136080

FILED ... SKAMANIA CO. WASH
BY Skamania Co.
Aug 24 4 42 PM '99
OLawry
GARY H. OLSON

FORM OF CLAIM FOR DAMAGES

TO THE BOARD OF COUNTY COMMISSIONERS of Skamania County, Washington:

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

1. That the injury for which I claim damages against the County of Skamania, State of Washington, occurred on or about the 15th day of June 19 99.

2. That the place of injury was Skamania County Transfer Site

3. That the location and description of the defect which caused the injury are exposure and inhalation of chemicals

4. That the injury is described as follows: See attached Summary of Claim and Settlement Demand

5. That the amount of damages claimed is as follows: $15,000.00

6. That the actual residence of the claimant at the time of presenting and filing this claim is P.O. Box 1176, Stevenson, WA 98648

7. That the actual residence of the claimant for a period of six months immediately prior to the time that this claim accrued was Skamania County Jail

DATED: Aug 23rd, 1999

William Thomas
(Claimant)

NOTE: Personal Property (Car, etc.) damages are to be accompanied by estimated repair costs. Additional information required by No.s 2-4 of this form may be attached on the back of this Claim for Damages.

Unofficial Copy

SUMMARY OF CLAIM AND SETTLEMENT DEMAND

FROM: Jan C. Kielpinski
Kielpinski & Woodrich
40 Cascade Avenue #110
P.O. Box 510
Stevenson, Washington 98648
(509) 427-5665
Fax (509) 427-7618

TO: County of Skamania
Claims Department
PO Box 790
Stevenson, Washington 98648
(509) 427-9447

CLIENT/ CLAIMANTS: William Thomas

YOUR INSURED: County of Skamania

INCIDENT DATE: June 15, 1999

LOCATION: Skamania County Transfer Station
Stevenson, Washington

FACTS AND LIABILITY

On or about June 15 1999, William Thomas was a trustee of the Skamania County Jail and was working at the Stevenson Garbage Transfer Station. While performing his duties in the capacity of trustee, he was called upon to move materials from place to place.

Acting in his designated capacity and as part of his duties, Mr. Thomas was required to move a bucket that appeared to be a paint bucket. The bucket slipped from his grasp causing the lid to become displaced exposing him to the contents. Upon exposure, Mr. Thomas inhaled toxic fumes from the contents which consisted of a chemical compound. Mr. Thomas' inhalation of the fumes caused immediate injury which was initially evidenced by irritation to his sinuses, throat and chest.

Mr. Thomas' exposure and inhalation was followed by severe discomfort and difficulty breathing accompanied by choking. The irritation and choking was so severe as to cause Mr. Thomas to cough up blood. An ambulance was summoned and Mr. Thomas was transported to Skyline Memorial Hospital.

Liability for negligence and maintenance of a nuisance is evident. Likewise, the proximate cause of Mr. Thomas' injuries is equally clear.

Unofficial Copy

NATURE AND EXTENT OF INJURIES

William Thomas continued to experience respiratory discomfort and anxiety on route to the hospital. He was brought in code 3 by the ambulance crew and was given oxygen on route remaining at 100% throughout his transport. Subsequently, the substance to which Mr. Thomas was exposed was identified as a possible ammonia oxidant agent.

Observation and examination upon arrival disclosed him to be tachypnec and hyperventilating deeply. His nasal passages and pharynx were found to be pink. His voice was hoarse. He was placed on humidified oxygen in the emergency room.

After approximately 2 1/2 hours in the emergency room his voice returned to normal and his condition was noted to have progressed to complaints of a residual headache. Washington Poison Control was contacted and the case was reviewed. It was recommended that the patient be observed in the emergency room for possible increased symptoms.

Mr. Thomas was diagnosed as having post oxidant exposure and hyperventilation and was given Vicodin for his headache prior to discharge. He was instructed to return if his symptoms increased and was given computer instructions for toxic exposure.

Allen LaBarge, M.D. was contacted by Officer Joudrey at the Skamania County Sheriffs Department on behalf of William Thomas on June 21, 1999 as a follow up to his injury. Dr. Labarge was advised that Mr. Thomas was experiencing shortness of breath and having some pain from his chemical exposure. Dr. LaBarge noted the pain Mr. Thomas was experiencing was likely secondary to healing.

Mr. Thomas was evaluated by Dr. LaBarge on June 22, 199 due to persistent shortness of breath at rest and more so with exertion. Mr. Thomas was experiencing pain right in the center of his chest which increased with deep breathing or exertion. Mr. Thomas also had a headache and his sinuses and nose were raw.

Dr. Labarge prescribed antibiotics for a possible infection resulting in Mr. Thomas' delayed onset of pain. Mr. Thomas was advised to seek care if he should have an increase of shortness of breath or did not otherwise improve over 7 - 10 days. If his symptoms worsen or did not improve Mr. Thomas was also advised to see a pulmonologist.

Mr. Thomas returned to Dr. LaBarge on July 27, 1999 for continued coughing spells which were productive of green - to - brown sputum. He continued to have chest discomfort with coughing, primarily in the substernal area which was worse with deep inspiration. Mr. Thomas continued to have severe headaches. Additionally Mr. Thomas experienced facial pain, primarily on the left side, purulent nasal discharge and ear discomfort. Overall Mr. Thomas reported not feeling well.

Mr. Thomas is scheduled for another follow-up visit in late August with Dr. LaBarge.

Unofficial Copy

SPECIALS

Current

Skyline Hospital, statement	$ 804.50
Allen LaBarge, M.D., statement	$193.00
Prescriptions	$195.68

CURRENT SPECIALS. $1,193.18

PAIN, SUFFERING AND DISABILITY

TOTAL PAIN, SUFFERING AND DISABILITY $15,000.00

EXHIBITS

Skyline Hospital, Records
Allen LaBarge, M.D., Records
Skyline Hospital, Statement
Prescriptions Record
Lost Earning Reports

SETTLEMENT DEMAND

Demand for compromise settlement of this claim is hereby requested in the amount of $15,000.00.

Unofficial Copy

TIME	PIG. DATE IF DIFFERENT	PT. ACCT.#	PERSONAL M.D.	ER M.D.	
1630		F00220483	Owane	Hofer	☐ WHEELCHAIR ☐ CARRIED ☒ AMBULATORY ☐ AMBULANCE

LAST NAME / FIRST	M.I.	D.O.B.	AGE	ACCOMPANIED BY:	
Thomas, William	G	9-9-68	30	EMT	☐ ALERT/AWAKE/ORIENTED ☐ STUPOROUS/DISORIENTED ☐ COMATOSE

ALLERGIES: Anti-inflamatories

PRESENT MEDS: Amytriptyline

VISUAL ACUITY	WEIGHT	LAST TETANUS		
TIME	TEMP	PULSE	RESP.	BP
	98.4	80	20	142/82

☒ IV, SITE & FLUID in field TIME

☐ O_2 L/MIN VIA SaO$_2$ 100%

☐ EKG MONITOR, RHY.

M.D. CONTACT TIME: Here ARRIVAL TIME: Here

CHIEF COMPLAINT: Inhalation of unknown substance

NURSE'S NOTES:

MANAGED CARE

TRIAGE CLASSIFICATION I II III

PCP ______ HMO

PHONE #

CONTACTED BY ______ TIME

APPROVAL GIVEN YES NO

AUTHORIZATION BY

WAIVER FORM YES NO

RN SIGNATURE/INITIALS: [illegible]

MAJOR MEDICAL HX:

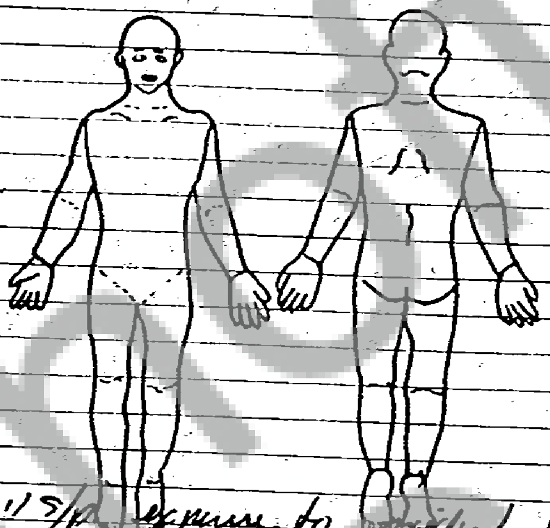
LMP:

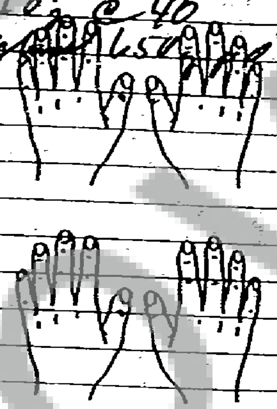
HISTORY & PHYSICAL

ORDERS/LAB REPORTS/MEDS/TX
Rx GIVEN ☐ MEDS. DISP. ☐

FIO$_2$ @ 40

1900 Ty[illegible] 650
BN





IMPRESSION (DX):
1) s/p exposure to [illegible] fumes
2) Hyperventilation

PLAN:
P) - released to custody of [illegible] County Sheriff
- [illegible] instruction
- [illegible] as needed

DISCHARGE INSTRUCTIONS:

RN SIGNATURE: [signature]

TIME: 1940

M.D. SIGNATURE: [signature]

CONDITION ON DISCHARGE: stable

DICTATED

FOLLOW-UP M.D.

DISPOSITION CODES: (CIRCLE ONE) 1-HOME 2-ADMIT 3-TRANSFER 4-EXPIRED 5-NURSING HOME 6-TO SWING BED 7-OTHER 8-AMA 9-ON PASS 10-OFH 11-OPS

MEDICAL RECORDS

Unofficial Copy

THOMAS, WILLIAM G.

06-15-99

S: Mr. Thomas was working at a garbage transfer station while being a trustee from the Skamania County Jail. He allegedly picked up a plastic bucket and dropped it and the top popped open and he inhaled some fumes from this bucket and immediately had irritation to his sinuses, throat and chest. He began coughing and feeling poorly and an ambulance was summoned to bring him to the hospital. He continued to have respiratory discomfort and anxiety on route to the hospital and was brought code 3 by the ambulance crew. He was given O_2 on route and his O_2 saturations remained 100% throughout his transport. Subsequent through contacts with Skamania County Sheriffs Office the substance involved was identified as a possible ammonia oxidant agent but specific variety could not be confirmed.

O: Mr. Thomas is an alert, WDWN 30 y/o male. On arrival he is tachypneic and hyperventilating deeply. His color is pink and his skin is warm and very mildly diaphoretic.

HEENT: PERRL. TMs WNL. His nasal mucosa is pink. Pharynx is pink, no lesions or burns seen.
CHEST: Lungs are clear to auscultation. Heart rhythm is regular. No murmur or gallop heard.
ABDOMEN: Bowel sounds are active, soft, no guarding or masses.

LABS: Arterial blood gases were done on arrival which showed a pH of 7.623 and a PCO_2 of 18.9, O_2 sat of 99.7 and a PO_2 of 228.

ER COURSE: Mr. Thomas was placed on humidified O_2 after arrival in the ER. His respirations became rapidly more relaxed and regular and his distress gradually subsided. He was able to nap and after approximately 2 and 1/2 hours in the ER his only complaint was residual headache. His voice returned to a normal phonation as it had been initially slightly hoarse on arrival. The case was reviewed with Dr. LaBerge who also came in and saw the patient briefly and we felt it was safe for him to return to the custody of Skamania County Sheriff's Office. Washington Poison Control was contacted and the case was reviewed and it was recommended that he be observed in the ER for a while for possible increase in symptoms and felt that given the history that evaluation and treatment would be adequate.

I: Status post oxidant exposure. Hyperventilation.

P: He is released to the custody of Skamania County Sheriff. He was given a dose of Vicodin for his complaint of headache prior to discharge. He is to return for increased symptoms as needed. He is given computer instructions for toxic exposures.

Forest Hofer, P.A./at

d.d. 06-16-99
d.t. 06-16-99

Unofficial Copy

PATIENT IDENTIFICATION

SKYLINE HOSPITAL

EMERGENCY ROOM REPORT / PROCEDURE NOTE

S-36

Skyline Hospital
Respiratory Therapy
ARTERIAL BLOOD GASES

SITE: @ radial

FIO2: 100% aero

THOMAS, William
F00220483

PATIENT VALUES	NORMALS
7.623 pH	7.35 – 7.45
18.9 PCO2	35 – 45 mmHg
228.1 PO2	80 – 100mmHg
19.1 HCO3	22 – 26meq/L
99.7 SAO2	95%
-2.0 B.E.	-2 – +2

COMMENTS:

RESPIRATORY RATE 50's

TEMPERATURE

TIME 1630 AM PM

DATE 6-15-99

ALLEN TEST (+) Nod ☑

TECH. TDK

ARTERIAL BLOOD GASES

SKYLINE HOSPITAL
211 SKYLINE DRIVE
WHITE SALMON, WA 98672

S-101

Unofficial Copy

SKYLINE HOSPITAL
Cardio Pulmonary Services

Date	Time	O_2 Flow	SaO_2	Treatment	Clinical Observations and Assessment
6/15/99	1630	100%	100	ABG	ABG drawn @ R radial site ⊕ Mod allens test, pressure x 5
					min s̄ complication. —— [illegible signature]
	1642	↓70%	99%		↓ FiO2 to 70% —— [illegible signature]
	1650	↓50%	99%		↓ FiO2 to 50% —— [illegible signature]
	1700	↓40%	99%		↓ FiO2 to 40% —— [illegible signature]

ADDRESSOGRAPH

Thomas William
F00220483

CLINICAL RECORD

8-131

Unofficial Copy

06-30-99 PROBLEM: FU Chemical exposure Thomas, William

S: Bill is back today. He is having no more pain, no more SOB, he worked out the other with no symptoms at all and he wants to return to full duty work.

He says he is getting hives every morning that really itch him and bother him. They last for a couple of hours and then go away. It started 3-4 days ago. No changes in his food or anything. He doesn't have them the rest of the day. I told him that we could give him some medication to treat them but by the time the medication kicks in to work, the hives are going away on their own, so I would just watch them for now.

O; Healthy male. WT 216. O2 sat 96% on room air. BP 110/70. Chest is completely clear. OP is clear. Neck is supple. CV normal s1 and s2. Skin with no rash right now.

A: Chemical exposure-inhalation. I don't think he is going to have any long term problems from this. Everything seems to be healed up at this time.

Urticaria by history, etiology unclear.

P: He is released to full duty work. FU p.r.n.

Allen LaBerge, M.D./avl

07-27-99 Thomas, William

S: William here for a cough over the last three days. Productive of green-to-brown sputum. Reports he has chest discomfort with coughing, primarily substernal area. Worse with deep inspiration. C/O severe HA. Also some facial pain, primarily left side. Purulent nasal discharge and some ear discomfort. Denies fever but reports feeling overall not well.

PMH: History of chemical exposure to his lungs on 06/15/99. Also a history of smoking approximately half pack per day.

CURRENT MEDICATION: Amitriptyline.

ALLERGIES: Ibuprofen, NSAIDs.

O: Thirty year old male in NAD. Loose cough. HEENT-conjunctivae slightly injected. Nasal mucosa-moderate edema, slight erythema. Right TM clear. Left obstructed with cerumen. OP-slight erythema. One plus tonsillar edema. Positive cervical anterior adenopathy, nontender. Neck is supple. Lungs-faint rhonchi. Wheeze with cough and forced expiration. Heart-S1, S2; no M. Skin warm, slightly diaphoretic.

A: Sinusitis.
Bronchitis.

P: Augmentin 875mg b.i.d. x 10 days.
Phenergan with codeine 1-2 tsp q. 4. Four oz dispensed. Albuterol inhaler two puffs q. 4 p.r.n. SOB, cough and wheezing. Discussed proper use. Pt to FU if no improvement in symptoms in 2-3 days.

Deana Dahl, F.N.P./AL/mbe

Official Copy

06-21-99 Telephone conversation Thomas, William

Telephone conversation with Office Joudrey at Skamania Co. Sheriff Dept.

Officer Joudrey told me that Bill is occasionally getting some SOB and having some pain from his chemical exposure last week. I would refer to his ER record from that day. Apparently some time last week he was working at the transfer station and a lid came off some type of chemical and he had an inhalant injury. I did see him in the ER several hours after that and he was doing pretty well.

I told Officer Joudrey that I think Bill would need to be seen on an urgent basis if he was having SOB that was lasting for other than just a short period of time. His pain is likely secondary to healing. I would be happy to see him in FU but since he is actually not SOB and not having a great deal of pain, I don't think he needs to be seen urgently.

Allen LaBerge, M.D./avl

06-22-99 PROBLEM: SOB, chest pain Thomas, William

S: Bill was exposed to some probable ammonia oxidant while working at work crew at the transfer station a week ago today. He was evaluated at Skyline, I actually saw him there briefly before he left. He said he was doing pretty well until Sunday when he started get more pain and SOB. That stayed pretty much the same since Sunday. He continues to be SOB, a little bit at rest, more so with exertion. He also has a pain right in the center of his chest which is increased with deep breathing and exertion. He has a headache and he feels like the insides of his sinuses and nose are raw.

O: Pleasant healthy 31 y/o. O2 sat 98% on room air. BP 110/80. P 88. His nares are pretty erythematous. OP is a bit injected on the posterior pharynx. Neck is supple. Chest is clear but he seems to hesitate to take a real deep breath. CV normal s1 and s2.

Chest XR PA and lateral really looks pretty normal.

A: Chemical exposure, probable ammonia oxidant 1 week ago. I think he is essentially in the healing process. I told him as well as the deputy who was here with him, that the main thing I would worry about is increasing SOB. If the pain isn't improving over time that would also be reason to return. I suppose it is possible since he had this delayed onset of his pain that he has a little bit of an infection going on so I decided to go ahead and cover him with some antibiotics.

O: Keflex 500 one p.o. t.i.d. x 10 days.

RTC or seek care acutely should he have an acute increase of SOB, otherwise if not improving over 7-10 days he can RTC or they can give me a call. If things worsen or don't improve, I will probably have him see a pulmonologist.

Allen LaBerge, M.D./avl

Unofficial Copy

THOMAS, WILLIAM G.

06-15-99

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Forest Hofer, P.A./at

d.d. 06-16-99
d.t. 06-16-99

PATIENT IDENTIFICATION

SKYLINE HOSPITAL

EMERGENCY ROOM REPORT / PROCEDURE NOTE

Unofficial Copy

SKYLINE HOSPITAL
PO BOX 39
WHITE SALMON, WA 98672
509-493-1101

APPROVED OMB NO 0938-0277

5 PATIENT CONTROL NO: F00220483 1

4 TYPE OF BILL: 131

6 FED TAX NO: 916000950

8 STATEMENT COVERS PERIOD FROM: 061599 THROUGH: 061599

12 PATIENT NAME: THOMAS,WILLIAM G

13 PATIENT ADDRESS: MAIL RETURN;;;

14 BIRTHDATE: 0303196B

15 SEX: M

16 MS: M

17 DATE: 061599

18 HR: 16

19 TYPE: 3

20 SRC: 7

21 DHF: 99

22 STAT: 01

23 MEDICAL RECORD NO: W020213

24 CONDITION CODES

31 OCCURRENCE CODE / DATE

34 OCCURRENCE CODE / DATE

36 CODE / OCCURRENCE SPAN FROM / THROUGH

37 A B C

THOMAS,WILLIAM G
MAIL RETURN

39 CODE / VALUE CODES AMOUNT

41 CODE / VALUE CODES AMOUNT

	42 REV CD	43 DESCRIPTION	44 HCPCS RATES	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	250	PHARMACY		061599	2	1050		
2	270	MEDICAL/SURG SUPPLIES		061599	10	15400		
3	300	LABORATORY	36600	061599	1	4400		
4	301	CHEMISTRY	82803	061599	1	9350		
5	412	INHALATION SERVICES	94664	061599	1	4350		
6	450	EMERGENCY ROOM	99285	061599	1	25300		
7	460	PULMONARY FUNCTION	94761	061599	3	750		
8	981	ER PRO FEE	99284	061599	1	19250		
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23	001	TOTAL CHARGE				80450	0	

50 A B C PAYER: JELK

51 PROVIDER NO

52 RELEASE INFO: Y

53 ASSIGN BEN: Y

54 PRIOR PAYMENTS

55 EST AMOUNT DUE: 80450

56

DUE FROM PATIENT ▶ 0

58 A B C INSURED'S NAME: THOMAS,WILLIAM G

59 P RELEASE OF INFO CERT - SSN HIC ID NO: 01 SRG8041034

60 GROUP NAME: SKAMANIA COUNT

61 GROUP NO

62 A B C TREATMENT AUTHORIZATION CODES

63 EMPLOYER NAME

64 EMPLOYER LOCATION

65 PRINC DIAG CD: 7860 1 V828

66 CODE

67 CODE

OTHER DIAG CODES

68 CODE

69 CODE

70 CODE

71 CODE

72 PRIN DIAG CD

73 CODE

74 PRINCIPAL PROCEDURE CODE / DATE: 9

75 OTHER PROCEDURE CODE / DATE

76 OTHER PROCEDURE CODE / DATE

77 OTHER PROCEDURE CODE / DATE

78 ATTENDING PHYS ID: F28134 STUTZMAN KIMBERLY K

79 OTHER PHYS ID

80 OTHER PHYS ID: HOFER FOREST J

81 REMARKS: TX FROM SCENE TO SKY ER VIA SKAMANIA AMB

82 a b c d

83 PROVIDER REPRESENTATIVE SIGNATURE: X

DATE: 071999

(CERTIFY THE BEST OF MY KNOWLEDGE THE INFORMATION ABOVE IS ACCURATE AND COMPLETE)

92 HCFA-1450

OCR/ORIGINAL

Unofficial Copy

MID - COLUMBIA FAMILY HEALTH CENTER

☐ WHITE SALMON OFFICE — P.O. BOX 1519 — WHITE SALMON, WASHINGTON 98672 — (509) 493-2133
☐ STEVENSON OFFICE — P.O. BOX 390 — STEVENSON, WASHINGTON 98648 — (509) 427-4212
IRS # 91-1152624

~~William Thomas~~
Skamania County Sheriffs office
P.O. Box 790
Stevenson, Wa 98648

acct #4285

7/29/99

1:20

- ☐ JAMES G. JANNEY, M.D.
- ☐ RAYMOND FITZSIMMONS, M.D.
- ☐ GREGORY D. ZUCK, M.D.
- ☐ DAVID S. HINDAHL, M.D.
- ☐ KIMBERLY K. STUTZMAN, M.D.
- ☐ R. ALLEN LaBERGE, M.D.
- ☐ ALICIA GIMENEZ, M.D.
- ☐ CYNTHIA K. JANNEY, P.A.
- ☐ STEVEN KOONTZ, P.A.-C
- ☐ GREG DAVENPORT, P.A.-C
- ☐ DAVE MACNALLY, P.A.-C

X Deana Dahl

I authorize the release of any medical or other information necessary to process my claim. I also authorize payment of medical benefits to the above named Physician/clinic for services described below. (If the patient is a minor, sign by parent or guardian.) I consent to any treatment provided or ordered by my Physician or P.A. at MCFHC that is appropriate for my care.

Signed X William Thomas

SERVICE	NEW		ESTAB		CHARGE
OFFICE VISITS					
ROUTINE	8	99202	3	99213 [circled]	30.00
DETAILED	9	99203	4	99214	
COMPREHENSIVE I	10	99204	5	99215	
COMPREHENSIVE II	11	99205			
FOCUSED	7	99201	2	99212	
NURSE VISIT			1	99211	
PHYSICAL EXAMS					
WELL BABY EXAM 0-1 (5)			40	99391	
WELL CHILD EXAM 1-4			42	99392	
WELL CHILD EXAM 5-11			43	99393	
ADOLESCENT 12-17			65	99394	
ADULT EXAM 18-39			66	99395	
ADULT EXAM 40-64			57	99396	
OTHER VISITS					
SPORT PHYSICAL			50	99212	
TRUCK & BUS DRIVER PHYSICAL			13	99213	
PRENATAL CARE			32	59400	
OB RISK ASSESSMENT				5930M	
OB VISIT (PKG)			12	99213	
OB WORKUP (INITIAL PER VISIT)				99215	
OB VISIT (PER VISIT)			18	99213	
MISSED APPOINTMENT			122	122	
HOME VISIT:					
IMMUNIZATIONS / INJECTIONS					
DTAP				90700	
DT < 7 YRS				90702	
Td ADULT 7 YRS & UP			23	90718	
MMR VACCINATION			20	90707	
OPV VACCINATION			24	90712	
IVP POLIO				90713	
FLU SHOT			19	90724	
PNEUMOVAX			21	90732	
HEMOPHILUS VACCINATION			58	90737	
HEPATITIS B VACCINATION 0-19 YRS				90744	
RhoGam			92	J2790	
MEDICATION INJECTION			25	90782	
ALLERGY INJECTION			27	95115	
ALLERGY INJECTION 2 OR MORE			17	95117	
TRIGGER POINT INJECTION				*20550	
ASPIR OR INJECT OF SMALL JOINT				*20600	
ASPIR OR INJECT OF MED. JOINT				*20605	
ASPIR OR INJECT OF LARGE JOINT				*20610	
L & I					
L & I ACCIDENT REPORT			60	1040M	
L & I REOPENING REPORT				1041M	
ESTIMATE OF PHYSICAL CAPACITY				1046M	
SPECIAL REPORT (ESS. 60 DAY REPORT)				99080	
SUPPLIES					
SURGICAL TRAY - SMALL			31	A4550	

OTHER SUPPLIES:

SERVICE		CPT#	CHARGE
PROCEDURES			
I & D ABSCESS		10060	
EXCISION:		11	
LAC REPAIR:		12	
CRYOSURGERY 1ST LESION		17000	
CRYOSURGERY 2-14 LESIONS		17003	
CRYO FLAT WARTS 1-14		17110	
FB REMOVAL - MUSCLE		*20520	
FB REMOVAL - SUBCUT		10120	
FLEX SIGMOID		45330	
FLEX SIGMOID W/BX		45331	
NEWBORN CIRC (NO CSHS)		54150	
VASECTOMY		55250	
COLPOSCOPY		57452	
COLPOSCOPY W/BIOPSY		*57454	
COLPOSCOPY W/LEEP		57460	
ENDOCERVICAL CURETTAGE		57505	
ENDOMETRIAL BIOPSY		*58100	
CORNEAL FB W/O SLIT LAMP		*65220	
REMOVE IMPACTED EAR WAX	28	69210	
LABORATORY			
URINALYSIS	38	81000	
UA W/O MICROSCOPE	30	81002	
MICRO ALBUMIN URINE		82044	
GUAIAC TEST	33	82270	
BLOOD SUGAR	22	82947	
GLUCOSE TT	45	82951	
ADDITIONAL GTT	46	82952	
PREGNANCY TEST - URINE	41	81025	
PREGNANCY TEST - SERUM	35	84703	
HEMATOCRIT	34	85014	
SED. RATE		85651	
TB TEST	29	86580	
RAPID STREP TEST	6	86430	
THROAT CULTURE	36	87060	
URINE COLONY COUNT	37	87086	
URINE SENSITIVITY	44	87184	
WET MOUNT - KOH	39	87210	
CBC	74	85024	
H. PYLORI		86318	
MISCELLANEOUS			
AUDIOGRAM	47	92552	
TYMPANOMETRY	48	92567	
EKG FULL		93000	
EKG RHYTHM		93040	
PULMONARY FUNCTION		94010	
PHLEBOTOMY		99195	
COLLECTION OF SPECIMEN	51	*36415	
ULTRASOUND SCAN:		76	
PULSE OX		94760	
X-RAY			

STAFF INSTRUCTIONS:

RETURN: PRN

DIAGNOSIS	ICDA	DIAGNOSIS	ICDA
ABD PAIN	789.00	HEMORRHOIDS	455
ALLERGY	477.0	HYPERLIPIDEMIA	272.0
ANEMIA	285.9	HYPERTENSION	401.1
ANTICOAGULATION	286.5	IMPACTED CERUMEN	380.4
ACSVD	429.2	JOINT PAIN	719.4
ASTHMA	493.00	LACERATION	SITE
ANXIETY	300.0	LOW BACK PAIN	724.2
APNEA & SOB	786.09	MENOPAUSE SYN	627.2
R/O BREAST CA	V76.1	MENSTUAL DIS	626.9
BRONCHITIS [circled]	466.0	OTITIS EXTERNA	380.22
BURN	949.0	OTITIS MED ACUTE	381.00
BURSITIS	727.3	OTITIS MED CHRONIC	381.10
CARPAL TUNNEL SYD	354	PARKINSON'S DIS	332.0
R/O CERVICAL CA	V76.2	PHARYNGITIS	462
CHEST PAIN	786.50	PHYSICAL EXAM	V70
CHF	428.0	PID	614.9
R/O RECTAL CA	V76.41	PNEUMONIA	486
CONJUNCTIVITIS	372.0	PREGNANCY	V22
CONTUSION:	SITE	PREG-COMPLICATED	646.9
CORNEAL ABRAS	918.1	PROSTATITIS	601.0
COPD	496	RHEUMATOID ARTHRITIS	714.0
COUGH	786.2	SINUSITIS [circled]	461.9
DEEP VEIN THROM	453.9	SKIN INFECTION	686.9
DEPRESSION	300.4	SKIN LESION	709.9
DERMATITIS	692.9	STRAIN:	SITE
DIABETES	250.00	SPRAIN:	SITE
DIARRHEA	787.91	TENDONITIS	726.9
DIZZINESS	780.4	THYROID PROBLEM	246.9
FAMILY PLANNING	V25	TONSILLITIS	463
FATIGUE	780.7	UTI	599.0
FEVER	780.6	ULCER	533.9
FOREIGN BODY:	SITE	URETHRITIS	597.8
FRACTURE:	SITE	URI	465.9
GASTROENTERITIS	009.0	VIRAL SYNDROME	079.9
HEADACHE	784.0	VAGINITIS	616.10
		WELL CHILD CARE	V20.2

[signature]

ACCOUNTING INFORMATION

TODAY'S FEE 50.00

CASH
CARD
CHECK AMOUNT PAID: ________
INS.

PREVIOUS BALANCE AGING

CURRENT:
30 DAYS:
60 DAYS:
90 DAYS:
120 DAYS:

TOTAL:

UNOFFICIAL COPY

MID - COLUMBIA FAMILY HEALTH CENTER

☐ WHITE SALMON OFFICE — P.O. BOX 1519 — WHITE SALMON, WASHINGTON 98672 — (509) 493-2133
☐ STEVENSON OFFICE — P.O. BOX 390 — STEVENSON, WASHINGTON 98648 — (509) 427-4212

13314

SHERIFFS OF SKAMANIA COUNT DOB:01/01/01(981 6285 A
SHERIFFS OF SKAMANIA COUNTY (509)427-9490 DATE: 6/30/99
PO BOX 790
STEVENSON WA 98648 TIME: 9:20

☐ JAMES O. JANNEY, M.D.
☐ RAYMOND FITZSIMMONS, M.D.
☐ GREGORY D. ZUCK, M.D.
☐ DAVID S. HINDAHL, M.D.
☐ KIMBERLY K. STUTZMAN, M.D.
☒ ~~R. ALLEN LaBORDE~~, M.D.
☐ ALICIA GIMENEZ, M.D.
☐ CYNTHIA K. JANNEY, P.A.
☐ STEVEN KOONTZ, P.A.-C
☐ GREG DAVENPORT, P.A.-C
☐ DAVE MACNALLY, P.A.-C

William Thomas

I authorize the release of any medical or other information necessary to process my claim. I also authorize payment of medical benefits to the above named Physician/clinic for services described below. (If the patient is a minor, sign by parent or guardian.) I consent to any treatment provided or ordered by my Physician or P.A. at MCFHC that is appropriate for my care.

Signed X William Thomas

SERVICE	NEW		ESTAB		CHARGE
OFFICE VISIT					
ROUTINE	8	99202	3	99213	
DETAILED	9	99203	4	99214	
COMPREHENSIVE I	10	99204	5	99215	
COMPREHENSIVE II	11	99205			
FOCUSED	7	99201		99212	26.00
NURSE VISIT			1	99211	
PHYSICAL EXAMS					
WELL BABY EXAM 0-1 (5)			40	99391	
WELL CHILD EXAM 1-4			42	99392	
WELL CHILD EXAM 5-11			43	99393	
ADOLESCENT 12-17			65	99394	
ADULT EXAM 18-39			66	99395	
ADULT EXAM 40-64			67	99396	
OTHER VISITS					
SPORT PHYSICAL			50	99212	
TRUCK & BUS DRIVER PHYSICAL			13	99213	
PRENATAL CARE			32	59400	
OB RISK ASSESSMENT				5930M	
OB VISIT (PKG)			12	99213	
OB WORKUP (INITIAL PER VISIT)				99215	
OB VISIT (PER VISIT)			18	99213	
MISSED APPOINTMENT			122	122	
HOME VISIT:					
IMMUNIZATIONS AND INJECTIONS					
DTAP				90700	
DT < 7 YRS				90702	
Td ADULT 7 YRS & UP			23	90718	
MMR VACCINATION			20	90707	
OPV VACCINATION			24	90712	
IVP POLIO				90713	
FLU SHOT			19	90724	
PNEUMOVAX			21	90732	
HEMOPHILUS VACCINATION			58	90737	
HEPATITIS B VACCINATION 0-19 YRS				90744	
RhoGam			92	J2790	
MEDICATION INJECTION			25	90782	
ALLERGY INJECTION			27	95115	
ALLERGY INJECTION 2 OR MORE			17	95117	
TRIGGER POINT INJECTION				*20550	
ASPIR OR INJECT OF SMALL JOINT				*20600	
ASPIR OR INJECT OF MED. JOINT				*20605	
ASPIR OR INJECT OF LARGE JOINT				*20610	
REPORTS					
L & I ACCIDENT REPORT			90	1040M	
L & I REOPENING REPORT				1041M	
ESTIMATE OF PHYSICAL CAPACITY				1048M	
SPECIAL REPORT (ESS. 30 DAY REPORT)				99080	
SURGICAL TRAY - SMALL			31	A4550	

OTHER SUPPLIES:

SERVICE		CPT#	CHARGE
PROCEDURES			
I & D ABSCESS		10060	
EXCISION:		11	
LAC REPAIR:		12	
CRYOSURGERY 1ST LESION		17000	
CRYOSURGERY 2-14 LESIONS		17003	
CRYO FLAT WARTS 1-14		17110	
FB REMOVAL - MUSCLE		*20520	
FB REMOVAL - SUBCUT		10120	
FLEX SIGMOID		45330	
FLEX SIGMOID W/BX		45331	
NEWBORN CIRC (NO DSHS)		54150	
VASECTOMY		55250	
COLPOSCOPY		57452	
COLPOSCOPY W/BIOPSY		*57454	
COLPOSCOPY W/LEEP		57460	
ENDOCERVICAL CURETTAGE		57505	
ENDOMETRIAL BIOPSY		*58100	
CORNEAL FB W/O SLIT LAMP		*65220	
REMOVE IMPACTED EAR WAX	28	69210	
LABORATORY			
URINALYSIS	38	81000	
UA W/O MICROSCOPE	30	81002	
MICRO ALBUMIN URINE		82044	
GUAIAC TEST	33	82270	
BLOOD SUGAR	22	82947	
GLUCOSE TT	45	82951	
ADDITIONAL GTT	46	82952	
PREGNANCY TEST - URINE	41	81025	
PREGNANCY TEST - SERUM	35	84703	
HEMATOCRIT	34	85014	
SED. RATE		85651	
TB TEST	29	86580	
RAPID STREP TEST	6	86430	
THROAT CULTURE	36	87060	
URINE COLONY COUNT	37	87086	
URINE SENSITIVITY	44	87184	
WET MOUNT - KOH	39	87210	
CBC	74	85024	
H. PYLORI		86318	
MISCELLANEOUS			
AUDIOGRAM	47	92552	
TYMPANOMETRY	48	92567	
EKG FULL		93000	
EKG RHYTHM		93040	
PULMONARY FUNCTION		94010	
PHLEBOTOMY		99195	
COLLECTION OF SPECIMEN	51	*36415	
ULTRASOUND SCAN:		76	
PULSE OX		94760	
X-RAY			

STAFF INSTRUCTIONS:

RETURN

DIAGNOSIS	ICDA	DIAGNOSIS	ICDA
ABD PAIN	789.00	HEMORRHOIDS	455
ALLERGY	477.0	HYPERLIPIDEMIA	272.0
ANEMIA	285.9	HYPERTENSION	401.1
ANTICOAGULATION	286.5	IMPACTED CERUMEN	300.4
ACSYD	429.2	JOINT PAIN	719.4
ASTHMA	493.00	LACERATION	SITE
ANXIETY	300.0	LOW BACK PAIN	724.2
APNEA & SOB	786.09	MENOPAUSE SYN	627.2
R/O BREAST CA	V76.1	MENSTUAL DIS	626.9
BRONCHITIS	466.0	OTITIS EXTERNA	380.22
BURN	949.0	OTITIS MED ACUTE	381.00
BURSITIS	727.3	OTITIS MED CHRONIC	381.10
CARPAL TUNNEL SYD	354	PARKINSON'S DIS	332.0
R/O CERVICAL CA	V76.2	PHARYNGITIS	462
CHEST PAIN	786.50	PHYSICAL EXAM	V70
CHF	428.0	PID	614.9
R/O RECTAL CA	V76.41	PNEUMONIA	486
CONJUNCTIVITIS	372.0	PREGNANCY	V22
CONTUSION:	SITE	PREG-COMPLICATED	646.9
CORNEAL ABRAS	918.1	PROSTATITIS	601.0
COPD	496	RHEUMATOID ARTHRITIS	714.0
COUGH	786.2	SINUSITIS	461.9
DEEP VEIN THROM	453.9	SKIN INFECTION	686.9
DEPRESSION	300.4	SKIN LESION	709.9
DERMATITIS	692.9	STRAIN	SITE
DIABETES	250.00	SPRAIN	SITE
DIARRHEA	787.91	TENDONITIS	726.9
DIZZINESS	780.4	THYROID PROBLEM	246.9
FAMILY PLANNING	V25	TONSILLITIS	463
FATIGUE	780.7	UTI	599.0
FEVER	780.6	ULCER	533.9
FOREIGN BODY:	SITE	URETHRITIS	597.8
FRACTURE:	SITE	URI	465.9
GASTROENTERITIS	009.0	VIRAL SYNDROME	079.9
HEADACHE	784.0	VAGINITIS	616.10
		WELL CHILD CARE	V20.2

Chemical Exposure - inhalation
Pain

ACCOUNTING INFORMATION

TODAY'S FEE 31.50

CASH
CARD
CHECK AMOUNT PAID:
INS.

PREVIOUS BALANCE AGING

CURRENT:	
30 DAYS:	$157.00
60 DAYS:	$240.00
90 DAYS:	$0.00
120 DAYS:	$0.00
	$0.00
TOTAL:	$315.50

VOID COPY

☐ WHITE SALMON OFFICE — P.O. BOX 1319 — WHITE SALMON, WASHINGTON 98672 — (509) 493-2133
☐ STEVENSON OFFICE — P.O. BOX 390 — STEVENSON, WASHINGTON 98648 — (509) 427-4212

12634

SHERIFFS OF SKAMANIA COUNT DOB:01/01/01(98) 6285 A
SHERIFFS OF SKAMANIA COUNTY (509)427-9490 DATE: 6-22-99
PO BOX 790
STEVENSON WA 98648 TIME: 3:20

SSN: 560-13-5675
DOB: 9-9-68

William Thomas

I authorize the release of any medical or other information necessary to process my claim. I also authorize payment of medical benefits to the above named Physician/clinic for services described below. (If the patient is a minor, sign by parent or guardian.) I consent to any treatment provided or ordered by my Physician or P.A. at MCFHC that is appropriate for my care.

Signed x William Thomas

☐ JAMES O. JANNEY, M.D.
☐ RAYMOND FITZSIMMONS, M.D.
☐ GREGORY D. ZUCK, M.D.
☐ DAVID S. HINDAHL, M.D.
☐ KIMBERLY K. STUTZMAN, M.D.
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☐ ALICIA GIMENEZ, M.D.
☐ CYNTHIA K. JANNEY, P.A.
☐ STEVEN KOONTZ, P.A.-C
☐ GREG DAVENPORT, P.A.-C
☐ DAVE MACNALLY, P.A.-C

SERVICE		NEW		ESTAB	CHARGE
OFFICE VISIT					
ROUTINE	8	99202	3	99213	50
DETAILED	9	99203	4	99214	
COMPREHENSIVE I	10	99204	5	99215	
COMPREHENSIVE II	11	99205			
FOCUSED	7	99201	2	99212	
NURSE VISIT			1	99211	
PREVENTIVE CARE					
WELL BABY EXAM 0-1 (5)			40	99391	
WELL CHILD EXAM 1-4			42	99392	
WELL CHILD EXAM 5-11			43	99393	
ADOLESCENT 12-17			65	99394	
ADULT EXAM 18-39			66	99395	
ADULT EXAM 40-64			67	99396	
OTHER SERVICES					
SPORT PHYSICAL			50	99212	
TRUCK & BUS DRIVER PHYSICAL			13	99213	
PRENATAL CARE			32	59400	
OB RISK ASSESSMENT				5930M	
OB VISIT (PKG)			12	99213	
OB WORKUP (INITIAL PER VISIT)				99215	
OB VISIT (PER VISIT)			18	99213	
MISSED APPOINTMENT			122	122	
HOME VISIT:					
IMMUNIZATIONS & INJECTIONS					
DTAP				90700	
DT < 7 YRS				90702	
Td ADULT 7 YRS & UP			23	90718	
MMR VACCINATION			20	90707	
OPV VACCINATION			24	90712	
IVP POLIO				90713	
FLU SHOT			19	90724	
PNEUMOVAX			21	90732	
HEMOPHILUS VACCINATION			58	90737	
HEPATITIS B VACCINATION 0-19 YRS				90744	
RhoGam			92	J2790	
MEDICATION INJECTION			25	90782	
ALLERGY INJECTION			27	95115	
ALLERGY INJECTION 2 OR MORE			17	95117	
TRIGGER POINT INJECTION				*20550	
ASPIR OR INJECT OF SMALL JOINT				*20600	
ASPIR OR INJECT OF MED. JOINT				*20605	
ASPIR OR INJECT OF LARGE JOINT				*20610	
MISCELLANEOUS					
L & I ACCIDENT REPORT			60	1040M	
L & I REOPENING REPORT				1041M	
ESTIMATE OF PHYSICAL CAPACITY				1044M	
SPECIAL REPORT (MORE THAN 10 DAY REPORT)				99080	
SURGICAL TRAY - SMALL			61	*A4550	

OTHER SUPPLIES:

CXR
PA+Lat
71020 — 57.

SERVICE		CPT#	CHARGE
PROCEDURES			
I & D ABSCESS		10060	
EXCISION:		11	
LAC REPAIR:		12	
CRYOSURGERY 1ST LESION		17000	
CRYOSURGERY 2-14 LESIONS		17003	
CRYO FLAT WARTS 1-14		17110	
FB REMOVAL - MUSCLE		*20520	
FB REMOVAL - SUBCUT		10120	
FLEX SIGMOID		45330	
FLEX SIGMOID W/BX		45331	
NEWBORN CIRC (NO DSHS)		54150	
VASECTOMY		55250	
COLPOSCOPY		57452	
COLPOSCOPY W/BIOPSY		*57454	
COLPOSCOPY W/LEEP		57460	
ENDOCERVICAL CURETTAGE		57505	
ENDOMETRIAL BIOPSY		*58100	
CORNEAL FB W/O SLIT LAMP		*65220	
REMOVE IMPACTED EAR WAX	28	69210	
LABORATORY			
URINALYSIS	38	81000	
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MICRO ALBUMIN URINE		82044	
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TB TEST	29	86580	
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THROAT CULTURE	36	87060	
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CBC	74	85024	
H. PYLORI		86318	
MISCELLANEOUS			
AUDIOGRAM	47	92552	
TYMPANOMETRY	48	92567	
EKG FULL		93000	
EKG RHYTHM		93040	
PULMONARY FUNCTION		94010	
PHLEBOTOMY		99195	
COLLECTION OF SPECIMEN	51	*36415	
ULTRASOUND SCAN:		76	
PULSE OX		94760	
X-RAY			

STAFF INSTRUCTIONS:

RETURN

DIAGNOSIS	ICDA	DIAGNOSIS	ICDA
ABD PAIN	789.00	HEMORRHOIDS	455
ALLERGY	477.0	HYPERLIPIDEMIA	272.0
ANEMIA	285.9	HYPERTENSION	401.1
ANTICOAGULATION	286.5	IMPACTED CERUMEN	380.4
ACSYD	429.2	JOINT PAIN	719.4
ASTHMA	493.00	LACERATION	SITE
ANXIETY	300.0	LOW BACK PAIN	724.2
APNEA & SOB	786.09	MENOPAUSE SYN	627.2
F/O BREAST CA	V76.1	MENSTUAL DIS	626.9
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BURN	949.0	OTITIS MED ACUTE	381.00
BURSITIS	727.3	OTITS MED CHRONIC	381.10
CARPAL TUNNEL SYD	354	PARKINSON'S DIS	332.0
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CHEST PAIN	786.50	PHYSICAL EXAM	V70
CHF	428.0	PID	614.9
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CONJUNCTIVITIS	372.0	PREGNANCY	V22
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CORNEAL ABRAS	918.1	PROSTATITIS	601.0
COPD	496	RHEUMATOID ARTHRITIS	714.0
COUGH	786.2	SINUSITIS	461.9
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DEPRESSION	300.4	SKIN LESION	709.9
DERMATITIS	692.9	STRAIN:	SITE
DIABETES	250.00	SPRAIN	SITE
DIARRHEA	787.91	TENDONITIS	726.9
DIZZINESS	780.4	THYROID PROBLEM	246.9
F/AMILY PLANNING	V25	TONSILLITIS	463
FATIGUE	780.7	UTI	599.0
FEVER	780.6	ULCER	533.9
FOREIGN BODY:	SITE	URETHRITIS	597.8
FRACTURE:	SITE	URI	465.9
GASTROENTERITIS	009.0	VIRAL SYNDROME	079.9
HEADACHE	784.0	VAGINITIS	616.10
		WELL CHILD CARE	V20.2

Chest Bronchitis

ACCOUNTING INFORMATION

TODAY'S FEE 107

CASH
CARD
CHECK AMOUNT PAID:
INS

PREVIOUS BALANCE AGING

CURRENT:	
30 DAYS:	$50.00
60 DAYS:	$240.00
90 DAYS:	$151.00
120 DAYS:	$0.00
	$0.00
TOTAL:	$359.50

COPY

For: WILLIAM THOMAS
PO BOX 15
CARSON, WA 98610

Date: 8/11/1999
Page: 1
Birth Date: 9/09/1968
SS#: 000-00-0000

Prescriptions Purchased from 6/15/1999 through 8/11/1999
Rx Type for this Page: Cash, Charge, Third Party, State Aid

Date	Rx # RPh	Qty	Drug/ Ndc	Days Supply	Doctor	Price/ Copay
7/27/99	260187 174	1	ACE SPACER 49502-0203-01	1	STUTZMAN, KIMB	30.06 Cash 30.06
7/27/99	260186 174	17	ALBUTEROL 90MCG ABR 59930-1560-01	14	STUTZMAN, KIMB	16.90 Cash 16.90
7/27/99	260185 174	120	PROMETH/COD 6.25-10 00472-1627-16	3	STUTZMAN, KIMB	9.18 Cash 9.18
7/27/99	260184 174	20	AUGMENTIN 875MG TAB 00029-6086-12	10	STUTZMAN, KIMB	103.47 Cash 103.47
[redacted]	260003 174	30	[redacted] T [redacted] 00603-2216-21	30	[redacted]	[redacted]
6/22/99	257944 174	30	CEPHALEXIN 500MG CAP 00093-3147-05	10	LABERGE, R. A	25.38 Cash 25.38
6/15/99	257421 174	30	AMITRIPTYLIN 100MG T 00378-2685-01	30	BEA, PA, BRIAN	10.69 Cash 10.69

Total: 7 Prescriptions for 206.37
Copay for 206.37

Unofficial Copy