS TO PROCEDURE IN COLUMN D BY REFERENCE NUMBERS 1 2 3 ETC OR DS CODE (UNICODA)
PLEASE CONTACT PHYSICIAN FOR DIAGNOSIS
1.
2
3
4
5
6

23b EPSDT ☐ INITIAL ☐ FOLLOW UP
FAMILY PLANNING ☐ YES
23c PRIOR AUTHORIZATION COMMENTS ☐ YES ☐ NO

24 PATIENT'S OR PROVIDER'S MEDICAL SERVICES DATA

A DATE OF SERVICE	B PLACE OF SERVICE	C TYPE OF SERVICE	PROCEDURES OR SERVICES CODE	MODIFIER	DESCRIPTION	D DIAGNOSIS CODE	E CHARGES	F DAYS OR UNITS	G REMARKS	H LEAVE BLANK
9/21/84	3	3	80053		CHEM SURVEY-24 TESTS	V726	31.75			
9/21/84	3	3	80094		URINALYSIS WITH CHEM	V726	5.55			
9/21/84	3	3	80059		HEPATITIS SURVEY- 4	V726	65.00			

25 SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof)
GENE V BUGATY, M.D.
SIGNED 10/11/84

26 PATIENT'S ACCOUNT NO
DUNK7760111

27 ACCEPT ASSIGNMENT (Govt. claims only — see back) X ☐ YES ☐ NO

28 TOTAL CHARGE 102.30

29 AMOUNT PAID HEALTH INS

29a AMOUNT PAID PATIENT

30 BALANCE DUE

31 PHYSICIAN OR SUPPLIER SOC. SEC. NO

32 PHYSICIAN OR SUPPLIER EMPLOYER I.D. NO
7830102

33 PHYSICIAN OR SUPPLIER NAME, ADDRESS, ZIP CODE & PH. ONE NO
PHYSICIANS MEDICAL LAB 7830102
18 S.W. BOUNDARY COURT
PORTLAND OREGON 97201
PHONE--503/226-7941

REMARKS

PLACE OF SERVICE AND TYPE OF SERVICE CODES — REMARKS

APPROVED BY AMERICAN MEDICAL SERVICE FORM HCFA 1500 FORM CHAMPUS 501

HEALTH INSURANCE CLAIM FORM
READ INSTRUCTIONS BEFORE
Form Approved

0 8 5 0 7 8 0 1 3 4 7

☐ VA ☒ MEDICARE ☐ CHAMPUS ☐ INDUSTRIAL INS

PATIENT AND INSURED (SUBSCRIBER) INFORMATION

Gary R. Donohue

INSURED'S NAME (First, Middle Initial, Last Name)

INSURED'S MEDICARE, MEDICAID, or I.D. No. (Include any Letters)

GR 092751 [illegible] B

INSURED'S GROUP NO. (or Group Name)

INSURED'S ADDRESS (Street, City, State, Zip Code)

TELEPHONE NO.

AUTHORIZE PAYMENT OF MEDICAL BENEFITS TO UNDERSIGNED PHYSICIAN OR SUPPLIER FOR SERVICES DESCRIBED BELOW

SIGNATURE OF INSURED OR AUTHORIZED PERSON

PHYSICIAN OR SUPPLIER INFORMATION

14 DATE OF CURRENT SYMPTOMS ☐ NO

15a IF AN EMERGENCY CHECK HERE ☐

17 DATES OF TOTAL DISABILITY THROUGH

16 DATES PATIENT UNABLE TO WORK RELATED TO HOSPITALIZATION GIVE HOSPITAL DATES DISCHARGED

LABORATORY WORK PERFORMED OUTSIDE YOUR OFFICE ☐ YES ☐ NO CHARGES

☐ INITIAL ☐ FOLLOW UP

FAMILY PLANNING ☐ YES

PRIOR AUTHORIZATION ☐ YES ☐ NO

COMMENTS

Dr. McGough
St. Joseph Hospital

V709
Anesthesia Service

24 A	B	C	D	E	F Days or Units	G Remarks	H Leave Blank
03/04/85	01	01	23450 30	Exam, left shoulder V709 235-310 Dr. McGough St. Joseph Hospital	140.00	3	

25 AMOUNT PAID PATIENT

29 BALANCE DUE 140.00

140.00

SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR SPECIALTY

Dr Klingenmaier-sig 3/13/85

DSHS #1469600

HERMAN KLINGENMAIER, M.D., P.S.
P.O. BOX 398
BATTLE GROUND, WA. 98604

SOUTHWEST WASHINGTON HOSP
P.O. BOX 1600
VANCOUVER, WA 98668

08508672342

8-81425-1

91-6608143

3304300

CARY GENERAL DELIVERY CARSON WA 98610

03-24-85 03-04-85

GENERAL DELIVERY
CARSON

NON-CLIN

PHARMACY	250	1350	
LABORATORY	[illegible]	2010	
MED-SUR SUPPLIES	270	760	
RADIOLOGY	[illegible]	6835	
OR SERVICES	360	6450	
ANESTHESIA	[illegible]	4375	
RECOVERY ROOM	710	12715	
TOTAL CHARGES	001	60485	

THIS COUPON VALID 03 01 85

SOU 0508-0

Sx 326

ON WA 98648

GAU NO OUT OF STATE CARE

DONOHUE, GARY R
GEN DEL
CARSON WA 98610

RECEIVED
MAR 27
OFFICE OF PROVIDER SERVICES

DUE FROM PATIENT ▶

SURGICAL SUPPLIES	720.10	718.31		
LARGE INTERMEDIATE WOUNDS REPAIR	39.39	03-04	99.99	03-04

WA 2495 03 MC GORGH SE

3/25/85

[redacted]

HEALTH INSURANCE CLAIM FORM — WASHINGTON STATE
READ INSTRUCTIONS BEFORE COMPLETING OR SIGNING THIS FORM
Form Approved O.M.B. 0938-0008

[redacted]

1 8 5 1 3 0 2 2 1

☐ MEDICARE ☒ MEDICAID ☐ CHAMPUS ☐ INDUSTRIAL INS

WASHINGTON WELFARE

PATIENT AND INSURED INFORMATION

1. PATIENT'S NAME AND ADDRESS
GARY ROBER DONOHUE
GEN. DEL. SMITH BEACON RD
CARSON, WA 98610

2. PATIENT DATE OF BIRTH 09/27/51
3. PATIENT'S SEX ☒ MALE ☐ FEMALE
7. RELATIONSHIP TO INSURED ☒ SELF ☐ SPOUSE ☐ CHILD ☐ OTHER

4. PHONE NO. 2064275218
9. OTHER HEALTH INSURANCE ☐ YES ☒ NO
DPA

15. WAS CONDITION RELATED TO ☒ ACCIDENT ☐ HOME/SCHOOL

THE CONTROLLING
YOU 8586-[redacted]
GR 092751 D[redacted]
RSO
SAN NO OUT OF STATE CARE

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION NECESSARY TO PROCESS THIS CLAIM AND REQUEST PAYMENT OF MEDICAL BENEFITS EITHER TO MYSELF OR TO THE PARTY WHO ACCEPTS ASSIGNMENT BELOW.
SIGNED SIGNATURE ON FILE DATE

PHYSICIAN OR SUPPLIER INFORMATION

14. DATE OF ILLNESS/INJURY/PREGNANCY 07/13/84
15. DATE YOU WERE FIRST TREATED FOR THIS CONDITION
16. HAS PATIENT EVER HAD SAME CONDITION ☐
17. DATE PATIENT ABLE TO RETURN TO WORK
18. DATES PATIENT UNABLE TO WORK FROM THROUGH
19. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE — ID NUMBER
21. NAME & ADDRESS OF FACILITY WHERE SERVICES RENDERED
ST. JOSEPH'S HOSP.

DONOHUE, GARY R
GEN DEL
CARSON WA 98610

NOT TRANSFERABLE
SIGNATURE (NOT VALID UNLESS SIGNED)
DATE 03/85
OFFICE?

22. YES ☒ NO CHARGES

23a. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. RELATE DIAGNOSIS TO PROCEDURE IN COLUMN D BY REFERENCE NUMBERS 1, 2, 3, ETC. OR DECODE IN ICDA.
1. 726.0 ADHES. CAPSULITIS SHOULDER
2. [redacted] 718.21 Dislocation left shoulder, recurrent.
3. [redacted]
4.
5. T 125

23b. EPSDT ☐ INITIAL ☐ FOLLOW UP
FAMILY PLANNING ☐ YES
23c. PRIOR AUTHORIZATION COMMENTS ☒ YES ☐ NO
AU attached
SIGNATURE

24 A DATE OF SERVICE	B PLACE OF SERVICE	C TYPE OF SERVICE	D PROCEDURES, SERVICES OR SUPPLIES (EXPLAIN UNUSUAL SERVICES OR CIRCUMSTANCES)	DIAGNOSIS CODE	E CHARGES	F DAYS OR UNITS	G CONTROL	H DRUG CODE
03/04/85	02	03	~~29929~~ 23700 SHOULDER EXAM UND	726.0 718.21	190.00	1	0229892	01
			Hospital reports enclosed. SURGERY APPROVAL ATTACHED.					

25. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS
GEN H. MCGOUGH, M.D.
LICENSE NO. 031485
26. PATIENT'S ACCOUNT NO. 0013585 01 11058
27. ACCEPT ASSIGNMENT ☒ YES ☐ NO
28. TOTAL CHARGE 190.00
29. AMOUNT PAID 0.00
30. BALANCE DUE 190.00
31. PHYSICIAN OR SUPPLIER NAME & ADDRESS, ZIP CODE & PHONE NO.
VANCOUVER ORTHOPEDIC GROUP,
505 N.E. 87TH AVE
SUITE 100
VANCOUVER, WASHINGTON 98664
7883200 254-6161
32. FACILITY NAME & ADDRESS
8289803
33. PHYSICIAN OR SUPPLIER BILLING NAME, ADDRESS, ZIP CODE & PHONE NO.
91-0366217

REMARKS

STATEMENT

SKYLINE HOSPITAL

DATE	DESCRIPTION	AMOUNT
11/11		
10/31	BALANCE FORWARD	279.50
	TOTAL	279.50

NOV 30 1983

FINANCE CHARGE

ACCOUNT NUMBER 38053

38053
GARY R DONAHUE

RETURN
THIS STUB
WITH YOUR
REMITTANCE

PLEASE PAY THIS AMOUNT

279.50

VANCOUVER ORTHOPEDIC GROUP P.S.

VANCOUVER ORTHOPEDIC GROUP P.S.

STATEMENT OF ACCOUNT

RETAIN THIS PORTION FOR YOUR TAX RECORDS

DIAG. CODE	DATE	DR. NO.	PATIENT NAME	S	SVC. CODE	SERVICE RENDERED	AMOUNT
						PREVIOUS BALANCE ▶	16.45
ICD9			000 0013585		CPT4		
831.01	05208511		GARY ROBER3	*	90050	OV ESTAB LIMITED	25.00
NECK							
BACK							
LT SHLDR05098501			GARY ROBER3		9005052	WRONG FEE/SEE OSS ACCT	16.45-
NECK							
BACK							
LT SHLDR06278501			GARY ROBER3		9005052	PHYSICAL EVALUATION	16.45
NECK							
BACK							

CHARGES WITH "*" HAVE BEEN BILLED TO INS. PLEASE SUBMIT OTHER CHARGES TO YOUR INS. AS PER INSTRUCTIONS ON BACK OF STATEMENT.

CURRENT	30 OR 30 DAYS	60 DAYS	90 DAYS	120 DAYS & OVER	LAST PAY DATE	STATEMENT CLOSING DATE	BALANCE DUE
41.45					06/17/85	07/15/85	41.45

DONOHUE, GARY ROBERT
GEN. DEL. SMITH BEACON RD
CARSON, WA
98610

TO INSURE PROPER CREDIT
PLEASE DETACH THIS PORTION AND RETURN WITH YOUR PAYMENT. THANK YOU

AMOUNT ENCLOSED

ACCOUNT NO.	STATEMENT CLOSING DATE
000 0013585	07/15/85

10-M S-R 41.45 P 1 N
11 BEN H. MCGOUGH, M.D.
01 BEN H. MCGOUGH, M.D.

(509) 493-2133 MID COLUMBIA FAMILY HEALTH CENTER P. O. BOX 1509, WHITE SALMON, WASHINGTON 98672

PATIENT NAME: Donahue, Gary
DATE OF BIRTH:
TODAY'S DATE: 7-16
C 3066

HEAD OF FAMILY OR INSURED:
HOME PHONE #:

☐ MARK E. DEUTCHMAN, M.D.
☐ WILLIAM R. GILLANDERS, M.D.
☐ JAMES G. JANNEY, M.D.
☐ SAMUEL D. MOON, M.D.
☐ CYNTHIA K. JANNEY, P. A
☐ OTHER
☐

ADDRESS: 124 Duncan Creek Rd Stevenson WA
DATE FIRST CONSULTED FOR THIS CONDITION:

EMPLOYER: SEIF
WORK PHONE #:
AUTO ACCIDENT? YES NO
ON JOB INJURY? YES NO

INS COMPANY: None
GROUP #:
SS #/MEMBERSHIP #: 527-94-8524
IRS #91-1152824
TIME:

AUTHORIZATION TO RELEASE INFORMATION
I HEREBY AUTHORIZE MID COLUMBIA FAMILY HEALTH CENTER AND THE ABOVE PHYSICIAN TO RELEASE TO THE INSURANCE COMPANY NAMED ABOVE ANY INFORMATION ACQUIRED IN THE COURSE OF MY EXAMINATION OR TREATMENT (IF PATIENT IS MINOR, SIGN BY PARENT OR GUARDIAN)

ASSIGNMENT OF INSURANCE BENEFITS
I HEREBY AGREE TO FULL RESPONSIBILITY FOR ALL EXPENSES INCURRED BY OR ON ACCOUNT OF THIS PATIENT AND HEREBY ASSIGN ANY AND ALL INSURANCE BENEFITS DUE TO ME TO THE FULL EXTENT OF MY FINANCIAL OBLIGATION TO SAID CLINIC.

SIGNED X Gary F. Donahue
SIGNED INSURED PERSON X Gary F. Donahue

SERVICE		NEW		ESTAB	CHARGE
OFFICE					
O V-MINIMAL (5)	43		1	90030	
O V-BRIEF (10)	9	90000	2	90040	
O V-LIMITED (15)	10	90010	3	90050	27.00
O V-INTERMEDIATE (20)	11	90015	4	90060	
O V-EXTENDED (30)	12	90017	5	90070	
O V-COMPREHENSIVE (50)	13	90020	6	90080	
L & I ACCIDENT REPORT				90001	
EPSDT greater than 1 YEAR	43		43	09000	
EPSDT less than 1 YEAR	43		43	09011	
COUNSELING	43		43	998	
OB VISIT (Preg)	43		7	59401	
OB VISIT (Not Preg)	43		43	90060	
SPORTS PHYSICAL	43		8	90040	
NEWBORN F.U (Preg)	43		43		
PRE-OP VISIT	43		43		
	43		43		
HOSPITAL ADMITTANCE					
H V-BRIEF	41	90220	13	90240	
H V-LIMITED	41		14	90250	
H V-INTERMEDIATE	41	90215	15	90260	
H V-COMPREHENSIVE	41	90220	41	90270	
NEWBORN CARE	10	90085	41		
START less than 3 YEARS	41	90410	41	90410	
START greater than 3 YEARS	41	90410	41	90410	
ARTERIAL PUNCTURE	41	99323	41	99324	
CRITICAL CARE	17	90291	17	90292	
DELIVERY STANDBY	41	99433	41	99433	
	41		41		
EMERGENCY ROOM					
TOE R (OUTPATIENT)	18	99004	18	99004	
BEFORE 10PM	19	99050	19	99050	
10PM-8AM	20	99054	20	99054	
SUNDAY HOLIDAY	41	99054	41	99054	
E R BRIEF (10)	42	99510	42	99510	
E R LIMITED (15)	42	99510	42	99550	
E R INTERMEDIATE (20)	42	99515	42	99560	
E R EXTENDED (30)	42	99517	42	99570	
	42		42		
	42		42		
SPECIAL PROCEDURES					
EKG INTER	48	93042	48	93042	
EKG FULL	48	93000	48	93000	
EKG RHYTHM	48	93040	48	93040	
PULMONARY FUNC	48	94010	48	94010	
PULMONARY FUNC B & A	48	94060	48	94060	
DIATHERMY	48	97000	48	97000	
ALLERGY TESTING	48	95011	48	95011	
TONOMETRY	48	92100	48	92100	
BSSF STRESS TEST	48	99021	48	99021	
AMNIOCENTESIS	48	59000	48	59000	
ACUPUNCTURE	48	96300	48	96300	
AUDIOGRAM	48	92552	48	92552	
TYMPANOMETRY	48	92567	48	92567	
AUDIO & TYMP	48	92568	48	92568	
TRIGGER POINT INJECTION	47	20550	47	20550	
ULTRASOUND	48		48		

SERVICE		CPT #	CHARGE
OTHER SERVICES			
44	HOME VISIT	901	
44	NURSING HOME VISIT	903	
43	SPECIAL REPORT	99080	
44	MILEAGE	99030	
43	TELEPHONE CALL - APPT	99191	
43	TELEPHONE CALL - ADVICE	[illegible]	
NURSING			
25	MEDICATION INJ	90782	
26	DPT OPV DT FLU	90720	
46	MMR	90723	
27	ALLERGY	95125	
28	IRRIGATE EARS	69210	
29	T B TEST	86580	
31	SUPPLIES	99070	7.00
45	STERILE TRAY	99070	
SURGERY			
47	SURGERY F U		
47	SURGERY ASSIST		
47	OB TOTAL CARE	59400	
47	OB PRENATAL ONLY	59420	
47	OB DELIVERY ONLY	59410	
47	LACERATION	12	
47	FRACTURE		
47	CASTING	29	
47	CIRCUMCISION NEWBORN	54150	
47	VASECTOMY	55250	
47	BIOPSY		
47	CORNEAL FOREIGN BODY	65220	
47	[illegible]	43239	
47	MOLUSCUM	56300	
47	ENDOMETRIAL BIOPSY	58100	
47	TUBAL LIGATION	58600	
47	TUBAL LIGATION POSTPARTUM	58605	
47	[illegible]	58120	
47	LUMBAR PUNCTURE	62270	
47	SPINAL ANESTHESIA	62274	
47	CESARIAN SECTION	59500	
47	CRYOSURGERY	173	
47	[illegible]	15040	
LABORATORY			
47	SPUTUM CULTURE	87101	
47	[illegible]	87081	
47	[illegible]	87347	
47	[illegible]	87205	
47	[illegible]	87205	
47	HEMATOCRIT	85014	
47	MONONUCLEOSIS	86308	
47	PREG TEST	84703	
47	URINE C & S	87184	
47	THROAT STREPTOCOCCUS	87060	
47	URINE URINALYSIS COUNT	87086	
47	U A	81000	
47	WET MOUNT - KOH	87210	
47	W B C	85048	
47	G T T	82951	
47	PAP SMEAR	88150	

TOTAL AMOUNT

DIAGNOSIS FOR INSURANCE PURPOSES ICDA VOLUME II NINTH REVISION

DX	ICDA IF CODED RO	RULEOUT
DIAGNOSIS	ICDA	RO
ABD PAIN	789	
ABRASION	919	
ALLERGY	995.3	
ANEMIA	285.9	
ARTHRITIS	716.9	
ASCVD	414	
ASTHMA	493	
ATS	300	
BRONCHITIS	490	
BURN	949	
BURSITIS	727.3	
CELLULITIS	682.9	
R/O CERVICAL CANCER	184.9	
CHEST PAIN	786	
CHF	428	
CONJUNCTIVITIS	[illegible]	
CONTUSION	924.9	
CORNEAL ABRAS	918	
C O P D	492	
DEPRESSION	300.4	
DERMATITIS	692.9	
DIABETES	250	
FAMILY PLANNING	V25	
FOREIGN BODY		
FRACTURE		
GASTROENTERITIS	008.0	
HEADACHE	784	
HEMORRHOIDS	454	
HYPERTENSION	401	
LACERATION	870.8	
LOW BACK PAIN	724.5	
MENOPAUSE SYN	627.2	
MENSTRUAL DIS	626	
OBESITY	278	
OTITIS EXTERNA	380	
OTITIS MED ACUTE	381	
OTITIS MED CHRON	382	
PHARYNGITIS	462	
PHYSICAL EXAM	V70	
PID	614	
PNEUMONIA	486	
PROSTATITIS	601	
SINUSITIS	461	
SKIN INFECTION	686	
SKIN LESION	709	
STRAIN or SPRAIN		
THYROID PROBLEM	246.9	
TONSILLITIS	463	
U T I	599	
ULCER	533	
URETHRITIS	597	
URI	460	
VIRAL SYND	079.9	
VAGINITIS		
PREGNANCY	V22	
whiplash		

INSTRUCTIONS

RETURN DAYS 10 WITH
WEEKS 20 MON TUES WED THUR FRI SAT AM
MONTHS 30 DATE TIME PM

HOSPITAL INSTRUCTIONS

TREATMENT INSTRUCTIONS

Vulture 10 g TID PT tid
Referred this line fuel approved by Gilbert at U.S. Skyline Gary F. Donahue

156 ☐ WHITE SALMON OFFICE | P. O. BOX 390 | WHITE SALMON, WASHINGTON 98672 | 493-2133

☐ STEVENSON OFFICE | P. O. BOX 390 | STEVENSON, WASHINGTON 98648 | 427-4212

Gary R Donohue
General Delivery
Carson, Wa. 98610

7-20-84
DOB 9-27-51
no Phone

~~DENIS~~

☐ MARK E. DEUTCHMAN, M.D.
☐ WILLIAM R. GILLANDERS, M.D.
☐ JAMES G. JANNEY, M.D.
☐ SAMUEL D. MOON, M.D.
☒ RAYMOND FITZSIMMONS, M.D.
☐ GREGORY D. ZUCK, M.D.
☐ CYNTHIA K. JANNEY, P.A.
☐ OTHER

TIME 11:42

IRS #91-1152824

AUTHORIZATION TO RELEASE INFORMATION
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SIGNED INSURED PERSON X Gary R Donohue

	SERVICE	NEW		ESTAB		CHARGE
	OFFICE					
	O.V. - MINIMAL (5)			1	90050	
	O.V. BRIEF (10)	7	90000	2	90040	
	O.V. LIMITED (15)	8	90010	3	90050	23.00
	O.V. - INTERMEDIATE (20)	9	90015	4	90060	
	O.V. EXTENDED (30)	10	90017	5	90070	
	O.V. COMPREHENSIVE (50)	11	90020	6	90080	
	L & I ACCIDENT REPORT				90001	
	EPSDT greater than 1 YEAR	43		43	09000	
	EPSDT less than 1 YEAR	43		43	09011	
	COUNSELING	43		43	908	
	OB VISIT (Pkg)	43			59401	
	OB VISIT (Not Pkg)	43		43	90050	
	SPORTS PHYSICAL	43		8	90040	
	NEWBORN F/U (Pkg)	43		43		
	PRE OP VISIT	43		43		
		43		43		
	SPECIAL PROCEDURES					
	EKG INTER	48	93042	48	93042	
	EKG FULL	48	93000	48	93000	
	EKG RHYTHM	48	93040	48	93040	
	PULMONARY FUNC	48	94010	48	94010	
	PULMONARY FUNC B & A	48	94060	48	94060	
	D[illegible]ERMY	48	97000	48	97000	
	A[illegible]GY TESTING	48	95011	48	95011	
	TONOMETRY	48	92100	48	92100	
	BSST STRESS TEST	48	93021	48	93021	
	AMNIOCENTESIS	48	59000	48	59000	
	ACUPUNCTURE	48	96300	48	96300	
	AUDIOGRAM	48	92552	48	92552	
	TYMPANOMETRY	48	92567	48	92567	
	AUDIO & TYMP	48	92568	48	92568	
	TRIGGER POINT INJECTION	48	20550	48	20550	
	ULTRASOUND	48		48		
	NURSING					
25	MEDICATION INJ				90782	
26	DPT/DPV/DT/FEU				90720	
46	MMR				90723	
27	ALLERGY				95125	
28	IRRIGATE EARS				69210	
29	T B TEST				86580	
30	SUPPLIES				99070	
31	STERILE TRAY				99070	

	SERVICE	CPT #	CHARGE
	SURGERY		
47	SURGERY F/U		
47	SURGERY ASSIST		
47	OB TOTAL CARE	59400	
47	OB PRENATAL ONLY	59420	
47	OB DELIVERY ONLY	59410	
47	LACERATION	12	
47	FRACTURE		
47	CASTING	29	
47	CIRCUMCISION NEWBORN	54150	
47	VASECTOMY	55250	
47	BIOPSY		
47	CORNEAL FOREIGN BODY	65220	
47	SIGMOIDOSCOPY	45240	
47	IUD INSERT	58300	
47	ENDOMETRIAL BIOPSY	58100	
47	TUBAL LIGATION	58600	
47	TUBAL LIGATION P PARTUM	58605	
47	D & C	58120	
47	LUMBAR PUNCTURE	62270	
47	SPINAL ANESTHESIA	62274	
47	CESARIAN SECTION	59500	
47	CRYOSURGERY	171	
47	I & D ABCESS	10060	
	COLONOSCOPY	45220	
47	COLONOSCOPY W/BIOPSY	45225	
	LABORATORY		
45	SKIN CULTURE	87101	
45	G C CULTURE	87081	
22	BLOOD SUGAR	82947	
45	GRAM STAIN	87205	
33	GUAIAC TEST	82270	
34	HEMATOCRIT	85014	
45	MONO SPOT	86308	
35	PREG TEST	84703	
45	URINE C & S	87184	
36	THROAT/STREP CUL	87060	
37	URINE COLONY COUNT	87086	
38	U A	81000	
39	WET MOUNT KOH	87210	
45	C B C	85048	
45	G T T A	82951	
21	PAP SMEAR	88150	

DIAGNOSIS FOR INSURANCE
DX - ICDA IF CODED RO - RULE OUT

DIAGNOSIS	ICDA	RO
ABD PAIN	789	
ABRASION	919	
ALLERGY	995.3	
ANEMIA	285.9	
ARTHRITIS	716.9	
ASCVD	414	
ASTHMA	493	
ATS	300	
BRONCHITIS	490	
BURN	949	
BURSITIS	727.3	
CELLULITIS	682.9	
R/O CERVICAL CANCER	184.9	
CHEST PAIN	786	
CHF	428	
CONJUNCTIVITIS	372	
CONTUSION	924.9	
CORNEAL ABRAS	918	
COPD	492	
DEPRESSION	300.4	
DERMATITIS	692.9	
DIABETES	250	
FAMILY PLANNING	V25	
FOREIGN BODY		
FRACTURE		
GASTROENTERITIS	009.0	
HEADACHE	784	
HEMORRHOIDS	774	
HYPERTENSION	401	
LACERATION	873.8	
LOW BACK PAIN	724.5	
MENOPAUSE SYN	627.2	
MENSTRUAL DIS	626	
OBESITY	278	
OTITIS EXTERNA	380	
OTITIS MED ACUTE	381	
OTITIS MED CHRON	382	
PHARYNGITIS	462	
PHYSICAL EXAM	V70	
PID	614	
PNEUMONIA	486	
PROSTATITIS	601	
SINUSITIS	461	
SKIN INFECTION	686	
SKIN LESION	709	
STRAIN or SPRAIN		
THYROID PROBLEM	240.9	
TONSILLITIS	463	
UTI	595	
ULCER	533	
URETHRITIS	597	
URI	460	
VIRAL SYND	079.9	
VAGINITIS		
PREGNANCY	V22	
whiplash injury		

STAFF INSTRUCTIONS

PATIENT INSTRUCTIONS

CURRENT BALANCE
CASH / BANK / CHECK / INS — TODAY'S FEES 23.00
AMOUNT PAID
NEW BALANCE

HOME INSTRUCTIONS

XRay { C XRAY, C-Spine, L-S Spine, LT shoulder

LAB [UA CBC]

Shoulder immobilizer (Extra Large)

→ please call Dr. Fitz results → 427-4212

Carry to Island

RETURN DAYS 10 WEEKS 20 MONTHS 30
Pain
MON

MID COLUMBIA FAMILY HEALTH CENTER
FOR
WITH
MON TUES WED THUR FRI SAT AM
DATE TIME PM

TO CANCEL, PLEASE CALL AT LEAST 24 HOURS BEFORE APPOINTMENT

WHITE SALMON 493-2133 | STEVENSON 427-4212

239

☐ WHITE SALMON OFFICE — P. O. BOX 1519 — WHITE SALMON, WASHINGTON 98672 — 493-2133
☒ STEVENSON OFFICE — P. O. BOX 390 — STEVENSON, WASHINGTON 98648 — 427-4212

Gary R Donohue
Route · Duncan CK Rd
Skamania
Stevenson Wa.
DSHS

7-27-84
9-27-51
~~$~~ NO Phone

3174

☐ MARK E. DEUTCHMAN, M.D.
☐ WILLIAM R. GILLANDERS, M.D.
☐ JAMES G. JANNEY, M.D.
☐ SAMUEL D. MOON, M.D.
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☐ CYNTHIA K. JANNEY, P.A.
☐ OTHER

TIME

IRS #91-1152824

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SIGNED INSURED PERSON X

SERVICE		NEW		ESTAB	CHARGE
OFFICE					
O.V.-MINIMAL (5)			1	90030	
O.V. BRIEF (10)	7	90000	2	90040	18.00
O.V. LIMITED (15)	8	90010	3	90050	
O.V.-INTERMEDIATE (20)	9	90015	4	90060	
O.V.-EXTENDED (30)	10	90017	5	90070	
O.V. COMPREHENSIVE (50)	11	90020	6	90080	
L & I ACCIDENT REPORT				99001	
EPSDT greater than 1 YEAR	43		43	09000	
EPSDT less than 1 YEAR	43		43	09011	
COUNSELING	43		43	908	
OB VISIT (Pkg)	43			59401	
OB VISIT (Not Pkg)	43		43	90050	
SPORTS PHYSICAL	43		8	90040	
NEWBORN F/U (Pkg)	43		43		
PRE OP VISIT	43		43		
	43		43		
SPECIAL PROCEDURES					
EKG INTER	48	93042	48	93042	
EKG FULL	48	93000	48	93000	
EKG RHYTHM	48	93040	48	93040	
PULMONARY FUNC	48	94010	48	94010	
PULMONARY FUNC B & A	48	94060	48	94060	
DIATHERMY	48	97000	48	97000	
ALLERGY TESTING	48	95011	48	95011	
TONOMETRY	48	92100	48	92100	
BSST - STRESS TEST	48	59021	48	59021	
AMNIOCENTESIS	48	59000	48	59000	
ACUPUNCTURE	48	96300	48	96300	
AUDIOGRAM	48	92552	48	92552	
TYMPANOMETRY	48	92567	48	92567	
AUDIO & TYMP	48	92568	48	92568	
TRIGGER POINT INJECTION	48	20550	48	20550	
ULTRASOUND	48		48		
NURSING					
25 MEDICATION INJ				90782	
26 DPT/DPV/DT/TTD				90720	
46 MMR				90723	
27 ALLERGY				95125	
28 IRRIGATE EARS				69210	
29 TB TEST				86580	
30 SUPPLIES				99070	
31 STERILE TRAY				99070	

	SERVICE	CPT #	CHARGE
	SURGERY		
47	SURGERY F/U		
47	SURGERY ASSIST		
47	OB TOTAL CARE	59400	
47	OB PRENATAL ONLY	59420	
47	OB DELIVERY ONLY	59410	
47	LACERATION	12	
47	FRACTURE		
47	CASTING	29	
47	CIRCUMCISION NEWBORN	54150	
47	VASECTOMY	55250	
47	BIOPSY		
47	CORNEAL FOREIGN BODY	65220	
47	SIGMOIDOSCOPY	40240	
47	IUD INSERT	58300	
47	ENDOMETRIAL BIOPSY	58100	
47	TUBAL LIGATION	58600	
47	TUBAL LIGATION P PARTUM	58606	
47	D & C	58120	
47	LUMBAR PUNCTURE	62270	
47	SPINAL ANESTHESIA	62274	
47	CESARIAN SECTION	59500	
47	CRYOSURGERY	171	
47	I & D ABCESS	10060	
	COLONOSCOPY	40220	
47	COLONOSCOPY W/BIOPSY	40225	
	LABORATORY		
45	SKIN CULTURE	87101	
45	G C CULTURE	87081	
22	BLOOD SUGAR	82947	
45	GRAM STAIN	87205	
33	GUAIAC TEST	82205	
34	HEMATOCRIT	85014	
45	MONO SPOT	86000	
36	PREG TEST	82990	
45	URINE C & S	87184	
36	THROAT/STREP CUL	87060	
37	URINE COLONY COUNT	87086	
38	U A	81000	
39	WET MOUNT - KOH	87210	
45	W B C	85048	
45	G T T X	82951	
21	PAP SMEAR	88150	

DIAGNOSIS FOR INSURANCE
DX = ICDA IF CODED RO = RULE OUT

DIAGNOSIS	ICDA	RO
ABD PAIN	789	
ABRASION	919	
ALLERGY	995.3	
ANEMIA	285.9	
ARTHRITIS	716.9	
ASCVD	414	
ASTHMA	493	
ATS	300	
BRONCHITIS	490	
BURN	949	
BURSITIS	727.3	
CELLULITIS	682.9	
R/O CERVICAL CANCER	184.9	
CHEST PAIN	786	
CHF	428	
CONJUNCTIVITIS	372	
CONTUSION	924.9	
CORNEAL ABRAS	918	
C O P D	492	
DEPRESSION	300.4	
DERMATITIS	692.9	
DIABETES	250	
FAMILY PLANNING	V25	
FOREIGN BODY		
FRACTURE		
GASTROENTERITIS	558.9	
HEADACHE	784	
HEMORRHOIDS	774	
HYPERTENSION	401	
LACERATION	873.8	
LOW BACK PAIN	724.5	
MENOPAUSE SYN	627.2	
MENSTRUAL DIS	626	
OBESITY	278	
OTITIS EXTERNA	380	
OTITIS MED ACUTE	381	
OTITIS MED CHRON	382	
PHARYNGITIS	462	
PHYSICAL EXAM	V70	
PID	614	
PNEUMONIA	486	
PROSTATITIS	601	
SINUSITIS	461	
SKIN INFECTION	686	
SKIN LESION	709	
~~STRAIN or SPRAIN~~ Whiplash		
THYROID PROBLEM	246.9	
TONSILLITIS	463	
U T I	595	
ULCER	533	
URETHRITIS	597	
URI	460	
VIRAL SYND	079.9	
VAGINITIS		
PREGNANCY	V22	

STAFF INSTRUCTIONS

PATIENT INSTRUCTIONS

CURRENT BALANCE
CASH / BANK / CHECK / INS — TODAY'S FEES 18.00
AMOUNT PAID
NEW BALANCE

DENTAL INSTRUCTIONS

RETURN ___ DAYS 10
9 2 WEEKS 20
___ MONTHS 30

MID COLUMBIA FAMILY HEALTH CENTER
FOR
WITH
MON TUES WED THUR FRI SAT AM
DATE TIME PM
TO CANCEL PLEASE CALL AT LEAST 24 HOURS BEFORE APPOINTMENT
WHITE SALMON STEVENSON

MID-COLUMBIA FAMILY HEALTH CENTER

28

☐ WHITE SALMON OFFICE — P. O. BOX 1519 — WHITE SALMON, WASHINGTON 98672 — 493-2133
☒ STEVENSON OFFICE — P. O. BOX 390 — STEVENSON, WASHINGTON 98648 — 427-4212

Gary R. Donahue
General Delivery
Carson Wa 98610

8-17-84 #3174
9-27-51

7-5218

GR092751 DONUOH B

☐ MARK E. DEUTCHMAN, M.D.
☐ WILLIAM R. GILLANDERS, M.D.
☐ JAMES G. JANNEY, M.D.
☐ SAMUEL D. MOON, M.D.
☒ RAYMOND FITZSIMMONS, M.D.
☐ GREGORY D. ZUCK, M.D.
☐ CYNTHIA K. JANNEY, P.A.
☐ OTHER

TIME 3:00

IRS #91-1152824

AUTHORIZATION TO RELEASE INFORMATION
I HEREBY AUTHORIZE MID COLUMBIA FAMILY HEALTH CENTER AND THE ABOVE NAMED PHYSICIAN TO RELEASE TO THE INSURANCE COMPANY NAMED ABOVE ANY INFORMATION ACQUIRED IN THE COURSE OF MY EXAMINATION OR TREATMENT (IF THE PATIENT IS MINOR, SIGN BY PARENT OR GUARDIAN)

SIGNED X Gary R. Donahue

ASSIGNMENT OF INSURANCE BENEFITS
I HEREBY AGREE TO FULL RESPONSIBILITY FOR ALL EXPENSES INCURRED BY OR ON ACCOUNT OF THIS PATIENT AND HEREBY ASSIGN ANY AND ALL INSURANCE BENEFITS DUE TO ME TO THE FULL EXTENT OF MY FINANCIAL OBLIGATION TO SAID CLINIC

SIGNED INSURED PERSON X Gary R. Donahue

SERVICE		NEW		ESTAB	CHARGE
OFFICE					
O.V.-MINIMAL (5)			1	90030	
O.V.-BRIEF (10)	7	90000	2	90040	
O.V.-LIMITED (15)	8	90010	3	90050	23.00
O.V.-INTERMEDIATE (20)	9	90015	4	90060	
O.V. EXTENDED (30)	10	90017	5	90070	
O.V.-COMPREHENSIVE (50)	11	90020	6	90080	
L & I ACCIDENT REPORT				90001	
EPSDT greater than 1 YEAR	43		43	09000	
EPSDT less than 1 YEAR	43		43	09011	
COUNSELING	43		43	908	
OB VISIT (Pkg)	43			59401	
OB VISIT (Not Pkg)	43		43	90050	
SPORTS PHYSICAL	43		8	90040	
NEWBORN F/U (Pkg)	43		43		
PRE-OP VISIT	43		43		
	43		43		
SPECIAL PROCEDURES					
EKG INTER	48	93042	48	93042	
EKG FULL	48	93000	48	93000	
EKG RHYTHM	48	93040	48	93040	
PULMONARY FUNC	48	94010	48	94010	
PULMONARY FUNC B & A	48	94060	48	94060	
DIATHERMY	48	97000	48	97000	
ALLERGY TESTING	48	95011	48	95011	
TONOMETRY	48	92100	48	92100	
BSST - STRESS TEST	48	59021	48	59021	
AMNIOCENTESIS	48	59000	48	59000	
ACUPUNCTURE	48	96300	48	96300	
AUDIOGRAM	48	92552	48	92552	
TYMPANOMETRY	48	92567	48	92567	
AUDIO & TYMP	48	92568	48	92568	
TRIGGER POINT INJECTION	48	20550	48	20550	
ULTRASOUND	48		48		
NURSING					
25 MEDICATION INJ				90782	
26 DPT/DPV/DT/FLU				90720	
46 MMR				90723	
27 ALLERGY				95125	
28 IRRIGATE EARS				69210	
29 T B TEST				86580	
30 SUPPLIES				99070	
31 STERILE TRAY				99070	

	SERVICE	CPT #	CHARGE
SURGERY			
47	SURGERY F/U		
47	SURGERY ASSIST		
47	OB TOTAL CARE	59400	
47	OB PRENATAL ONLY	59420	
47	OB DELIVERY ONLY	59410	
47	LACERATION	12	
47	FRACTURE		
47	CASTING	29	
47	CIRCUMCISION NEWBORN	54150	
47	VASECTOMY	55250	
47	BIOPSY		
47	CORNEAL FOREIGN BODY	65220	
47	SIGMOIDOSCOPY	45240	
47	IUD INSERT	58300	
47	ENDOMETRIAL BIOPSY	58100	
47	TUBAL LIGATION	58600	
47	TUBAL LIGATION P PARTUM	58606	
47	D & C	58120	
47	LUMBAR PUNCTURE	62270	
47	SPINAL ANESTHESIA	62274	
47	CESARIAN SECTION	59500	
47	CRYOSURGERY	171	
47	I & D ABCESS	10060	
	COLONOSCOPY	45220	
47	COLONOSCOPY W/BIOPSY	45225	
LABORATORY			
45	SKIN CULTURE	87101	
45	G C CULTURE	87081	
22	BLOOD SUGAR	82947	
45	GRAM STAIN	87205	
33	GUAIAC TEST	82270	
34	HEMATOCRIT	85014	
45	MONO SPOT	86308	
35	PREG TEST	84703	
45	URINE C & S	87184	
36	THROAT/STREP CUL	87060	
37	URINE COLONY COUNT	87086	
38	U A	81000	
39	WET MOUNT - KOH	87210	
40	W B C	85048	
45	G T T - X	82951	
21	PAP SMEAR	88150	

DIAGNOSIS FOR INSURANCE — DX = ICDA IF CODED — RO = RULE OUT		
DIAGNOSIS	ICDA	RO
ABD PAIN	789	
ABRASION	919	
ALLERGY	995.3	
ANEMIA	285.9	
ARTHRITIS	716.9	
ASCVD	414	
ASTHMA	493	
ATS	300	
BRONCHITIS	490	
BURN	949	
BURSITIS	727.3	
CELLULITIS	682.9	
R/O CERVICAL CANCER	184.9	
CHEST PAIN	786	
CHF	428	
CONJUNCTIVITIS	372	
CONTUSION	924.9	
CORNEAL ABRAS	918	
C.O.P.D.	492	
DEPRESSION	300.4	
DERMATITIS	692.9	
DIABETES	250	
FAMILY PLANNING	V25	
FOREIGN BODY		
FRACTURE		
GASTROENTERITIS	009.0	
HEADACHE	784	
HEMORRHOIDS	774	
HYPERTENSION	401	
LACERATION	873.8	
LOW BACK PAIN	724	
MENOPAUSE SYN	627.2	
MENSTRUAL DIS	626	
OBESITY	278	
OTITIS EXTERNA	380	
OTITIS MED. ACUTE	381	
OTITIS MED. CHRON	382	
PHARYNGITIS	462	
PHYSICAL EXAM	V70	
PID	614	
PNEUMONIA	486	
PROSTATITIS	601	
SINUSITIS	461	
SKIN INFECTION	686	
SKIN LESION	709	
STRAIN or SPRAIN		
THYROID PROBLEM	246.9	
TONSILLITIS	463	
U.T.I.	595	
ULCER	533	
URETHRITIS	597	
URI	460	
VIRAL SYND	079.9	
VAGINITIS		
PREGNANCY	V22	

STAFF INSTRUCTIONS

PATIENT INSTRUCTIONS

CURRENT BALANCE
CASH / BANK / CHECK / INS — TODAY'S FEES 23.00
AMOUNT PAID 0
NEW BALANCE

HOME INSTRUCTIONS

RETURN DAYS 10
WEEKS 20
MONTHS 30

MID COLUMBIA FAMILY HEALTH CENTER
FOR
WITH
MON TUES WED THUR FRI SAT AM
DATE TIME PM
TO CANCEL, PLEASE CALL AT LEAST 24 HOURS BEFORE APPOINTMENT
WHITE SALMON STEVENSON

118 ☐ WHITE SALMON OFFICE ☒ STEVENSON OFFICE

P. O. BOX 1519 — WHITE SALMON, WASHINGTON 98672 — 493-2133
P. O. BOX 390 — STEVENSON, WASHINGTON 98648 — 427-4212

3174

Gary Robert Donohue
12 Duncan Creek Rd
Stevenson Wa.
DS/LS

8-23-84
09-27-51
N/P

☐ MARK E. DEUTCHMAN, M.D.
☐ WILLIAM R. GILLANDERS, M.D.
☐ JAMES G. JANNEY, M.D.
☐ SAMUEL D. MOON, M.D.
☐ RAYMOND FITZSIMMONS, M.D.
☐ GREGORY D. ZUCK, M.D.
☐ CYNTHIA K. JANNEY, P.A.
☐ OTHER

TIME

IRS #91-1152824

AUTHORIZATION TO RELEASE INFORMATION
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SIGNED INSURED PERSON X

SERVICE		NEW		ESTAB	CHARGE
OFFICE					
O.V.-MINIMAL (5)			1	90030	
O.V.-BRIEF (10)	7	90000	2	90040	
O.V. LIMITED (15)	8	90010	3	90050	
O.V. INTERMEDIATE (20)	9	90015	4	90060	
O.V. EXTENDED (30)	10	90017	5	90070	
O.V. COMPREHENSIVE (50)	11	90020	6	90080	
L & I ACCIDENT REPORT				90031	
EPSDT greater than 1 YEAR	43		43	09000	
EPSDT less than 1 YEAR	43		43	09011	
COUNSELING	43		43	908	
OB VISIT (Preg)	43			59401	
OB VISIT (Not Preg)	43		43	90050	
SPORTS PHYSICAL	43		8	90040	
NEWBORN F/U (Preg)	43		43		
PRE OP VISIT	43		43		
	43		43		
SPECIAL PROCEDURES					
EKG INTER	48	93042	48	93042	
EKG FULL	48	93000	48	93000	
EKG RHYTHM	48	93040	48	93040	
PULMONARY FUNC	48	94010	48	94010	
PULMONARY FUNC B & A	48	94060	48	94060	
DIATHERMY	48	97000	48	97000	
ALLERGY TESTING	48	95011	48	95011	
TONOMETRY	48	92100	48	92100	
BSST STRESS TEST	48	59021	48	59021	
AMNIOCENTESIS	48	59000	48	59000	
ACUPUNCTURE	48	96300	48	96300	
AUDIOGRAM	48	92552	48	92552	
TYMPANOMETRY	48	92567	48	92567	
AUDIO & TYMP	48	92568	48	92568	
TRIGGER POINT INJECTION	48	20550	48	20550	
ULTRASOUND	46		48		
NURSING					
25 MEDICATION INJ				90782	
26 OPT/OPV/DT/FTU				99720	
26 VMR				99723	
27 ALLERGY				95125	
28 IRRIGATE EARS				69210	
29 T.B. TEST				86580	
30 SUPPLIES				99070	
31 STERILE TRAY				99070	

SERVICE		CPT #	CHARGE
SURGERY			
47	SURGERY F/U		
47	SURGERY ASSIST		
47	OB TOTAL CARE	59400	
47	OB PRENATAL ONLY	59420	
47	OB DELIVERY ONLY	59410	
47	LACERATION	12	
47	FRACTURE		
47	CASTING	29	
47	CIRCUMCISION NEWBORN	54150	
47	VASECTOMY	55250	
47	BIOPSY		
47	CORNEAL FOREIGN BODY	65220	
47	SIGMOIDOSCOPY	40240	
47	IUD INSERT	58300	
47	ENDOMETRIAL BIOPSY	58100	
47	TUBAL LIGATION	58600	
47	TUBAL LIGATION P PARTUM	58605	
47	D & C	58120	
47	LUMBAR PUNCTURE	62270	
47	SPINAL ANESTHESIA	62274	
47	CESARIAN SECTION	59500	
47	CRYOSURGERY	171	
47	I & D ABCESS	10060	
	COLONOSCOPY	40220	
47	COLONOSCOPY W/BIOPSY	40225	
LABORATORY			
45	SKIN CULTURE	87101	
35	G.C. CULTURE	87081	
22	BLOOD SUGAR	82947	
45	GRAM STAIN	87205	
35	GUAIAC TEST	82270	
35	HEMATOCRIT	85014	
45	MONO SPOT	86906	
35	PREG TEST	82996	
45	URINE C & S	87184	
35	THROAT/STREP CUL	87060	
37	URINE COLONY COUNT	87086	
35	UA	81000	
35	ALL MONO FOR	87210	
45	WBC	85048	
45	G.T.T.	82951	
21	PAP SMEAR	88150	

DIAGNOSIS FOR INSURANCE — DX - ICDA IF CODED RO - RULE OUT		
DIAGNOSIS	ICDA	RO
ABD PAIN	789	
ABRASION	919	
ALLERGY	995.3	
ANEMIA	285.9	
ARTHRITIS	716.9	
ASCVD	414	
ASTHMA	493	
ATS	300	
BRONCHITIS	490	
BURN	949	
BURSITIS	727.3	
CELLULITIS	682.9	
R/O CERVICAL CANCER	184.9	
CHEST PAIN	786	
CHF	428	
CONJUNCTIVITIS	372	
CONTUSION	924.9	
CORNEAL ABRAS	918	
C.O.P.D.	492	
DEPRESSION	300.4	
DERMATITIS	692.9	
DIABETES	250	
FAMILY PLANNING	V25	
FOREIGN BODY		
FRACTURE		
GASTROENTERITIS	009.0	
HEADACHE	784	
HEMORRHOIDS	774	
HYPERTENSION	401	
LACERATION	873.8	
LOW BACK PAIN	724.5	
MENOPAUSE SYN	627.2	
MENSTRUAL DIS	626	
OBESITY	278	
OTITIS EXTERNA	380	
OTITIS MED ACUTE	381	
OTITIS MED CHRON	382	
PHARYNGITIS	462	
PHYSICAL EXAM	V70	
PID	[illegible]	
PNEUMONIA	486	
PROSTATITIS	601	
SINUSITIS	461	
SKIN INFECTION	686	
SKIN LESION	709	
STRAIN & SPRAIN		
THYROID PROBLEM	246.9	
TONSILLITIS	463	
U.T.I.	595	
ULCER	533	
URETHRITIS	597	
URI	460	
VIRAL SYND	079.9	
VAGINITIS		
PREGNANCY	V22	
medical report		

STAFF INSTRUCTIONS

PATIENT INSTRUCTIONS

CURRENT BALANCE —
TODAY'S FEES 23.00
AMOUNT PAID Ø
NEW BALANCE

CASH / BANK / CHECK / INS

DENTAL INSTRUCTIONS

RETURN DAYS 10
WEEKS 20
MONTHS 30

MID COLUMBIA FAMILY HEALTH CENTER

FOR
WITH
MON TUES WED THUR FRI SAT AM
DATE TIME PM

TO CANCEL, PLEASE CALL AT LEAST 24 HOURS BEFORE APPOINTMENT

WHITE SALMON STEVENSON

77 ☐ WHITE SALMON OFFICE P. O. BOX 1519 WHITE SALMON, WASHINGTON 98672 493-2133
☒ STEVENSON OFFICE P. O. BOX 390 STEVENSON, WASHINGTON 98648 427-4212

Gary Donohue 9-20-84
Cert Del.
Carson Wa. 98610 3174
DSNS GR092751

☐ MARK E. DEUTCHMAN, M.D.
☐ WILLIAM R. GILLANDERS, M.D.
☐ JAMES G. JANNEY, M.D.
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☐ GREGORY D. ZUCK, M.D.
☐ CYNTHIA K. JANNEY, P.A.
☐ OTHER

TIME 10:20 IRS #91-1152824

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SIGNED INSURED PERSON X Gary L Donohue

SERVICE		NEW		ESTAB	CHARGE
OFFICE					
O.V.-MINIMAL (5)			1	90030	
O.V.-BRIEF (10)	7	90000	2	90040	
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O.V.-EXTENDED (30)	10	90017	5	90070	
O.V.-COMPREHENSIVE (50)	11	90020	6	90080	
L & I ACCIDENT REPORT				90001	
EPSDT greater than 1 YEAR	43		43	09000	
EPSDT less than 1 YEAR	43		43	09011	
COUNSELING	43		43	908	
OB VISIT (Pkg)	43			59401	
OB VISIT (Not Pkg)	43		43	90050	
SPORTS PHYSICAL	43		8	90040	
NEWBORN F/U (Pkg)	43		43		
PRE OP VISIT	43		43		
	43		43		
SPECIAL PROCEDURES					
EKG INTER	48	93042	48	93042	
EKG FULL	48	93000	48	93000	
EKG RHYTHM	48	93040	43	93040	
PULMONARY FUNC	48	94010	48	94010	
PULMONARY FUNC B & A	48	94060	48	94060	
THERMY	48	97000	48	97000	
ALLERGY TESTING	48	95011	48	95011	
TONOMETRY	48	92100	48	92100	
BSST STRESS TEST	48	93021	48	93021	
AMNIOCENTESIS	48	59000	48	59000	
ACUPUNCTURE	48	96300	48	96300	
AUDIOGRAM	48	92552	48	92552	
TYMPANOMETRY	48	92567	48	92567	
AUDIO & TYMP	48	92568	48	92568	
TRIGGER POINT INJECTION	48	20550	48	20550	
ULTRASOUND	48		48		
NURSING					
25 MEDICATION INJ				90782	
26 DPT/DPV/DT/FLU				90720	
46 MMR				90723	
27 ALLERGY				95125	
28 IRRIGATE EARS				69210	
29 T B TEST				86580	
30 SUPPLIES				99070	
31 STERILE TRAY				99070	

SERVICE	CPT	CHARGE
SURGERY		
47 SURGERY F/U		
47 SURGERY ASSIST		
47 OB TOTAL CARE	59400	
47 OB PRENATAL ONLY	59420	
47 OB DELIVERY ONLY	59410	
47 LACERATION	12	
47 FRACTURE		
47 CASTING	29	
47 CIRCUMCISION NEWBORN	54150	
47 VASECTOMY	55250	
47 BIOPSY		
47 CORNEAL FOREIGN BODY	65220	
47 SIGMOIDOSCOPY	45240	
47 IUD INSERT	58300	
47 ENDOMETRIAL BIOPSY	58100	
47 TUBAL LIGATION	58600	
47 TUBAL LIGATION P PARTUM	58605	
47 D & C	58120	
47 LUMBAR PUNCTURE	62270	
47 SPINAL ANESTHESIA	62274	
47 CESARIAN SECTION	59500	
47 CRYOSURGERY	171	
47 I & D ABCESS	10060	
COLONOSCOPY	45220	
47 COLONOSCOPY W/BIOPSY	45225	
LABORATORY		
45 SKIN CULTURE	87101	
45 G C CULTURE	87081	
22 BLOOD SUGAR	82947	
45 GRAM STAIN	87205	
33 GUAIAC TEST	82270	
34 HEMATOCRIT	85014	
45 MONO SPOT	86308	
35 PREG TEST	84703	
45 URINE C & S	87184	
36 THROAT/STREP CUL	87060	
37 URINE COLONY COUNT	87086	
38 U A	81000	
39 WET MOUNT KOH	87210	
45 [illegible]	85048	
45 G T T	82951	
21 PAP SMEAR	88150	
Blood Draw	99000	8.00

DIAGNOSIS FOR INSURANCE
DX - ICDA IF CODED RO = RULE OUT

DIAGNOSIS	ICDA	RO
ABD. PAIN	789	
ABRASION	919	
ALLERGY	995.3	
ANEMIA	285.9	
ARTHRITIS	716.9	
ASCVD	414	
ASTHMA	493	
ATS	300	
BRONCHITIS	490	
BURN	949	
BURSITIS	727.3	
CELLULITIS	682.9	
R/O CERVICAL CANCER	184.9	
CHEST PAIN	786	
CHF	428	
CONJUNCTIVITIS	372	
CONTUSION	924.9	
CORNEAL ABRAS	918	
COPD	492	
DEPRESSION	300.4	
DERMATITIS	692.9	
DIABETES	250	
FAMILY PLANNING	V25	
FOREIGN BODY		
FRACTURE		
GASTROENTERITIS	009.0	
HEADACHE	784	
HEMORRHOIDS	455	
HYPERTENSION	401	
LACERATION	879.8	
LOW BACK PAIN	724.5	
MENOPAUSE SYN	627.2	
MENSTRUAL DIS	626	
OBESITY	278	
OTITIS EXTERNA	380	
OTITIS MED ACUTE	381	
OTITIS MED CHRON	382	
PHARYNGITIS	462	
PHYSICAL EXAM	V70	
PID	614	
PNEUMONIA	486	
PROSTATITIS	601	
SINUSITIS	461	
SKIN INFECTION	686	
SKIN LESION	709	
STRAIN or SPRAIN		
THYROID PROBLEM	246.9	
TONSILLITIS	463	
U T I	595	
ULCER	533	
URETHRITIS	597	
URI	460	
VIRAL SYND	079.9	
VAGINITIS		
PREGNANCY	V22	
Shoulder Pain		

STAFF INSTRUCTIONS

PATIENT INSTRUCTIONS
Complete Profile
(+) VA Bytheum

CURRENT BALANCE
CASH / BANK / CHECK / MS
TODAY'S FEES 40.00
AMOUNT PAID 0
NEW BALANCE

HOSPITAL INSTRUCTIONS

RETURN DAYS 10
2 WEEKS 20
MONTHS 30

MID COLUMBIA FAMILY HEALTH CENTER
FOR
WITH
MON TUES WED THUR FRI SAT AM
DATE TIME PM
TO CANCEL PLEASE CALL AT LEAST 24 HOURS BEFORE APPOINTMENT
WHITE SALMON 493-2133 STEVENSON 427-4212

[illegible] BOX 1305, WHITE SALMON, WASHINGTON 98672

PATIENT NAME [illegible]	DATE OF BIRTH 9-27-51	TODAY'S DATE 11-6-84	C 3308
HEAD OF FAMILY OR INSURED Self		HOME PHONE # 7-5218	☐ MARK E. DEUTCHMAN, M.D.
ADDRESS 124 [illegible] Creek Rd [illegible] Wa	DATE FIRST CONSULTED FOR THIS CONDITION		☐ WILLIAM R. GILLANDERS, M.D.
EMPLOYER Self	WORK PHONE #	AUTO ACCIDENT? YES NO	☐ JAMES G. JANNEY, M.D.
INS COMPANY		ON JOB INJURY? YES NO	☐ SAMUEL O. MOON, M.D.
	GROUP #	SS #/MEMBERSHIP #	☐ CYNTHIA K. JANNEY, P. A.
			☐ OTHER ☐ [illegible]
			IRS #91-1152824 TIME

AUTHORIZATION TO RELEASE INFORMATION
I HEREBY AUTHORIZE MID COLUMBIA FAMILY HEALTH CENTER AND THE ABOVE PHYSICIAN TO RELEASE TO THE INSURANCE COMPANY NAMED ABOVE ANY INFORMATION ACQUIRED IN THE COURSE OF MY EXAMINATION OR TREATMENT (IF PATIENT IS MINOR SIGN BY PARENT OR GUARDIAN)

SIGNED X

ASSIGNMENT OF INSURANCE BENEFITS
I HEREBY AGREE TO FULL RESPONSIBILITY FOR ALL EXPENSES INCURRED BY OR ON ACCOUNT OF THIS PATIENT AND HEREBY ASSIGN ANY AND ALL INSURANCE BENEFITS DUE TO ME TO THE FULL EXTENT OF MY FINANCIAL OBLIGATION TO SAID CLINIC

SIGNED INSURED PERSON X

SERVICE	NEW	ESTAB	CHARGE
OFFICE			
O.V.-MINIMAL (5)	43	1 90030	
O.V.-BRIEF (10)	9 90000	2 90040	
O.V.-LIMITED (15)	10 90010	3 90050	
O.V.-INTERMEDIATE (20)	11 90015	4 90060	
O.V.-EXTENDED (30)	[illegible]	[illegible] 90070	
O.V.-COMPREHENSIVE	[illegible]	[illegible]	
L&I ACCIDENT REPORT		90001	
EPSDT greater than 1 YEAR	[illegible]	[illegible]	
EPSDT less than 1 YEAR	[illegible]	[illegible]	
COUNSELING	[illegible]	[illegible]	
OB VISIT (Pkg.)	[illegible]	[illegible]	
OB VISIT (Not Pkg.)	[illegible]	90050	
SPORTS PHYSICAL	[illegible]	90040	
NEWBORN E/U (Pkg.)	[illegible]		
PRE-OP VISIT	[illegible]		
HOSPITAL ADMITTANCE			
H.V. BRIEF	41 [illegible]	13 90240	
H.V. LIMITED	41	[illegible]	
H.V. INTERMEDIATE	41 [illegible]	15 [illegible]	
H.V. COMPREHENSIVE	41 [illegible]	[illegible]	
NEWBORN CARE	[illegible]		
I.V. START less than 1 YEAR	[illegible]	[illegible]	
I.V. START greater than 1 YEAR	[illegible]	[illegible]	
ARTERIAL PUNCTURE	[illegible]	[illegible]	
CRITICAL CARE	[illegible]	[illegible]	
DELIVERY STANDBY	[illegible]	[illegible]	
EMERGENCY ROOM			
TO E.R. [illegible]	[illegible]	[illegible]	
BEFORE 10 PM	[illegible]	[illegible]	
10 PM - 8 AM	[illegible]	[illegible]	
SUNDAY HOLIDAY	[illegible]	[illegible]	
E.R. BRIEF	[illegible]	[illegible]	
E.R. LIMITED	[illegible]	[illegible]	
E.R. INTERMEDIATE	[illegible]	[illegible]	
E.R. EXTENDED	[illegible]	[illegible]	
SPECIAL PROCEDURES			
EKG INTER	48 93042	48 93042	
EKG FULL	48 93000	48 93000	
EKG RHYTHM	48 93040	48 93040	
PULMONARY FUNC	48 94010	48 94010	
PULMONARY FUNC [illegible]	48 94060	48 94060	
DIATHERMY	48 97000	48 97000	
ALLERGY TESTING	48 95011	48 95011	
TONOMETRY	48 92100	48 92100	
EST. STRESS TEST	48 93021	48 93021	
AMNIOCENTESIS	48 59000	48 59000	
ACUPUNCTURE	45 [illegible]	48 99300	
AUDIOGRAM	46 92552	46 92552	
TYMPANOMETRY	46 92567	46 92567	
AUDIO & TYMP.	46 92568	46 92568	
TRIGGER POINT INJECTION	47 20550	47 20550	
ULTRASOUND	45	45	

9CC80 12⁰⁰
EXS75

	SERVICE	CPT #	CHARGE
	OTHER SERVICES		
44	HOME VISIT	901	
44	NURSING HOME VISIT	903	
43	SPECIAL REPORT	99080	
44	MILEAGE	99030	
[illegible]	TELEPHONE CALL - ADVT	99150	
[illegible]	TELEPHONE CALL [illegible]	[illegible]	
	NURSING		
[illegible]	MEDICATION [illegible]	90782	
[illegible]	[illegible]	90720	
[illegible]	MMR	90723	
[illegible]	ALLERGY	95125	
[illegible]	IRRIGATE EARS	69210	
[illegible]	TB TEST	86580	
[illegible]	SUPPLIES	99070	
31	SUTURE TRAY	99070	
	SURGERY		
47	SURGERY FEE		
47	SURGERY ASSIST		
[illegible]	OB TOTAL CARE	[illegible]	
[illegible]	OB PRENATAL ONLY	59420	
47	OB DELIVERY ONLY	59410	
47	[illegible]	[illegible]	
47	[illegible]		
[illegible]	[illegible]	[illegible]	
[illegible]	CIRCUMCISION NEWBORN	54150	
[illegible]	[illegible]	[illegible]	
47	[illegible]		
[illegible]	[illegible]	[illegible]	
[illegible]	[illegible]	[illegible]	
[illegible]	[illegible]	56300	
[illegible]	[illegible]	58100	
[illegible]	[illegible]	[illegible]	
[illegible]	[illegible]	[illegible]	
[illegible]	I&D	10120	
[illegible]	[illegible]	[illegible]	
[illegible]	[illegible]	[illegible]	
[illegible]	[illegible]	[illegible]	
[illegible]	[illegible]	[illegible]	
[illegible]	[illegible]	[illegible]	
	LABORATORY		
[illegible]	[illegible]	87081	
[illegible]	[illegible]	87081	
[illegible]	[illegible]	[illegible]	
[illegible]	[illegible]	[illegible]	
[illegible]	[illegible]	[illegible]	
[illegible]	[illegible]	[illegible]	
[illegible]	[illegible]	[illegible]	
[illegible]	[illegible]	[illegible]	
[illegible]	[illegible]	87184	
[illegible]	THROAT STREP CULT	[illegible]	
37	[illegible] COLONY COUNT	87086	
[illegible]	[illegible]	[illegible]	
[illegible]	WET MOUNT [illegible]	87210	
[illegible]	[illegible]	85048	
45	G.T.T.	82951	
21	PAP SMEAR	88150	
	TOTAL AMOUNT		12⁰⁰

DIAGNOSIS FOR INSURANCE PURPOSES ICDA VOLUME II NINTH REVISION
DX = ICDA IF CODED RO = RULE OUT

DIAGNOSIS	ICDA	RO
ABD. PAIN	789	
ABRASION	919	
ALLERGY	995.3	
ANEMIA	285.9	
ARTHRITIS	716.9	
ASCVD	414	
ASTHMA	493	
ATS	300	
BRONCHITIS	490	
BURN	949	
BURSITIS	727.3	
CELLULITIS	682.9	
HX CERVICAL CANCER	184.9	
CHEST PAIN	786	
CHF	428	
CONJUNCTIVITIS	372	
CONTUSION	924.9	
CORNEAL ABRAS	918	
C.O.P.D.	492	
DEPRESSION	300.4	
DERMATITIS	692.9	
DIABETES	250	
FAMILY PLANNING	V25	
FOREIGN BODY		
FRACTURE		
GASTROENTERITIS	009.0	
HEADACHE	784	
HEMORRHOIDS	774	
HYPERTENSION	401	
LACERATION	879.8	
LOW BACK PAIN	724.5	
MENOPAUSE SYN	627.2	
MENSTRUAL DIS	626	
OBESITY	278	
OTITIS EXTERNA	380	
OTITIS MED ACUTE	381	
OTITIS MED CHRON	382	
PHARYNGITIS	462	
PHYSICAL EXAM	[illegible]	
[illegible]	614	
[illegible]	[illegible]	
PROSTATITIS	[illegible]	
SINUSITIS	461	
[illegible]	686	
[illegible]	709	
STRAIN/SPRAIN		
THYROID [illegible]	242.9	
TONSILLITIS	463	
U.T.I.	599	
ULCER	533	
URETHRITIS	597	
URI	462	
VIRAL SYND	079.9	
VAGINITIS		
PREGNANCY	V22	

STAFF INSTRUCTIONS

RETURN ___ DAYS 10 WITH ___
WEEKS 20 MON TUES WED THUR FRI SAT A.M.
MONTHS 30 DATE ___ TIME ___ P.M.

PATIENT INSTRUCTIONS

HOSPITAL INSTRUCTIONS
charges posted in 11-8-84
daily work

Stevenson Chiropractic Clinic
P.O. Box 726
Stevenson, WA 98648

Donohue, Gary R.
124 Duncan Creek Rd.
Skamania, WA. 98648

DATE	DESCRIPTION	CHARGES	CREDITS: PAYMENT	ADJUSTMENT CODE	ADJUSTMENT AMOUNT	BALANCE
7-16-84	(65) 90020 (361) 90050 (480-) 90050 2050	181 -	0			181 -
7-17	90050	18 -	0			199 -
7-18	90050	18 -	0			217 -
7-20	90050	18 -	0			235 -
7-16	collar	18 -	0		$253. (SB) (7-20-84)	253 -
7-23	90050	18 -	0			271 -
7-25	90050	18 -	0			289 -
7-25	90050	18 -	0			307 -
7-27	90050	18 -	0			325 -
8-1	90050	18 -	0			343 -
8-3	90070	50 -	0			393 -
8-6	90050	18 -	0			411 -
8-9	90050	18 -	0			$429 -

PLEASE PAY LAST AMOUNT IN THIS COLUMN ▲

STANDARD ACCOUNTING SYSTEMS FORM SP 924

Stevenson Chiropractic Clinic
P.O. Box 726
Stevenson, WA 98648

Donohue, Gary R.
124 Duncan Creek Rd.
Skamania, Wa. 98648

DATE	DESCRIPTION	CHARGES	CREDITS			BALANCE
			PAYMENT	ADJUSTMENT		
				CODE	AMOUNT	
						429 -
8-13	90050	18 -	0			447 -
8-17	90050	18 -	0			465 -

PLEASE PAY LAST AMOUNT IN THIS COLUMN ▲

STANDARD ACCOUNTING SYSTEMS FORM SP 924

PRESCRIPTION RECEIPTS

PRESCRIPTION RECORD
Save for Tax or Insurance Records
Date: 7.26.84wa

Rx Number	Amount
274096	5.35

Doctor's Name:
Patient: GARY DONAHUE

Wayne's Rexall Pharmacy
STEVENSON, WASHINGTON
Phone 427-5480 After Hours 427-5938

PRESCRIPTION RECORD
Save for Tax or Insurance Records
Date: 7.20.84wa

Rx Number	Amount
273971	11.05
273972	[illegible]

Doctor's Name:
Patient: GARY DONAHUE

Wayne's Rexall Pharmacy
STEVENSON, WASHINGTON
Phone 427-5480 After Hours 427-5938

PRESCRIPTION RECORD
Save for Tax or Insurance Records
Date: [illegible]

Rx Number	Amount
[illegible]	[illegible]

Patient:
Wayne's Rexall Pharmacy
STEVENSON, WASHINGTON
Phone 427-5480 After Hours 427-5938

Thank you
Call again
WAYNE'S PHARMACY
M-F 9A.M.-6P.M.
SAT 10A.M.-2P.M.

02-01-85 #1

R/A	7.85
TOTAL	7.85
CATEND	20.00
CHANGE	12.15

1CL 5452 13:37

PRESCRIPTION RECORD
Save for Tax or Insurance Records
Date: 8.17.84wa

Rx Number	Amount
274606	11.90

paid MH
8/17/84

Doctor's Name:
Patient: GARY DONAHUE

Wayne's Rexall Pharmacy
STEVENSON, WASHINGTON
Phone 427-5480 After Hours 427-5938

FUEL TO VANCOUVER DR. APPOINTMENTS

Cash Sale 1000600

PROD CODE | TOTAL AMOUNT

63650382308 081884 6132744

DATE INVOICE NUMBER

HWY 14 E 2ND

STEVENSON WA

TEXACO PRODUCTS & SERVICES	QTY	PRICE INCL. TAX	AMOUNT
X REGULAR ☐ SUPER UNLEADED	5		6 00
☐ UNLEADED ☐ DIESEL			
☐ HAVOLINE MOTOR OIL ☐ TEXACO MOTOR OIL			
SERVICE ORDER			
		SALES TAX	
(INCLUDING ALL APPLICABLE FEDERAL, STATE AND LOCAL TAXES)	TOTAL		6 00
AUTHORIZATION	ATTENDANT		TEXACO COPY

DRIVER'S LICENSE NO.

VEHICLE LICENSE NO. STATE

BUYER'S SIGNATURE

X

Buyer agrees to pay Texaco Inc. or assignee for this purchase in accordance with Texaco's payment terms, the prior disclosure of which is acknowledged. Buyer acknowledges receipt of a true executed copy of this credit sales agreement.

Cash Sale 1000600

PROD CODE | TOTAL AMOUNT

PLEASE RETAIN THIS COPY TO VERIFY BILLING.

TEXACO

63650382306 081884 6132744

DATE INVOICE NUMBER

HWY 14 E 2ND

STEVENSON WA

TEXACO PRODUCTS & SERVICES	QTY.	PRICE INCL. TAX	AMOUNT
X REGULAR ☐ SUPER UNLEADED	5		6 00
☐ UNLEADED ☐ DIESEL			
☐ HAVOLINE MOTOR OIL ☐ TEXACO MOTOR OIL			
SERVICE ORDER			
		SALES TAX	
(INCLUDING ALL APPLICABLE FEDERAL, STATE AND LOCAL TAXES)	TOTAL		6 00
AUTHORIZATION	ATTENDANT		CUSTOMER COPY

DRIVER'S LICENSE NO.

VEHICLE LICENSE NO. STATE

BUYER'S SIGNATURE

X

Buyer agrees to pay Texaco Inc. or assignee for this purchase in accordance with Texaco's payment terms, the prior disclosure of which is acknowledged. Do not sign before reading this agreement or if any spaces for agreed terms are left blank. Retain this copy.

I hired Gary a nobie to run chain saw and pile brush for the sum of $10.00 ~~per~~ hour at a 40 hour work week through the summer. To start work July 16th 1984. Bruce Hutchings
for further information call 427-5218 Wm. J. Trailing

STATE OF WASHINGTON

POLICE TRAFFIC COLLISION REPORT

No.

NAME & NO. OF STREET OR HIGHWAY: ON

INTERSECTING WITH STREET OR ROAD: —

NON-INTERSECTION: BETWEEN SR 14 STREET & CARSON CRK STREET

DISTANCE & DIRECTION FROM REFERENCE CROSS STREET OR NEAREST MILE POST: 1.7 MILES N S E W OF SR 14

COLLISION INVOLVED: TOTAL NO. OF VEHICLES

SEVERITY: NO. KILLED ____ NO. INJURED 1 — PROPERTY DAMAGE ONLY — FUEL SPILLAGE — FIRE RESULTED — HIT & RUN — STORED VEHICLE

ACCIDENT MILEAGE CODE

OBJECT STRUCK (NAME OF OBJECT STRUCK AND OWNER'S NAME):

EST. DAMAGE: $

RAMP | DIAGRAM DATA | MILES | NON INTER | X RD CLS | INTERSECTING STREET OR ROAD OR REFERENCE CROSS STREET OR ROAD | SPECIAL CODING USE

UNIT NO. 1 — DRIVER

DRIVER'S NAME (LAST, FIRST, MIDDLE): [illegible]

STREET ADDRESS: [illegible] RD.

CITY, STATE, ZIP CODE: [illegible] WA 98649 | PHONE NO.:

DRIVER'S LICENSE NO.: [illegible] | STATE: WA | SEX: M | DATE OF BIRTH: 09 44

OCCUPATION: | FIRM NAME & PHONE NO.: | EYES: GRY | WEIGHT: 190 | HEIGHT: 5'10"

☐ CHECK IF OPERATOR WAS DRIVING A COMMERCIAL VEHICLE AS AN EMPLOYEE OF ANOTHER

CODES ▶ 3 [illegible] | 4 [illegible] | 5 [illegible] | 6 [illegible]

UNIT NO. 2 — ☐ VEHICLE ☐ PEDESTRIAN ☐ PEDALCYCLIST

DRIVER'S NAME (LAST, FIRST, MIDDLE): MCCRACKEN, [illegible]

STREET ADDRESS: [illegible] RD.

CITY, STATE, ZIP CODE: CARSON WA 98610 | PHONE NO.:

DRIVER'S LICENSE NO.: MCCFA[illegible]492CG | STATE: WA | SEX: M | DATE OF BIRTH: 02 07 51

OCCUPATION: | FIRM NAME & PHONE NO.: | EYES: BLU | WEIGHT: 175 | HEIGHT: 6'0"

☐ CHECK IF OPERATOR WAS DRIVING A COMMERCIAL VEHICLE AS AN EMPLOYEE OF ANOTHER

CODES ▶ 3 [illegible] | 4 [illegible] | 5 [illegible] | 6 [illegible]

VEHICLE OWNER

ENFORCEMENT ACTION

VEHICLE REMOVAL

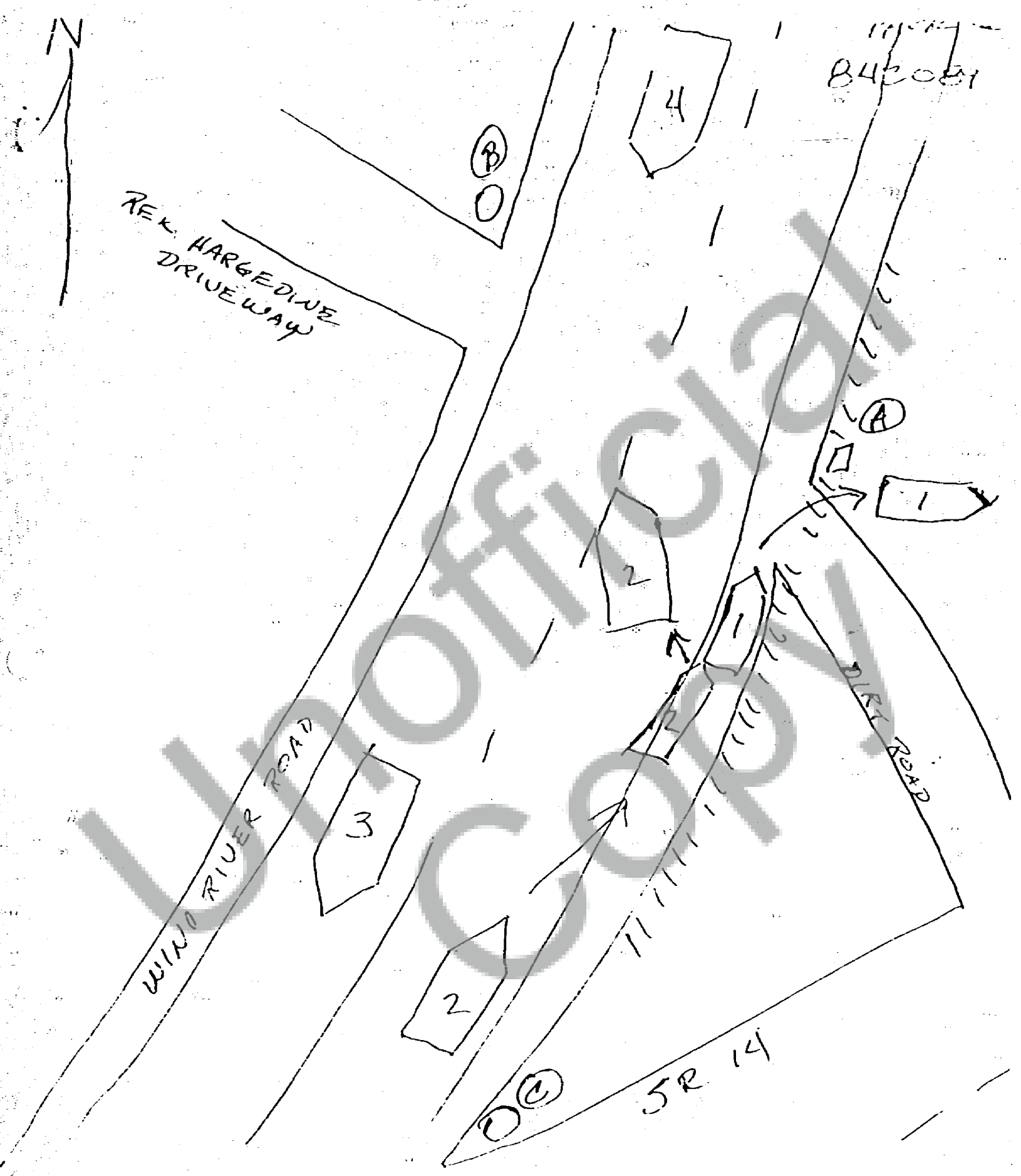
DIAGRAM OF COLLISION — INDICATE NORTH BY ARROW

DESCRIPTION OF COLLISION

NAME, ADDRESS & INJURIES OF PERSONS INVOLVED — OCCUPANTS / WITNESSES

CODES: 1 | – | 2 | 3 | 4 | 5 | 6

X



DISTANCES — PA CONF (3)
B42049

1 TO #2 RIGHT FRONT WHEEL —	22'11"
A TO #2 RIGHT REAR WHEEL —	27'7"
C TO #2 REAR BUMPER —	117'0"
B TO #2 LEFT FRONT WHEEL —	31'5"
A TO #1 REAR BUMPER —	15'4"
A TO FOG LINE —	6'10"
B TO FOG LINE —	10'5"
LANE WIDTH —	11'0"

A - COUNTY SPEED LIMIT SIGN
B - UTILITY POLE # 03000022
C - UTILITY POLE
#1 - YOUNG, VEHICLE
#2 - MCCRACKEN VEHICLE
#3 - DEPUTY FORD'S VEHICLE - WITNESS
#4 - BANKS VEHICLE - WITNESS

DISTRIBUTION: SEND ORIGINAL IN MEDIA TO WASHINGTON STATE PATROL, OLYMPIA — 98504 (RCW 46.52.070, 46.52.030)
ORIGINAL COPY — ENFORCEMENT AGENCY'S COPY — INVESTIGATOR'S COPY

STATE OF WASHINGTON

SUPPLEMENTARY POLICE TRAFFIC COLLISION REPORT

PAGE 1 OF 1

IDENTIFICATION OF COLLISION

SEVERITY OF COLLISION: ☐ FATALITY ☒ INJURY ☐ PROPERTY DAMAGE ONLY — CASE NO. 842089

DATE OF COLLISION: MO. 09 DAY 13 YR. 84 — LOCATION: COUNTY SKAMANIA — CITY CARSON — STREET, ROAD NUMBER OR NAME WIND RIVER ROAD

DRIVERS: YOUNG, VIRGIL R. (NAME) vs MCCRACKEN, PATRICIA M. (NAME)

DESCRIPTION OF COLLISION

(USE FOR ADDITIONAL INFORMATION WHEN SPACE IS NOT ADEQUATE ON ORIGINAL REPORT OR AS A SUPPLEMENTARY INFORMATION SHEET TO CORRECT DRIVER'S NAME, OCCUPANT LOCATION OR ANY DATA NOT KNOWN AT THE TIME THE ORIGINAL REPORT WAS COMPLETED.)

IN THE ORIGINAL TRAFFIC COLLISION REPORT THE DRIVER OF VEHICLE #1, YOUNG, HAD BEEN ARRESTED BY OFFICER FORD AND REMOVED FROM THE VEHICLE AT THE TIME OF THE COLLISION. HIS VEHICLE WAS PARKED OFF THE TRAVELED PORTION OF THE ROAD WHEN IT WAS STRUCK BY VEHICLE #2. THIS SHOULD CLEAR UP ANY MISCONCEPTION AS TO WHO WAS IN CONTROL OF WHICH VEHICLE AT THE TIME OF THE COLLISION. KGM

DRIVER/PEDESTRIAN NAME	ENFORCEMENT ACTION: CHARGE	CITATION NO.	SOBRIETY - HAD BEEN DRINKING (CHECK): ABILITY IMPAIRED	% OF BLOOD ALCOHOL	ABILITY NOT IMPAIRED
			☐	%	☐
			☐	%	☐
			☐	%	☐

DIAGRAM OF COLLISION

STATE OF WASHINGTON

SUPPLEMENTARY POLICE TRAFFIC COLLISION REPORT

PAGE 1 OF 1

IDENTIFICATION OF COLLISION

SEVERITY OF COLLISION [ ] FATAL [X] INJURY [ ] PROPERTY DAMAGE 842089

1 DATE 07/13/84 LOCATION SKAMANIA COUNTY CARSON CITY WIND RIVER ROAD STREET NUMBER OR NAME

DRIVERS YOUNG, VIRGIL R. (NAME) VS MCCRACKEN, PATRICK M. (NAME)

DESCRIPTION OF COLLISION

(USE FOR ADDITIONAL INFORMATION WHEN SPACE IS NOT ADEQUATE ON ORIGINAL REPORT OR AS A SUPPLEMENTARY INFORMATION SHEET TO CORRECT DRIVER'S NAME, OCCUPANT LOCATION OR ANY DATA NOT KNOWN AT THE TIME THE ORIGINAL REPORT WAS COMPLETED)

THERE WAS A PASSENGER IN THE YOUNG VEHICLE WHEN IT WAS STRUCK FROM BEHIND & KNOCKED OVER THE BANK. I HAVE SINCE LEARNED THAT HIS NAME IS GARY DONOHUE. AT THE TIME OF THE ACCIDENT, THIS INDIVIDUAL WAS EXTREMELY INTOXICATED & BEING VERY BELLIGERANT TO THE AMBULANCE PEOPLE. HE REFUSED ANY TREATMENT & EVEN TO BE LOOKED AT. HE REFUSED TO PRODUCE ANY IDENTIFICATION FOR TROOPER LENZ. HE REFUSED TRANSPORTATION & WANTED TO WALK TO A FRIENDS HOUSE. HE WAS NOT INCLUDED IN THE ORIGINAL REPORT AS AN INJURED PASSENGER BECAUSE HE WAS NOT INJURED

DRIVER/PEDESTRIAN NAME	ENFORCEMENT ACTION CHARGE	CITATION NO.	SOBRIETY - HAD BEEN DRINKING (CHECK) ABILITY IMPAIRED	% OF BLOOD ALCOHOL	ABILITY NOT IMPAIRED
			[ ]	%	[ ]
			[ ]	%	[ ]
			[ ]	%	[ ]

DIAGRAM OF COLLISION

(SHOW ALL ROADWAYS, INTERSECTIONS, LANE CHANGES, SKID MARKS AND OTHER MEASUREMENTS)

NORTH ARROW

Robert H. Warrick 4 SCSO 7-20-84

ORIGINAL

Place this code sheet over a Police Traffic Collision [illegible] (Rev. [illegible]) to determine the description [illegible] the code number [illegible] the report form. Match the number in the margin box with the number in the [illegible].

ROADWAY SURFACE CONDITION
1 DRY
2 WET
3 SNOW
4 ICE
5 OTHER ●

WEATHER
1 CLEAR, CLOUDY & OVERCAST
2 RAINING
3 SNOWING
4 FOG
5 OTHER ●

LIGHT CONDITIONS
1 DAYLIGHT
2 DAWN
3 DUSK
4 DARK-STREET LIGHTS ON
5 DARK-STREET LIGHTS OFF
6 DARK-NO STREET LIGHTS
7 OTHER ●

TRAFFIC CONTROL
① ②
1 SIGNALS
2 STOP SIGN
3 YIELD SIGN
4 FLASHING RED
5 FLASHING AMBER
6 RR SIGNAL
7 OFFICER FLAGMAN
8 OTHER TRAFFIC CONTROL ●
9 NO TRAFFIC CONTROL

TYPE OF ROADWAY
① ②
1 ONE WAY
2 TWO WAY
3 REVERSIBLE ROAD
4 INTERCHANGE ROAD
5 ALLEY
6 CENTER LANE TWO WAY LEFT TURN LANES
7 DRIVEWAY

ROADWAY STRUCTURE
1 OCCURRED ON ROADWAY STRUCTURE (BRIDGE, OVERPASS, DOCK, ETC.)
2 DID NOT OCCUR ON STRUCTURE

CONSTRUCTION AREA
1 OCCURRED IN CONSTRUCTION AREA (HIGHWAY, UTILITY, ETC.)
2 DID NOT OCCUR IN CONSTRUCTION AREA

ROADWAY CHARACTER
1 STRAIGHT & LEVEL
2 STRAIGHT & GRADE
3 STRAIGHT AT HILLCREST
4 STRAIGHT IN SAG
5 CURVE & LEVEL
6 CURVE & GRADE
7 CURVE AT HILLCREST
8 CURVE IN SAG

ROADWAY SEPARATION
① ②
2 DIVIDED
3 UNDIVIDED

ROADWAY SURFACE TYPE
① ②
1 CONCRETE
2 BLACKTOP
3 BRICK OR WOOD BLOCK
4 GRAVEL
5 DIRT
6 OTHER ●
0 UNKNOWN

SPECIAL HAZARDOUS DRIVING CONDITIONS
[illegible] WIND GUSTS, SMOKE, ETC.) ●

CHECK [illegible] AND EXPLAIN IN DESCRIPTION AREA

HAZARDOUS MATERIALS BEING TRANSPORTED
(IDENTIFY IN DESCRIPTION AREA)
① ②
1 FLAMMABLE LIQUID
2 COMBUSTIBLE MATERIAL
3 EXPLOSIVES
4 RADIOACTIVE MATERIALS
5 AMMONIA
6 CHLORINE
7 OTHER ●

PEDESTRIAN, PEDALCYCLIST WAS USING
1 [illegible]
2 WALKWAY
3 [illegible]
4 [illegible]
5 [illegible]
6 [illegible] ●
7 [illegible]

PEDESTRIAN-PEDALCYCLIST CLOTHING COLOR
1 DARK
2 LIGHT
3 MIXED
4 RETRO-REFLECTIVE
5 OTHER REFLECTIVE APPAREL, SIGNS, PATCHES ●

PEDESTRIAN, PEDALCYCLIST
(CONTRIBUTING CIRCUMSTANCES)
1 [illegible]
2 [illegible]
3 [illegible]
4 [illegible]
5 [illegible]
6 [illegible]
7 [illegible]
8 [illegible]

CONTRIBUTING CIRCUMSTANCES (NOT MORE THAN TWO)
① ②
1 [illegible]
2 [illegible]
3 EXCEEDING STATED SPEED LIMIT
4 EXCEEDED REASONABLE SAFE SPEED
5 DID NOT GRANT RIGHT OF WAY TO VEHICLE
6 IMPROPER PASSING
7 FOLLOWING TOO CLOSELY
8 [illegible]
[illegible]
14 [illegible]
[illegible]
16 [illegible]
[illegible]

DRIVER VEHICLE ACTION [illegible]
① ②
[illegible]

VEHICLE CONDITION [illegible]
① ②
1 [illegible]
2 [illegible]
3 [illegible]
4 [illegible]
5 [illegible]
[illegible]

DIRECTION OF MOVEMENT
① ②
NORTH
WEST
EAST
SOUTH

STATE OF WASHINGTON

POLICE TRAFFIC COLLISION REPORT

[illegible]

POSTED SPEED
① ②
MILES PER HOUR FOR EACH VEHICLE INVOLVED

SOBRIETY
① ②
[illegible]

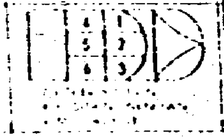
CHEMICAL TEST
① ②
[illegible]

TEST RESULTS
① ②
LIST ACTUAL TEST RESULTS

VEHICLE LEGALLY STANDING
① ②
[illegible]

PEDESTRIAN ACTION
[illegible]

PEDALCYCLIST ACTION
43 [illegible]
44 [illegible]
45 [illegible]
46 FELL OR PUSHED INTO PATH OF VEHICLE
47 [illegible]
48 [illegible]
49 [illegible]
50 [illegible]



[illegible]

STATEMENT OF VIRGIL YOUNG

124 Duncan Road
Stevenson, WA 98648
(509) 427-5758

On the date of the collision, July 13, 1994, I was driving and Gary was sleeping in my vehicle when the police officer signalled me to pull over. There wasn't much of a shoulder there where I ultimately pulled over. I explained to the officer that I was going up to drop Gary off to spend the night at a house nearby up the road. I asked the officer, who could plainly see that Gary was asleep in the car if he would let me move the car up the road about a quarter of a mile to the Bungalow, a safe location [redacted]. It was obvious that the car was in a very unsafe position, and I told the officer that he could not go off and leave Gary asleep in the car like that. The officer refused to allow me to move the car or to move it himself to a safe place. He did ask me if I would pay for a tow. I refused to do that as it would have been a simple matter to have moved the car up the road a short distance to safety.

The officer arrested me without allowing me to move the car, wake Gary up, or make other arrangements to move the car to a safe place, despite the fact that I had told him repeatedly that it wasn't a good place to leave the car. The officer just ignored me when I told him that it wasn't a good place to leave the car.

Gary was not awakened by the officer and didn't talk to the officer prior to the accident.

At the time of the accident, I was in the police car along with the officer, as he was waiting to enter onto Highway 14 to take me to the police station. The officer was on the radio at that time, trying to get a tow truck, when word came over the radio that there had been an accident.

The officer did not put up any flares, flags or reflectors of any kind to warn drivers of my car that was parked there with Mr. Donohue asleep inside of it.

I feel that if the officer would have listened to me and/or applied simple common sense, he would have realized that the car was in an unsafe position, and done something about it promptly, before leaving the scene. His failure to move the car, or put out flares, or to, at a minimum, at least wake Gary up and explain to him the danger that he was in in staying in the car, so that Gary would have at least had the option of getting out of the car and walking the short distance up the road to his destination, was the cause of the collision and of Gary Donohue's injuries.

I declare under penalty of perjury that the above statement is true and accurate to the best of my knowledge, recollection and belief.

VIRGIL YOUNG
Date Signed:
Place Signed:

☐ INFRACTION - TRAFFIC ☒ CRIMINAL - TRAFFIC
☐ INFRACTION - NON TRAFFIC ☐ CRIMINAL - NON TRAFFIC

STATE OF WASHINGTON, PLAINTIFF VS NAMED DEFENDANT 010710

IN THE DIST COURT OF Stevenson WASHINGTON
STATE OF WASHINGTON COUNTY OF SKAMANIA LEA NCIC NO WAWSP S-800 COURT NCIC NO

THE UNDERSIGNED CERTIFIES AND SAYS

NAME LAST MCCRACKEN FIRST PATRICK MIDDLE INITIAL
ADDRESS MP 1.16 Little Soda Springs RD ☐ F.N.E.A. ADDRESS
CITY CARSON STATE WA ZIP CODE EMPLOYER
SEX M RACE W DATE OF BIRTH 2-7-51 HEIGHT 6 WEIGHT 180 EYES BLU HAIR BRO
DRIVER'S LICENSE NO MCCRAPM 162C6 STATE WA EXPIRES 86 RESIDENCE PHONE NO

VIOLATION DATE MO 7 DAY 13 84 TIME 2:00 AM PM
LOCATION SW CARSON WINDRIVER/SR14 MP 7

DID OPERATE THE FOLLOWING VEHICLE

VEHICLE LICENSE NO G-GR932 STATE WA EXPIRES — VEH YR 71 MAKE Dod MODEL Dart STYLE COLOR BLO
OWNER IF OTHER THAN DRIVER
☐ RADAR ☐ PACE ☐ IF DRIVING COMMERCIAL VEHICLE AS AN EMPLOYEE OF ANOTHER
VEHICLE SPEED —N/A— ZONE TRAFFIC WEATHER STREET LIGHT ACCIDENT

AND DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES/INFRACTIONS

VIOLATION CODE 1 46.61.502 DESCRIPTION ~~Driving While Under The Influence of Alcohol & or Drugs~~
Amended to Negligent Driving
VIOLATION CODE 2 DESCRIPTION

PENALTY/BAIL $ Mandatory

APPEARANCE DATE (CRIMINAL) NO DAY 7 MO 18 84 TIME 2:00 PM COURT DATE 7-13-84

IN THOSE ADMITTED INFRACTIONS, OFFENDER PROMISE TO RESPOND AS SHOWN ON THIS NOTICE

X Patrick McCracken RG Sgt 415 WA

INFRACTION COMPLAINT/CITATION

ABSTRACT OF JUDGMENT
Amended to Negligent Driving
10-3-84

RECEIPT NO MEDIUM time pay

COURT COPY

010710

07-18-84 X Weinfeld

FILED 7-16-84

07-18-84 set continued arraign-ment to 7-25-84 9:30 AM

10/3/84 Reduced at request of prosecutor / to Misdemeanor fine $250.00 Reimbursement $150.00

10-3-84 all papers in 10-84

10-20-84 tape destroyed

☐ INFRACTION - TRAFFIC ☒ CRIMINAL - TRAFFIC
☐ INFRACTION - NON TRAFF ☐ CRIMINAL - NON TRAFFIC

☒ Skamania County Sheriff PLAINTIFF VS NAMED DEFENDANT

№ 1126

IN THE Municipal / Dist. COURT OF Stevenson

STATE OF WASHINGTON COUNTY OF Skamania 2 30 000 4 30 431

THE UNDERSIGNED CERTIFIES AND SAYS

NAME LAST Young, FIRST Virgil INITIAL R

ADDRESS 1.2 mi Duncan Creek Rd. ☐ IF NEW ADDRESS

CITY Stevenson STATE Wa. ZIP CODE 98648 EMPLOYER American Diamond Saw

SEX M RACE W DATE OF BIRTH 2-9-44 HEIGHT 5-10 WEIGHT 190 EYES Gry HAIR Brown

DRIVER'S LICENSE NO YOUNGVR569C2 STATE Wa EXPIRES 2-88 REFERENCE OR ISSUE NO

VIOLATION DATE MO 7 DAY 13 YR 84 TIME 1 50 AM PM

LOCATION 2 E Stevenson SR 14 MILE 47

DID OPERATE THE FOLLOWING VEHICLE

VEHICLE LICENSE NO LF2909 STATE Wa EXPIRES 11-84 YR 73 VEH YR Chev MAKE Pu MODEL STYLE 2Dr COLOR Green

OWNER IF OTHER THAN DRIVER Same ☐ RADAR ☐ PACE

VEHICLE SPEED TRAFFIC WEATHER ROAD SURFACE

IN A ZONE

AND DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES/INFRACTIONS

VIOLATION CODE 46.61.502 DESCRIPTION Driving While intoxicated

VIOLATION CODE DESCRIPTION

PENALTY/BAIL Immediate

APPEARANCE DATE (FIRM) MO 7 DAY 18 YR 84 TIME 9 30 AM PM COURT DATE 7-13-84 SET BY 7-13-84

X Booked

OFFICER Christopher J. Tod #6 7-13-84 Stevenson WA

INFRACTION **COMPLAINT/CITATION**

INF	RES	DISPOSITION	PENALTY	SUSPENDED	SUBTOTAL	FEES
1	GNC	GNC	$	$	$	
2	GNC	GNC	$	$	$	
			$	$		

ABSTRACT OF JUDGMENT

FINDING JUDGMENT DATE 7-13-84 TO SERVE DAYS OTHER IN JAIL DAYS CREDIT FOR TIME SERVED TOTAL $

RECEIPT NO MEDIUM

004126

COURT COPY

RECORD OF COURT PROCEEDINGS

7/13/84

CASE FILED 7-13-84

7/13/84 Plea of NG entered; set trial date. Def will retain own counsel; release on PR. Notify defendant until we hear from retained atty all papers in Sept 1984

INTERVIEW OF

ALAN BANKS

Q Okay, Alan, I just turned the recorder on. Before we start let me mention that it's February 21, 1985, and it's 11:59 a.m.

And, Alan, do you understand we're being recorded right now?

A Yeah.

Q And is that with your permission?

A Yeah.

Q Okay. My name is Bill Kittleson. I work as a legal assistant for Bill Thayer's office, and Bill is a lawyer in Vancouver. He is representing Gary Donohue. He was injured in a collision there on the Carson Junction last year. Anyway you're listed as a witness. So why don't you just run over for me what you saw and what direction you were going and stuff like that.

A Okay. Well I was coming from Carson. I was going down the hill towards the Carson Junction there toward the Highway 14. And I was -- oh I don't know I forget exactly how far away from the intersection, but I was at the top of the hill there. And I was coming down. I noticed this car kind of coming a little wide to the right there, and his headlights I could see the car that was parked there. It was caught on the lights and he was getting farther and farther to the right -- the driver. And I said, "Pull out, pull out" to myself. And he didn't pull out, and he just went right into the car, and I didn't know anybody was in the car. But the car barreling down the hill, and he came up to an abrupt halt. I -- I got out and kind of the driver got out. And you know he was pretty shaken up. He had blood all over his face and stuff. And I asked him, "Are you okay?" And

managed to get out. And I told him to turn the engine off. And I pulled out -- pulled on the back of his car, and I was going to help him. And then I saw down at the intersection the police. And the police was there to pick up -- well to pick up the owner -- the driver of the parked car. And I went barreling down there to catch the police, (unintelligible) so the police . . . . could help, but I guess he knew already so anyway we got the police up there. And I mainly it was just that to get him out and then a friend of mine and myself we got the driver out of the car and pulled it aside for safety. And like I said I didn't know anybody was down in the parked car.

Q Yeah.

A They found that out later.

Q Now did you ever talk to him?

A Who?

Q The guy -- the passenger who was in the parked car.

A No, I never -- I didn't I talked to -- the guy that was in the police car.

Q Okay. What did he say? Now the guy in the --

A No, I didn't talk to him then. The only guy that I talked to a little bit was the guy that -- the drunk driver that he hit the car. The guy that was in the police car that had been driving the parked car.

Q Uh-huh.

A I talked to him when we went to court.

Q Oh, okay. What did he say?

A Well, he didn't say much. He was saying that about how the car had been parked there, and you know he was technically guilty of

being drunk driving.

Q Yeah.

A And he had parked there, and I guess the other kid was just passed out in the car, asleep or something like that.

Q Yeah.

A Fortunately for him probably that he was passed out because he didn't get -- I don't know they say at least he didn't get too hit. But I mean damaged, but I guess things happened later.

Q Yeah. So how about the guy who hit the parked car? What did he have to say? Did he talk to you?

A Not much. He was just -- you know like I could tell that he'd been drinking. I don't know how much at all because --

Q Uh-huh.

A you know, but I could smell it on his breath. And he was kind of (unintelligible) naturally stunned - from the collision. And like I'd said he had been drinking and all he said was he thought the car was, must have got jumbled in his mind but he said he thought this car turning right, had the turn signal on and started turning right right there. You know the car that was parked it was turning right, and he had to swerve to miss it. But I guess he -- I don't know if it was because he was shaken up or because he had been drinking too much. But he thought that the car that was parked was turning right, and so he just (unintelligible) was kind of out of it. He just -- we were just trying -- I was trying to hopefully I was on my foot trying to keep him you know quiet and finally the paramedics arrived.

Q Yeah.

A But he didn't say much just that he had had a couple of drinks. And he said he wasn't drunk.

Q Yeah. Well did the -- did the -- so the parked car from your

observations never moved after you first saw it then?

A No. All I saw was the car, it was parked and the reflection of the headlights. This car that was taking a wide right, and --

Q So the car wasn't trying -- the parked car wasn't moving it wasn't going right or anything?

A No, no, no, that just that he had imagined because --

Q Yeah.

A of maybe being real scared or being -- too much to drink.

Q Yeah.

A (unintelligible) I don't know.

Q Yeah.

A He definitely -- you know the car wasn't going. It was just a black silhouette there and it just --

Q Yeah.

A went down the ravine.

Q So let me ask you this, Alan, now did -- was the car -- the parked car was it -- was it on the roadway at all or was it on the shoulder or

A It was on the shoulder. It's a bad place there. You know, to naturally have a car parked, but the police officer had the -- the car that was driving the parked car was acting pretty vicious.

Q Uh-huh.

A And he was ranting and raving all over the place. So he had to get that guy there and he had the car. He was to the -- it's a narrow place there, but there is a place where you can park a car.

A I wouldn't want to park my car there, but --

Q Yeah.

A the car was parked there. And I don't know how far, you know, if it was right . . . at the line . . . but it was definitely to the right of the main road there. This poor guy, you know, that did the driving just was a little too much drinking or something --

Q Yeah.

A to not judge right and wacked into the guy.

Q Yeah. Now when you first saw a police car, which -- was he going down the hill or was he coming --

A No, he was -- he was at the Highway 14 (intelligible) There is a stop sign before you enter the Highway 14.

Q Oh.

A And he was parked there with the drunk driver in his car.

Q And so that's when you first spoke to the cop?

A Well I didn't -- yeah, right I just -- I pulled around the accident, and I just looked down at the stop sign and there the policeman was. I couldn't believe it because I didn't know what had taken place before that.

Q Yeah.

A And I went down there. I drove down there and told him and he went back.

Q Okay. Now tell me what he said when you talked to him?

A He didn't say anything. I just said that there's been a bad accident up here, and he just went because he'd just, you know heard it. And he just -- and he had already called another assistant -

Q Oh.

A another police car. Told them what had happened they kept -- then he kept redoing his thing. First he picked up a drunk driver, and then he said now there's been an accident. And but that's what I heard later. But I just -- I just said to him there's been a bad accident, and he just, you know naturally whipped there real fast and started taking care of business.

Q Okay. Oh so he turned around went back to the scene --

A Yeah, he made a u right there and went shooting up there and (unintelligible) And then they went down to the ravine to get that guy that you're talking about in the parked car.

Q Yeah. Did you overhear the cops talk at all about getting a tow truck for that parked car?

A Later they did and they said something about the one -- the drunk guy that had been -- that was in the police car didn't want his car to be towed (unintelligible)something like that.

Q That's what one of the cops said?

A Yeah. As far as . . . . . that I can recollect. It's been a while --

Q Yeah.

A And I don't want -- and I wouldn't want to say verbatim but one of the guys was, you know he was really being a jerk.

Q Yeah.

A The guy that was the drunk driver. He was just, you know some guys drink and they get bad news. And this guy was just being a jerk about it. He didn't want to have it driven away so the police I guess. They were probably eventually going to get it towed away cause he did ask for assistance before the wreck. He had told this other guy to come up there, and he hadn't arrived yet, but he arrived later.

Q Oh, you mean the cop that you spoke with at the bottom of the hill --

A Yeah.

Q he had called for assistance?

A He had called for assistance --

Q Before the wreck?

A Right.

Q Oh.

A And that's why he kept revising his report to the guy. First he said I've picked up this -- I forget the number -- (unintelligible) belligerent, you know belligerent guy and so come on and help and told him what the situation was and had the car there and then revised it when he heard, you know, the accident. And I told him that the guys been, you know hit.

Q Yeah. So --

A It was -- it was an unusual situation cause kind of several things happened.

Q Yeah. Yeah. It was just a -- yeah. Oh it sounds like the cop was calling for help -- I wonder what he was calling for, to help with the guy in the back or to help with the car?

A Well I'm sure because they automatically when they have a guy that's not being too swift, you know not too nice a back-up type. Yeah, a back up, that's the name, a back up and to help and probably either get behind this other -- the parked car to be with him until possibly a tow truck or whatever. But like I said I -- one guy didn't want a tow truck, but just to help out in the situation because you never know what's going to happen.

Q Sure. Well let's see anything else that you can think of Alan, then?

A Not really. Just the paramedics arrived, and I just had blood all over my shoes from the guy's head.

Q Oh, yeah.

A Just left.

Q Now were you -- were you alone in your car or did you say you had --

A Yeah, I was alone.

Q Oh, oh, okay.

A I was -- I was alone but then, like I said, my friend, Ed (unintelligible) lives down right below the junction there, and he had heard it -- his wife had heard but she woke him up. And he came up, and I guess he's the first one that really saw the -- there was another guy in the parked car.

Q How do you spell his name?

A Huh?

Q Ed (unintelligible)

A Harkidyne.

Q Oh.

A Yeah he came up and --

Q How do you spell his name?

A H A R G A D I N E He didn't witness it, but he came immediately after, and he helped him.

Q I see.

A We both, you know, helped the guy out of the -- the one that was moving, the car that was moving.

Q Yeah.

A Cause he was the one that really at least to me he was pretty shaken up there.

Q Yeah. Were there any reflectors or markers or flares by the parked car?

A No. Well maybe after the wreck but --

Q Yeah, before the wreck.

A Not before.

Q Okay. Well shoot, Alan, I can't think of anything else to ask you there. Anything else that seems --

A I can't really think of anything else, you know it's just a -- you know I definitely saw the car went into this other car and a guy made a bad judgment whether it was because of drunk driving or because of bad judgment, he did it and kind of open shut. And naturally the car was in the -- the parked car was not in the greatest place in the world, but it was to the side so --

Q Yeah. And the cop was calling for assistance right when you first approached him, huh?

A Well he was down at the -- he had stopped.

Q Yeah.

A You know just right before -- right gosh (unintelligible) ...he said about thirty seconds before that he was out, you know in the road. You know getting this guy out -- the drunk driver out, and they probably could have been very hurt or killed or something from this guy cause they had been, you know he had been getting the drunk driver out and trying to get that situated. And he had -- he had moved from the parked car and down to the stop sign --

Q Uh-huh.

A to call in again or at least call in the first time. And -- but I'm sure it was again because he was having problems with the drunk driver in the parked car.

Q Yeah.

A And then he was, you know, down at the stop sign. He was calling in or whatever. And then I just shot down there and just said hey, we got a wreck up here. I didn't know if he had heard it or not, and he just shot right back up there and started going into action.

Q Yeah.

A He couldn't believe it either later. (unintelligible)

Q Yeah what -- did he say anything about it?

A Well he just couldn't believe that you know what a lousy coincidence I get this drunk driver get him going, and then another drunk driver come and hit the drunk driver's car, God. I mean --

Q Yeah.

A too much. Let's all that I could, you know.

Q Yeah. Okay. Well listen, spell your last name for me Alan.

A B A N K S

Q Oh, okay. What's your address?

A What?

Q What's your address?

A Address?

Q Yeah.

A P.O. Box 475.

Q Yeah.

A Stevenson, Washington

Q And let's see. Let me put the ending time on here, Alan, and then I'll say goodbye to you.

It's 12:13 p.m., and we'll go off the tape. Okay?

A Okay.