PHCN

PROFESSIONAL HEALTH CARE NETWORK

FACSIMILE TRANSMITTAL SHEET

TO: **PATIENT CARE ADVOCATES**	FROM: **JANIE E.**
ATTN: INTAKE	DATE: **8/4/2023**
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER: **1**
PHONE NUMBER: **(520) 546-4141**	SENDER'S PHONE NUMBER: **(602) 395-5100**
RE: **LOPEZ, CARMEN**	SENDER'S FAX NUMBER: **(877) 612-7066**

☐ URGENT ☐ PLEASE REPLY

NOTES/COMMENTS:

7600 N. 16TH STREET, SUITE 140
PHOENIX, AZ 85020

PHCN
PROFESSIONAL HEALTH CARE NETWORK, LLC

PROFESSIONAL HEALTH CARE NETWORK **INTAKE**

Prior Patient: **NO**	EPISODE: **1**	Patient ID #:
Date/Time Received: **8/3/2023** Complete Date: **8/3/2023**	**SOC 8/8/2023** **BEST CASE**	Referral Taken By: **JANIE E.** D/C Date:
REFERRAL SOURCE: REFERRAL FACILITY: EL RIO COMMUNITY HEALTH CENTER - EL RIO SANTA CRUZ NEIGHBORHOOD HEALTH CENTER, INC		PHONE#: **(520) 670-3909**

CLIENT INFORMATION: Sex: **F** LAST NAME, FIRST NAME **LOPEZ, CARMEN**	EMERGENCY CONTACT #1: **BIANCA ROCHA-DTR (520) 661-9501**
Address: **2855 WEST ANKLAM ROAD #10, TUCSON, AZ 85745**	EMERGENCY CONTACT #2:
Phone #: **(520) 461-2467**	

DOB: **5/2/1965**	SS#:	AGE: **58**	ALLERGIES: SEE H&P

Patient information verified with: **INVALID CALL**

(ORDERING PHY.)	(PCP)	(FOLLOWING PHY.)
Name: **JOY MOCKBEE**	Name: **JOY MOCKBEE**	Name: AGENCY TO VERIFY
Phone #: **(520) 670-3909**	Phone #: **(520) 670-3909**	Phone #:
Fax #:	Fax #:	Fax #:

(CHIEF COMPLAINT/ONSET)	(PRIOR MEDICAL HISTORY)	(BILLING INFO.)
WEAKNESS, VOMITING, UNSPECIFIED	**MIGRAINES, VERTIGO, HTN, GAD**	Member #: **H62302876** Insurance: **HUMANA HMO**

SERVICES REQUESTED (See Orders)

- **SN: HSE, MED MGMT.**

*** * * PLEASE ASSIST PATIENT WITH SCHEDULING FOLLOW UP PHYSICIAN APPT(S)* * ***
VISIT COUNTS ARE FOR INITIAL EVAL ONLY. YOU MAY REQUEST ADDITIONAL VISITS AT ANY TIME.

Agency Assigned: **PATIENT CARE ADVOCATES** Phone #: **(520) 546-4141** Fax #:

Discipline:	# Of Visits:	Reference #:	Expiration Date:
SN	**4**	**08042023AIS000256**	**9/6/2023**
PT			
ST			
HHA			
MSW			
OT			

EL RIO HEALTH

Lopez, Carmen
MRN: 000000002390, DOB: 5/2/1965, Sex: F
Visit date: 8/2/2023

Progress Notes by Joy Mockbee, MD at 8/2/2023 8:10 PM

Author: Joy Mockbee, MD | Service: Family Medicine | Author Type: Physician
Filed: 8/3/2023 7:17 AM | Creation Time: 8/3/2023 7:17 AM | Status: Signed
Editor: Joy Mockbee, MD (Physician)

Home health eval referral entered.[JM.1]

Attribution Key
JM.1 - Joy Mockbee, MD on 8/3/2023 7:17 AM

Referral - Home Health #374236

Reason: Specialty Services Required | Priority: Routine
Class: Outgoing | Status: Pending Review - System Automatically Pend
Status updated on: 8/3/2023 | Valid dates: From 8/3/2023 to 1/30/2024

Referred From
Location: ELR Cherrybell | Department: CHERRYBELL FAMILY MED
Provider: Joy Mockbee, MD | Provider phone: 520-670-3909
Provider address: 1230 S Cherrybell Stravenue Tucson AZ 85713

Referred To
Specialty: Home Health Services

Visits
Requested: 999 | Authorized: 999 | Completed: 0 | Scheduled: 0

Procedures
Referral to Home Health
Number requested: 1 | Number approved: 1

Diagnoses
- R53.1 (ICD-10-CM) - Weakness
- R11.10 (ICD-10-CM) - Chronic vomiting

Referral Notes

Provider Comments by Joy Mockbee, MD at 8/3/2023 0717
Summary: Provider Comments

Special Instructions:
Home safety and medication evaluation.

I attest that I or another qualified licensed provider saw Carmen Lopez 90 days prior to or 30 days post admission and this face to face encounter meets the necessary Home Health requirements. The face to face encounter occurred on (date) 7/28/23.

EL RIO HEALTH

Lopez, Carmen
MRN: 000000002390, DOB: 5/2/1965, Sex: F
Visit date: 8/2/2023

Referral - Home Health #374236 (continued)

The encounter with the patient was in whole, or in part, for the following medical condition, which is the primary reason for home health care. (List medical condition) GIB and weakness

I certify that, based on my findings, the following services are medically necessary skilled home health services: Evaluate.

Further, I certify that my clinical findings support this patient's homebound status (i.e. absences from home require considerable and taxing effort, are for health treatment, or for attendance at religious events; absences from home for nonmedical reasons are infrequent or are of relatively short duration).

The clinical findings that support the need for home care and homebound status are due to illness and the patient has a condition such that leaving his/her home is medically contraindicated. There exists a normal inability to leave home and leaving home requires a considerable and taxing effort including worsening clinical course

Status History

Change	User	Date/Time
From New Request to Pending Review (auto)	Joy Mockbee, MD	08/03/2023 1417

Questionnaire

Question	Answer
On what date was the Face to Face Encounter?	—
Requested SOC Date	—
Schedule SN?	—
Schedule PT?	—
Schedule OT?	—
Schedule SLP?	—
Services Requested	—
Physician to follow patient's care	—

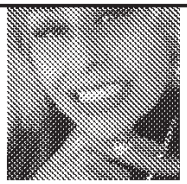
Order

Referral to Home Health [713523794]

Electronically signed by: **Joy Mockbee, MD on 08/03/23 0717** Status: **Active**
Ordering user: Joy Mockbee, MD 08/03/23 0717 Ordering provider: Joy Mockbee, MD
Authorized by: Joy Mockbee, MD Ordered during: Orders Only on 08/03/2023
Diagnoses
Weakness [R53.1]
Chronic vomiting [R11.10]
Order comments: Special Instructions: Home safety and medication evaluation. I attest that I or another qualified licensed provider saw Carmen Lopez 90 days prior to or 30 days post admission and this face to face encounter meets the necessary Home Health requirements. The face to face encounter occurred on (date) 7/28/23. The encounter with the patient was in whole, or in part, for the following medical condition, which is the primary reason for home health care. (List medical condition) GIB and weakness I certify that, based on my findings, the following services are medically necessary skilled home health services: Evaluate. Further, I certify that my clinical findings support this patient's homebound status (i.e. absences from home require considerable and taxing effort, are for health treatment, or for attendance at religious events; absences from home for nonmedical reasons are infrequent or are of relatively short duration). The clinical findings that support the need for home care and homebound status are due to illness and the patient has a condition such

EL RIO HEALTH

Lopez, Carmen
MRN: 000000002390, DOB: 5/2/1965, Sex: F
Visit date: 8/2/2023



Carmen Lopez

58 y.o. female (DOB: 5/2/1965)

Pt Class
Service
Location: El Rio El Pueblo
EL PUEBLO FAMILY MED

Referring: No info available
Dx

Patient Demographics

2855 W Anklam Rd Apt 10
Tucson AZ 85745

POP: Joy Mockbee, MD
Language: English
Phone: 520-461-2467

Emergency Contacts

Bianca Rocha (Daughter) - 520-661-9501
-

Guarantor

LOPEZ,CARMEN

Relation: Self
Address: 2855 W Anklam Rd Apt 10
Tucson, AZ 85745

Home: 520-461-2467
Work
Mobile
Employed at: OTHER (Retired)

Coverages

HUMANA MEDICARE

Subscriber: LOPEZ,CARMEN
Relation: Self
Sub ID #: H62302876
Group #: Y0671001

- No Secondary Coverage -

Subscriber
Relation
Sub ID #
Group #

Lopez, Carmen
MRN: 000000002390, DOB: 5/2/1965, Sex: F
Visit date: 8/2/2023

Referral - Home Health #374236 (continued)

that leaving his/her home is medically contraindicated. There exists a normal inability to leave home and leaving home requires a considerable and taxing effort including worsening clinical course

Triage

Triage Information

Decision: None Schedule by date: 9/2/2023

Coverages

Humana Medicare Advantage

Plan: Humana Gold Choice Medicare Advantage | Covered: Covered | From: 3/1/2021 | Member #: H62302876

Hospital Report (H&P/Disch Summary) - Document on 7/25/2023 9:57 AM: BUMC H&P 7.23.23 (below)

.History and Physical
* Final Report *

LOPEZ, CARMEN ELIZABETH - 6023808

Result type:	.History and Physical
Date/Time of Service:	July 23, 2023 0:13 MST
Result status:	Auth (Verified)
Result title:	IM H & P
Contributed By:	RODRIGUEZ DO, ROXANA on July 23, 2023 0:13 MST
Verified by:	RODRIGUEZ DO, ROXANA on July 23, 2023 8:03 MST
Encounter info:	62751805, BUMCT, Inpatient, 07/22/2023 -

* Final Report *

Patient Information
Name: LOPEZ, CARMEN ELIZABETH Age: 58 Years DOB: 05/02/1965 Sex: Female

Patient Demographics

Patient: LOPEZ, CARMEN ELIZABETH
MRN: 6023808
DOB: 05/02/65 13:01

Current Date : 07/23/2023 00:13:29

Admitting Physician : RODRIGUEZ DO, ROXANA

Admitting Service : Nocturnist

Chief Complaint : Chief Complaint: pt comes in for hemoptysis x1 week, states is bright red w/ large clots. Also complaining of abd pain and fevers over that time. Gastric sleeve put in 2020. PMH migraines, depression. (07/22/23 14:12:00)

History of Present Illness :
The patient is a 58-year-old female with past medical history of chronic intractable migraines, positional vertigo, hypertension, GAD, MDD, sclerosing peritonitis, and extensive history of the gastrointestinal tract including gastric band placement, gastric band removal, gastrectomy with gastric sleeve formation, small bowel obstruction leading to a small bowel resection with primary anastomosis secondary to extensive peritoneal adhesions, cholecystectomy, and abdominal hernia repair who presented to the emergency department due to 3-day history of mild pain, subjective fever, hematemesis x4 (one of them consisted of a large blood clot) and black stool of the same duration. The patient's last episode of emesis was on the morning of the day of presentation (7/23/2023). While the patient has diffuse upper abdominal pain it is more pronounced in the right upper quadrant.

In the emergency department the patient's initial vital signs were blood pressure 94/68, heart rate 100, temperature 36.8, satting at 98% on room air. She reported 10 out of 10 upper abdominal pain

Labs were significant for hemoglobin of 10 from 11.3 two days prior, mild thrombocytopenia of 108, creatinine 2.18 from a baseline of 1.4. AST 49, ALT 54, CO2 40. Urinalysis was significant for many bacteria, 1-5 squamous epithelial cells, 6-10 white blood cells, no casts or crystals.

Imaging:
CT angiography of the abdomen and pelvis was negative for aneurysm, dissection, contrast extravasation.
Prominent appendix but no evidence of acute appendicitis.
Nonobstructive left kidney stone of 4 mm in size
And minimally complex left renal lesion with internal septations measuring 1.8 x 1.7 cm.

Review of Systems :
Constitutional: + Subjective fever
EYE: No recent visual problems

Printed by: Hernandez, Ana
Printed on: 07/25/2023 9:49 MST

.History and Physical LOPEZ, CARMEN ELIZABETH - 6023808
* Final Report *

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ENMT: No ear pain, nasal congestion, sore throat
Respiratory: No shortness of breath, cough
Cardiovascular: No chest pain, palpitations
Gastrointestinal: + Abdominal pain, + nausea, + hematemesis
Musculoskeletal: No back pain, no joint swelling
Integumentary: No rash
Neurologic: No headache, focal weakness
Psychiatric: No anxiety, depression

Past Medical History :

Problems

Active

Former smoker
Hypertensive disorder
DEPRESSIVE DISORDER (08/26/2016)
Intractable chronic common migraine without aura
TINNITUS (08/08/2015)
VITAMIN D DEFICIENCY (10/09/2016)
SCLEROSING PERITONITIS (04/26/2017)
POSITIONAL VERTIGO (09/02/2015)

Past Surgical History :

- GASTRECTOMY SLEEVE XI ROBOTIC ASSISTED (12/10/2019)
- GASTRIC BAND AND PORT REMOVAL LAPAROSCOPIC (12/10/2019)
- HERNIA REPAIR DIAPHRAGMATIC (12/10/2019)
- WITH ADHESIOLYSIS ROBOTIC ASSISTED (Extensive) (12/10/2019)
- ESOPHAGOGASTRODUODENOSCOPY (03/28/2019)
- CHOLECYSTECTOMY (04/03/2017)
- ABDOMINAL SURGERY (02/11/2017)
- LAPAROSCOPIC GASTRIC BANDING (01/01/2004)
- cervical ablation [Other]

Allergies :
SUMAtriptan

Medications :

Home Medications (13) Active

B 100 Complex oral tablet 1 tab, Oral, Daily
Cafergot 100 mg-1 mg oral tablet 1 tab, PRN, Oral, Q1h
cholecalciferol 5000 intl units (125 mcg) oral capsule 5,000 IU = 1 cap, Oral, Daily
DULoxetine 40 mg oral delayed release capsule 40 mg = 1 cap, Oral, Daily
erenumab-aooe 140 mg/mL subcutaneous solution 140 mg, SubCutaneous, Monthly
HYDROXYZINE HCL 25 MG TABLET 25 mg, PRN, Oral, BID
levocetirizine 5 mg oral tablet See Instructions
Mag-Ox 400 oral tablet 400 mg = 1 tab, Oral, Daily
ondansetron 4 mg oral tablet, disintegrating See Instructions

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potassium acetate
QUEtiapine 200 mg oral tablet 200 mg = 1 tab, Oral, QEvening
topiramate 100 mg oral tablet 3 tab, Oral, QBedtime
turmeric 500 mg, Oral, Daily

Social History :
Social & Psychosocial Habits

Tobacco
07/22/23 14:13 **Use:** Former smoker, quit more than 30 days ago

09/27/22 14:58 **Use:** Never (less than 100 in lifetime)

06/07/22 14:26 **Use:** Never (less than 100 in lifetime)

09/29/20 18:04 **Use:** Former smoker, quit more than 30 days ago
Type: Cigarettes
Comment: REVIEWED

11/21/19 20:47 **Use:** Former smoker, quit more than 30 days ago
Comment: quit > 20 yrs ago

Electronic Cigarette/Vaping
07/22/23 14:13 **E-Cigarette Use:** Never

09/27/22 14:58 **E-Cigarette Use:** Never

06/07/22 14:26 **E-Cigarette Use:** Never

Alcohol
07/22/23 14:13 **Use:** Never

09/27/22 14:58 **Use:** Never

06/07/22 14:26 **Use:** Never

11/21/19 20:47 **Use:** Denies use

Substance Abuse
07/22/23 14:13 **Use:** Current
Type: Marijuana
Frequency: 1-2 times per month

09/27/22 14:58 **Use:** Never

06/07/22 14:26 **Use:** Never

11/21/19 20:47 **Use:** Past

Printed by: Hernandez, Ana
Printed on: 07/25/2023 9:49 MST

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Encounter info:	62751805, BUMCT, Inpatient, 07/22/2023 -

Type: Cocaine, Marijuana

Home/Environment
09/27/22 14:58 **Feels Unsafe at Home:** No
Safe place to go: Yes

06/07/22 14:26 **Feels Unsafe at Home:** No
Safe place to go: Yes

09/29/20 18:04 **Feels Unsafe at Home:** No

03/27/20 14:27 **Injuries/Abuse/Neglect in household:** No
Feels Unsafe at Home: No
Safe place to go: Yes

Family History :
Mother: Heart disease; Hypertension
Father: Depression; Diabetes mellitus; Hypertension
Brother: Liver cancer

Vitals :
VITALS
Systolic Blood Pressure - 88 mmHg 07/22/23 23:29
Diastolic Blood Pressure - 64 mmHg 07/22/23 23:29
Respiratory Rate - 21 br/min 07/22/23 21:23
SpO2 - 97 % 07/22/23 23:29
Oxygen Therapy - Room air 07/22/23 14:12
Weight - 73.2 kg 07/22/23 13:31
-
Temperature Temporal Artery - 36.8 DegC
Temp F - 98.2 Deg F
Heart Rate Monitored - 85 bpm 07/22/23 23:29

MAX TEMP 24HRS
Temperature Temporal Artery - 36.8 DegC

Physical Examination :
Constitutional: Alert and awake
EYE: EOMI
ENMT: Moist oral mucosa
Neck: No JVD
Respiratory: Bilateral air entry present
Cardiovascular: S1S2 heard
Gastrointestinal: Soft, hyperactive sounds present. TTP at RUQ and epigastrium. No rebound or guarding.
Musculoskeletal: 1+ BLE edema
Skin: Skin is warm
Neurologic: Grossly intact
Psychiatric: Appropriate mood and affect

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EL RIO HEALTH

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Labs :

CBC

WBC	10.6	07/22/23 13:50
RBC	3.25	07/22/23 13:50
HGB	10.0	07/22/23 13:50
HCT	29.1	07/22/23 13:50
MCHC	34	07/22/23 13:50
MCV	90	07/22/23 13:50
Platelet	108	07/22/23 13:50
Differential Method	Manual	07/22/23 13:50

BMP

Sodium	132	07/22/23 13:50
Potassium	3.8	07/22/23 13:50
Chloride	99	07/22/23 13:50
CO2	22	07/22/23 13:50
Glucose Level	97	07/22/23 13:50
BUN	54	07/22/23 13:50
Creatinine	2.18	07/22/23 13:50

Other

Calcium	8.9	07/22/23 13:50
Albumin	3.3	07/22/23 13:50
Alkaline Phos	134	07/22/23 13:50
AST	49	07/22/23 13:50
ALT	54	07/22/23 13:50
Bilirubin Total	0.3	07/22/23 13:50
APTT	29.2	07/22/23 15:42
INR	1.2	07/22/23 15:42
Protime	13.2	07/22/23 15:42

Cardiac Enzymes No results found

Imaging :

Radiology Results:

CT

CT Angio Abd/Pelvis W+/or WO + Recon - Entered by: Brown RT, Walter - 07/22/2023 17:41

CTA OF THE ABDOMEN AND PELVIS WITH INTRAVENOUS CONTRAST CLINICAL INDICATION: 58 years yr old Female with hemoptysis. TECHNIQUE: Axial CT angiogram images through the abdomen and pelvis wereobtained with intravenous contrast in the arterial phase. The images were pushedto an independent workstation and processed with maximal intensity projectionsand 3-D surface rendering. The postprocessed data was sent back to PACS andused for interpretation. Coronal and sagittal reconstructions were obtained.Contrast: 75 mL of IsovueComparison: CT abdomen pelvis dated 4/5/2018TECHNICAL PARAMETERS: SSDE: 30.7 mGy CTDIvol Body: 25.7 mGy DLP Body: 3557.1mGy-cm FINDINGS: Vascular: The aorta, celiac axis, SMA, IMA and renal arteries are patent withoutaneurysm, dissection or focal stenosis. The common and external iliac arteriesare unremarkable. Mild atherosclerosis of the abdominal aorta.Descending thoracic aorta at the diaphragmatic hiatus: 2.1

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cmAbdominal aorta at the level of the SMA: 2.1 cmMid infrarenal aorta: 1.5 cmAorta just above the iliac bifurcation: 1.4 cm Right common iliac artery: 0.9 cmLeft common iliac artery: 1.0 cmLower Thorax: Subsegmental atelectasis.Liver: Liver enhances homogenously without focal lesion. The portal vein,splenic vein, and superior mesenteric vein are patent.Gallbladder: Cholecystectomy.Bile Ducts: No intrahepatic biliary ductal dilatation. CBD within normal limitsfor diameter.Spleen: No focal lesion.Pancreas: No mass or ductal dilatation.Adrenal Glands: No focal lesion.Kidneys and Ureters: Left renal nephrolith measuring up to 4 mm. Minimallycomplex left renal lesion measuring approximately 1.8 x 1.7 cm with multipleinternal septations and likely correlates with a Bosniak 2F lesion (axial image66, series 16). No hydronephrosis. Simple right renal cyst measuring up to 3.5cm.Urinary Bladder: Distended. No focal lesion.GI Tract: Prominent appendix with internal fecalith without secondary signs ofacute appendicitis (coronal image 61, series 17). No bowel obstruction. Nocolitis or diverticulitis. Moderate hiatal hernia. Diffusely dilated and patulous fluid-filled esophagus. Postoperative changes of lap band.Mesentery/Peritoneum: No focal mesenteric lesion. No ascites orpneumoperitoneum.Lymph Nodes: No lymphadenopathy.Reproductive Organs: No focal lesion.Abdominal Wall: Two fat-containing ventral abdominal hernias are again notedwith the more superior hernia appearing enlarged compared to prior examination.Musculoskeletal: No acute or aggressive osseous or soft tissue lesion.IMPRESSION: 1. Negative CTA of the abdomen and pelvis, no aneurysm or dissection. Noevidence of contrast extravasation. Evidence of prior bariatric surgerypossibly gastric sleeve 2. Prominent appendix with internal fecalith without secondary signs of acuteappendicitis.3. Moderate hiatal hernia with patulous fluid-filled esophagus.4. Nonobstructive left renal nephrolith measuring up to 4 mm.5. Minimally complex left renal lesion measuring 1.8 x 1.7 cm with multipleinternal septations. Finding may represent a Bosniak 2F lesion, recommendfollow up in 6-12 months, preferably with MRI.I, the signing physician, have personally reviewed the examination and report onthis patient and edited the report if necessary. I agree with the report as itis written.The workstation used in generating this report was TUS120019993.

Assessment and Plan :

#Possible GI bleed
The patient has been hemodynamically stable. Thus no indication for overnight gastroenterology consult at this time.
Hemoglobin at presentation: 10.0 from 11.3 two days prior
CT angiogram of the abdomen and pelvis is negative for aneurysm, dissection, contrast extravasation
– We will trend hemoglobin every 6 hours
– Fecal occult blood ordered
– Gastric occult blood ordered (will send specimen from gastric contents if the patient has an episode of emesis while in the hospital)
– Continuous cardiac monitoring ordered
– Type and screen obtained, however the patient declines blood transfusion consent due to her brother experiencing many medical problems secondary to receiving a blood transfusion
– Admission to PCU
– Pantoprazole 80 mg IV x1 ordered. We will continue pantoprazole 40 mg IV every 12 hours
– NPO ordered
–Consider gastroenterology consult in the morning for possible EGD

#Abdominal pain
Currently of unclear etiology given that CT of the abdomen and pelvis did not yield any possible culprit. However, the patient has many potential causes for her abdominal pain including her extensive abdominal surgical history along with a history of sclerosing peritonitis leading to small bowel resection in the past.
– On examination there is no evidence of acute abdomen, imaging is also reassuring, and hemodynamically stable. No indication urgent/emergent ACS consult overnight.
- Pain control with Norco as needed for pain and Dilaudid IV for breakthrough pain
– Consider GI consult

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– Consider ACS or general surgery consult

#UTI
– Status post 1 dose of ceftriaxone in the emergency department
– Follow-up urine culture results

#MDD
– Continue home quetiapine
– Continue home duloxetine

#Intractable migraine
– Continue home topiramate

#Allergic rhinitis
– Continue home cetirizine

#Incidental findings as below:
##Complex left renal lesion with internal septations measuring 1.8 x 1.7 cm.
The patient will need outpatient follow-up and MRI in 6 to 12 months.

##4 mm nonobstructive left kidney stone
Outpatient follow-up vs urology consult

High Risk Drug Monitoring : No

Requested and reviewed outside records : No

Diet : NPO

DVT Prophylaxis : No

Code Status : FULL

Signature

R. Rodriguez, DO, FAAP
Hospitalist Physician
Clinical Assistant Professor of Medicine
Division of Inpatient Medicine, BUMC-T
Pager: 520-446-0125. Shift 1900 - 0700 hrs

Please note that portions of this document were generated using voice recognition software. As a result, despite editing and correction, it may still contain typographical and/or contextual errors.

Attending Attestation/Recommended CPT Code or Service Level
I spent 60 total minutes on this patient today.

Printed by: Hernandez, Ana
Printed on: 07/25/2023 9:49 MST

.History and Physical
* Final Report *

LOPEZ, CARMEN ELIZABETH - 6023808

Result type:	.History and Physical
Date/Time of Service:	July 23, 2023 0:13 MST
Result status:	Auth (Verified)
Result title:	IM H & P
Contributed By:	RODRIGUEZ DO, ROXANA on July 23, 2023 0:13 MST
Verified by:	RODRIGUEZ DO, ROXANA on July 23, 2023 8:03 MST
Encounter info:	62751805, BUMCT, Inpatient, 07/22/2023 -

Signature Line
Electronically Signed on 07/23/2023 08:03 MST

RODRIGUEZ DO, ROXANA

Completed Action List:

* Perform by RODRIGUEZ DO, ROXANA on July 23, 2023 0:13 MST
* Modify by RODRIGUEZ DO, ROXANA on July 23, 2023 0:13 MST
* Modify by RODRIGUEZ DO, ROXANA on July 23, 2023 2:04 MST
* Modify by RODRIGUEZ DO, ROXANA on July 23, 2023 2:05 MST
* Modify by RODRIGUEZ DO, ROXANA on July 23, 2023 2:06 MST
* Modify by RODRIGUEZ DO, ROXANA on July 23, 2023 2:06 MST
* Modify by RODRIGUEZ DO, ROXANA on July 23, 2023 2:16 MST
* Modify by RODRIGUEZ DO, ROXANA on July 23, 2023 2:18 MST
* Modify by RODRIGUEZ DO, ROXANA on July 23, 2023 2:18 MST
* Modify by RODRIGUEZ DO, ROXANA on July 23, 2023 2:19 MST
* Modify by RODRIGUEZ DO, ROXANA on July 23, 2023 2:20 MST
* Modify by RODRIGUEZ DO, ROXANA on July 23, 2023 2:20 MST
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* Modify by RODRIGUEZ DO, ROXANA on July 23, 2023 2:28 MST
* Modify by RODRIGUEZ DO, ROXANA on July 23, 2023 2:29 MST
* Modify by RODRIGUEZ DO, ROXANA on July 23, 2023 2:32 MST
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* Modify by RODRIGUEZ DO, ROXANA on July 23, 2023 2:34 MST
* Modify by RODRIGUEZ DO, ROXANA on July 23, 2023 2:36 MST
* Modify by RODRIGUEZ DO, ROXANA on July 23, 2023 2:36 MST
* Modify by RODRIGUEZ DO, ROXANA on July 23, 2023 7:58 MST
* Modify by RODRIGUEZ DO, ROXANA on July 23, 2023 7:58 MST
* Modify by RODRIGUEZ DO, ROXANA on July 23, 2023 7:59 MST
* Modify by RODRIGUEZ DO, ROXANA on July 23, 2023 8:03 MST
* Modify by RODRIGUEZ DO, ROXANA on July 23, 2023 8:03 MST

Printed by: Hernandez, Ana
Printed on: 07/25/2023 9:49 MST

.History and Physical
* Final Report *

LOPEZ, CARMEN ELIZABETH - 6023808

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* Sign by RODRIGUEZ DO, ROXANA on July 23, 2023 8:03 MST Requested by RODRIGUEZ DO, ROXANA on July 23, 2023 0:13 MST
* VERIFY by RODRIGUEZ DO, ROXANA on July 23, 2023 8:03 MST

Printed by: Hernandez, Ana
Printed on: 07/25/2023 9:49 MST

Lopez, Carmen
MRN: 000000002390, DOB: 5/2/1965, Sex: F
Visit date: 8/2/2023

Hospital Report (H&P/Disch Summary) - Document on 7/28/2023 10:06 AM: DC SUMMARY, IM, BUMCT, 7.22-7.27.23 (below)

.Discharge Summary
* Final Report *

LOPEZ, CARMEN ELIZABETH - 6023808

Result type:	.Discharge Summary
Date/Time of Service:	July 27, 2023 21:43 MST
Result status:	Auth (Verified)
Result title:	team 11
Contributed By:	BAINS MD, KANWAL NAVEEN SINGH on July 27, 2023 21:45 MST
Verified by:	BAINS MD, KANWAL NAVEEN SINGH on July 27, 2023 21:45 MST
Encounter info:	62751805, BUMCT, Inpatient, 07/22/2023 - 07/27/2023

* Final Report *

Patient Information
Name: LOPEZ, CARMEN ELIZABETH Age: 58 Years DOB: 05/02/1965 Sex: Female

Patient Demographics

Patient: LOPEZ, CARMEN ELIZABETH
MRN: 6023808
DOB: 05/02/65 13:01

Admit Date and Time :
Admit Date & Time: 07/22/23 13:22 Length of stay (days): 5

Date of Discharge : 07/27/2023 15:49:00

Admitting Physician : FLEGENHEIMER MD, KENDAL

Discharging Physician : Dr. Kanwal Naveen Singh Bains

Brief History of Present Illness :
The patient is a 58-year-old female with past medical history of chronic intractable migraines, positional vertigo, hypertension, GAD, MDD, sclerosing peritonitis, and extensive history of the gastrointestinal tract including gastric band placement, gastric band removal, gastrectomy with gastric sleeve formation, small bowel obstruction leading to a small bowel resection with primary anastomosis secondary to extensive peritoneal adhesions, cholecystectomy, and abdominal hernia repair who presented to the emergency department due to 3-day history of mild pain, subjective fever, hematemesis x4 (one of them consisted of a large blood clot) and black stool of the same duration. The patient's last episode of emesis was on the morning of the day of presentation (7/23/2023). While the patient has diffuse upper abdominal pain it is more pronounced in the right upper quadrant.

In the emergency department the patient's initial vital signs were blood pressure 94/68, heart rate 100, temperature 36.8, satting at 98% on room air. She reported 10 out of 10 upper abdominal pain

Labs were significant for hemoglobin of 10 from 11.3 two days prior, mild thrombocytopenia of 108, creatinine 2.18 from a baseline of 1.4. AST 49, ALT 54, CO2 40. Urinalysis was significant for many bacteria, 1-5 squamous epithelial cells, 6-10 white blood cells, no casts or crystals

Imaging:
CT angiography of the abdomen and pelvis was negative for aneurysm, dissection, contrast extravasation.
Prominent appendix but no evidence of acute appendicitis.
Nonobstructive left kidney stone of 4 mm in size
And minimally complex left renal lesion with internal septations measuring 1.8 x 1.7 cm.
Vitals :
VITALS
Systolic Blood Pressure - 109 mmHg 07/27/23 15:22

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Printed on: 07/28/2023 9:37 MST

.Discharge Summary
* Final Report *

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Diastolic Blood Pressure - 69 mmHg 07/27/23 15:22
Respiratory Rate - 16 br/min 07/27/23 15:22
SpO2 - 98 % 07/27/23 15:22
Oxygen Flow Rate - 8 L/min 07/25/23 14:58
Oxygen Therapy - Room air 07/27/23 15:22
Weight - 73.2 kg 07/22/23 13:31
-
Temperature Oral - 36.6 DegC
Temp F - 97.9 Deg F
Peripheral Pulse Rate - 73 bpm 07/27/23 15:22

MAX TEMP 24HRS
Temperature Oral - 37.1 DegC

Physical Examination :
Constitutional: Alert and awake
EYE: EOMI
ENMT: Moist oral mucosa
Neck: No JVD
Respiratory: Bilateral air entry present
Cardiovascular: S1S2 heard
Gastrointestinal: Soft, bowel sounds present
Musculoskeletal: No tenderness or swelling
Skin: Skin is warm
Neurologic: Grossly intact
Psychiatric: Appropriate mood and affect

Summary of the Hospital Course :

#LA Grade D esophagitis
#Gastritis
#Abdominal pain
Appreciate GI input. S/p EGD today; no active bleeding seen.
- ADAT
- Protonix 40mg PO BID x 8 weeks
- sucralfate suspension 1 gram PO BID x 2 weeks
- repeat EGD in 8 weeks upon completion of PPI therapy
- pain control with norco as needed, dilaudid IV for breakthrough
- f/u pathology
- f/u H pylori stool Ag

#Acute on Chronic Anemia, ABLA
- daily CBC
- No current indication for transfusion
- Type and screen obtained, however the patient declines blood transfusion consent due to her brother experiencing many medical problems secondary to receiving a blood transfusion

 # Hx of gastric band placement, gastric band removal, gastrectomy with gastric sleeve formation

Printed by: Romero-durazzi, Margarita
Printed on: 07/28/2023 9:37 MST

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 # Hx of small bowel obstruction leading to a small bowel resection with primary anastomosis secondary to extensive peritoneal adhesions
 # Hx of chronic constipation
CT of the abdomen and pelvis unremarkable
- continue home dulcolax (4 tabs PRN)
- suppository vs enema PRN

#AKI, improving
Suspect pre-renal in the setting of abd pain and poor intake.
- trend Cr
- avoid nephrotoxins
- ADAT, d/c continuous fluids

#UTI?
-- Status post 1 dose of ceftriaxone in the emergency department
-- Ucx with mixed flora, likely contaminant

#MDD
-- Continue home quetiapine
-- Continue home duloxetine

#Intractable migraine
-- Continue home topiramate

#Allergic rhinitis
-- Continue home cetirizine

#Incidental findings as below:
##Complex left renal lesion with internal septations measuring 1.8 x 1.7 cm.
The patient will need outpatient follow-up and MRI in 6 to 12 months.

##4 mm nonobstructive left kidney stone
Outpatient follow-up vs urology consult

Discharge Medications :
Banner Family Pharmacy - Main Campus Tucson, 1625 N Campbell Ave Tucson, AZ 857194330, (520) 694 - 7049
acetaminophen (Tylenol 325 mg oral tablet) 2 tab(s) Oral One time only as needed Pain. Refills: 0.
bisacodyl (bisacodyl 10 mg rectal suppository) 1 suppository(ies) Rectal Once every day as needed Constipation for 5 days. Refills: 0.
bisacodyl (bisacodyl 5 mg oral delayed release tablet) 4 tab(s) Oral Twice a day as needed Constipation for 3 days. Refills: 0.
docusate-senna (docusate-senna 50 mg-8.6 mg oral tablet) 2 tab(s) Oral Twice a day for 14 days. Refills: 0.
magnesium hydroxide (Milk of Magnesia 8% oral suspension) 30 Milliliter Oral One time only as needed Constipation. Refills: 0.
pantoprazole (Protonix 40 mg oral delayed release tablet) 1 tab(s) Oral Twice a day for 60 days. Refills: 0.
polyethylene glycol 3350 (polyethylene glycol 3350 oral powder for reconstitution) 17 gram Oral Once every day for 14 days. dissolve in water before taking. Refills: 0.

Printed by: Romero-durazzi, Margarita
Printed on: 07/28/2023 9:37 MST

EL RIO HEALTH

Lopez, Carmen
MRN: 000000002390, DOB: 5/2/1965, Sex: F
Visit date: 8/2/2023

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sucralfate (sucralfate 1 g/10 mL oral suspension) 10 Milliliter Oral Twice a day for 14 days. Refills: 0.
Non-printed (has supply at home or called to pharmacy or dispensed by provider or over-the-counter or samples given)
caffeine-ergotamine (Cafergot 100 mg-1 mg oral tablet) 1 tab(s) Oral Every 1 hour as needed headache for 6 doses. not to exceed 6 mg/day or 10 mg/week. Refills: 6.
Diagnosis: Intractable chronic common migraine without aura [G43.719]
cholecalciferol (cholecalciferol 5000 intl units (125 mcg) oral capsule) 1 cap Oral Once every day for 30 days. with dinner; for low vit D. sit in sun for 10min every am.. Refills: 11.
Diagnosis: VITAMIN D DEFICIENCY [E55.9]
DULoxetine (DULoxetine 40 mg oral delayed release capsule) 1 cap Oral Once every day for 30 days. do not crush or chew. Refills: 6.
erenumab (erenumab-aooe 140 mg/mL subcutaneous solution) 140 Milligram SubCutaneous Every 30 days for 30 days. Refills: 11.
hydrOXYzine (HYDROXYZINE HCL 25 MG TABLET) 25 Milligram Oral Twice a day as needed as needed for anxiety.
levocetirizine (levocetirizine 5 mg oral tablet) TAKE 1 TABLET EVERY EVENING. Refills: 11.
magnesium oxide (Mag-Ox 400 oral tablet) 1 tab(s) Oral Once every day for 30 days. Refills: 11.
multivitamin (B 100 Complex oral tablet) 1 tab(s) Oral Once every day for 30 days. Refills: 11.
ondansetron (ondansetron 4 mg oral tablet, disintegrating) 1 tab PO Q 6h prn nausea/vomiting with migraines.. Refills: 11.
Diagnosis: Intractable chronic common migraine without aura [G43.719]
QUEtiapine (QUEtiapine 200 mg oral tablet) 1 tab(s) Oral Daily in the evening.
topiramate (topiramate 100 mg oral tablet) 3 tab(s) Oral Daily at bedtime for 30 days. Refills: 11.

Complications : None

Consults : None

Procedures : None

Labs :

CBC

WBC	4.7	07/27/23 03:02
RBC	2.79	07/27/23 03:02
HGB	8.6	07/27/23 03:02
HCT	26.7	07/27/23 03:02
MCHC	32	07/27/23 03:02
MCV	96	07/27/23 03:02
Platelet	179	07/27/23 03:02
Differential Method	Automated	07/27/23 03:02

BMP

Sodium	142	07/27/23 03:02
Potassium	3.4	07/27/23 03:02
Chloride	115	07/27/23 03:02
CO2	19	07/27/23 03:02
Glucose Level	79	07/27/23 03:02
BUN	10	07/27/23 03:02
Creatinine	1.33	07/27/23 03:02

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Other
Magnesium 1.8 07/27/23 03:02
Calcium 8.2 07/27/23 03:02
Albumin 3.1 07/27/23 03:02
Alkaline Phos 94 07/27/23 03:02
AST 14 07/27/23 03:02
ALT 16 07/27/23 03:02
Bilirubin Total <0.2 07/27/23 03:02
APTT 25.4 07/23/23 04:06
INR 1.0 07/23/23 04:06
Protime 11.6 07/23/23 04:06

Cardiac Enzymes
CK, Total 133 07/22/23 13:50

Radiology Results :
No Radiology Results In 36hr Time Frame

Any other Imaging Studies : None

Diet : Regular

Activity : Weight bear as tolerated (WBAT)

Wound Care : None needed

Follow Up :
With: **Address:** **When:**

F/U with GI for repeat EGD

With: **Address:** **When:**

Follow up with primary care provider

With: **Address:** **When:**

Joy Mockbee 101 W IRVINGTON RD TUCSON, AZ 85714
(520) 670-3909 Business (1)

Printed by: Romero-durazzi, Margarita
Printed on: 07/28/2023 9:37 MST

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Future Appointments
No Future Appointments Scheduled

Discharge condition : Hemodynamically stable
Discharge time: 38 min. I spent this time reviewing labs, imaging, discussing care with consultants, coordinating care with nurse and case manager and providing counseling to the patient. I spent greater than 50% of this time counseling patient on return precautions, importance of follow-up with PCP and related speciality.
Disposition : Home / self care

Signature

Kanwal Naveen Bains MD, CNSC
Assistant Professor Of Medicine
Banner-University Medical Center Tucson
Arizona.

Signature Line
Electronically Signed on 07/27/2023 21:45 MST

BAINS MD, KANWAL NAVEEN SINGH

Completed Action List:
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Printed by: Romero-durazzi, Margarita
Printed on: 07/28/2023 9:37 MST

END OF REPORT

EL RIO HEALTH

839 W. Congress St
Tucson, Az 85745

Date: August 3, 2023

To:
Professional Healthcare Network,Adrs:7600 N 16TH Street, Suite 140,Phn:888-705-5274,Fax:877-612-7066

Referral From:
El Rio Health
Fax: 520-309-2560

Patient Name: Carmen Lopez

Date Of Birth: 05/02/1965

PLEASE BE ADVISED THAT THE INFORMATION CONTAINED IN THIS TRANSMITTAL IS CONFIDENTIAL IN NATURE. THIS INFORMATION IS NEEDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED BELOW.

LOPEZ, CARMEN
2855 WEST ANKLAM ROAD #10
TUCSON, AZ 85745

PATIENT CARE ADVOCATES
2223 E SPEEDWAY BLVD, TUCSON, AZ 85719-2829
(520) 546-4141

Notice of Medicare Non-Coverage

Patient name: LOPEZ, CARMEN **Patient number:**

The Effective Date Coverage of Your Current **Home Health** Services Will End:

- Your Medicare provider and/or health plan have determined that Medicare probably will not pay for your current Home Health services after the effective date indicated above.
- You may have to pay for any services you receive after the above date.

Your Right to Appeal This Decision

- You have the right to an immediate, independent medical review (appeal) of the decision to end Medicare coverage of these services. Your services will continue during the appeal.
- If you choose to appeal, the independent reviewer will ask for your opinion. The reviewer also will look at your medical records and/or other relevant information. You do not have to prepare anything in writing, but you have the right to do so if you wish.
- If you choose to appeal, you and the independent reviewer will each receive a copy of the detailed explanation about why your coverage for services should not continue. You will receive this detailed notice only after you request an appeal.
- If you choose to appeal, and the independent reviewer agrees services should no longer be covered after the effective date indicated above;
    - Neither Medicare nor your plan will pay for these services after that date.
- If you stop services no later than the effective date indicated above, you will avoid financial liability.

How to Ask For an Immediate Appeal

- You must make your request to your Quality Improvement Organization (also known as a QIO). A QIO is the independent reviewer authorized by Medicare to review the decision to end these services.
- Your request for an immediate appeal should be made as soon as possible, but no later than noon of the day before the effective date indicated above.
- The QIO will notify you of its decision as soon as possible, generally no later than two days after the effective date of this notice if you are in Original Medicare. If you are in a Medicare health plan, the QIO generally will notify you of its decision by the effective date of this notice.
- Call your QIO at: LIVANTA:1-877-588-1123, TTY: 855-887-6668 to appeal, or if you have questions.

See page 2 of this notice for more information.

If You Miss The Deadline to Request An Immediate Appeal, You May Have Other Appeal Rights:

- If you have Original Medicare: Call the QIO listed on page 1.
- If you belong to a Medicare health plan: Call your plan at the number given below.

Humana Plan contact information:

Telephone: 1-800-867-6601 TTY: 711 Fax: 1-800-949-2961
Website: **Humana.com/denial**

To appeal online: Please visit **Humana.com/denial** and follow the steps outlined to submit your appeal through our secure form. To follow the appeal status please visit **Humana.com/appealstatus**.

Additional Information:

Complete the following for Telephonic Notification, when the member is unable to understand the notice and their representative is not available to sign in a timely manner:

The following is to be completed by the provider delivering this notice by telephone:

Facility representative who delivered the telephonic notice:

- Print full name: _____ Title: _____
- Call Date: _____ Call Time: _____ am / pm
- Spoke to: (Name) _____
  - Relation to member: □POA □AOR □ Other (specify): _____
  - Phone Number: _____
  - Reason why member could not sign/understand: _____
    _____
- An explanation of this Notice of Non-coverage and the member's appeal rights were provided.
- Made aware of the effective date that skilled service(s) is ending is: _____ and date financial liability to begin is: _____.
- Informed that a request for an immediate appeal must be made to the QIO no later than noon on the day before the effective date above.
- Provided QIO Contact Name and Number#: QIO Name: _____ / Phone: _____.
- Provided Humana contact number for appeals if deadline is missed: (Phone: 1-800-867-6601; Fax: 1-800-949-2961).
- Confirmed that the representative understood all information as explained.

Please sign below to indicate you received and understood this notice.

I have been notified that coverage of my services will end on the effective date indicated on this notice and that I may appeal this decision by contacting my QIO.

_____ _____

Signature of Patient or Representative Date

Important

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable federal civil rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
  Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
  If you need help filing a grievance, call **1-877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at **https://www.hhs.gov/ocr/office/file/index.html**.
- **California residents:** You may also call the California Department of Insurance toll-free hotline number: **1-800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-320-1235 (TTY: 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-320-1235 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-320-1235 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-320-1235 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-320-1235 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-320-1235 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

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LOPEZ, CARMEN
2855 WEST ANKLAM ROAD #10
TUCSON, AZ 85745

PATIENT CARE ADVOCATES
2223 E SPEEDWAY BLVD, TUCSON, AZ 85719-2829
(520) 546-4141

Notice of Medicare Non-Coverage

Patient name: LOPEZ, CARMEN **Patient number:**

The Effective Date Coverage of Your Current **Home Health** Services Will End:

- Your Medicare provider and/or health plan have determined that Medicare probably will not pay for your current Home Health services after the effective date indicated above.
- You may have to pay for any services you receive after the above date.

Your Right to Appeal This Decision

- You have the right to an immediate, independent medical review (appeal) of the decision to end Medicare coverage of these services. Your services will continue during the appeal.
- If you choose to appeal, the independent reviewer will ask for your opinion. The reviewer also will look at your medical records and/or other relevant information. You do not have to prepare anything in writing, but you have the right to do so if you wish.
- If you choose to appeal, you and the independent reviewer will each receive a copy of the detailed explanation about why your coverage for services should not continue. You will receive this detailed notice only after you request an appeal.
- If you choose to appeal, and the independent reviewer agrees services should no longer be covered after the effective date indicated above;
    - Neither Medicare nor your plan will pay for these services after that date.
- If you stop services no later than the effective date indicated above, you will avoid financial liability.

How to Ask For an Immediate Appeal

- You must make your request to your Quality Improvement Organization (also known as a QIO). A QIO is the independent reviewer authorized by Medicare to review the decision to end these services.
- Your request for an immediate appeal should be made as soon as possible, but no later than noon of the day before the effective date indicated above.
- The QIO will notify you of its decision as soon as possible, generally no later than two days after the effective date of this notice if you are in Original Medicare. If you are in a Medicare health plan, the QIO generally will notify you of its decision by the effective date of this notice.
- Call your QIO at: LIVANTA:1-877-588-1123, TTY: 855-887-6668 to appeal, or if you have questions.

See page 2 of this notice for more information.

If You Miss The Deadline to Request An Immediate Appeal, You May Have Other Appeal Rights:

- If you have Original Medicare: Call the QIO listed on page 1.
- If you belong to a Medicare health plan: Call your plan at the number given below.

Humana Plan contact information:

Telephone: 1-800-867-6601 TTY: 711 Fax: 1-800-949-2961
Website: **Humana.com/denial**

To appeal online: Please visit **Humana.com/denial** and follow the steps outlined to submit your appeal through our secure form. To follow the appeal status please visit **Humana.com/appealstatus**.

Additional Information:

Complete the following for Telephonic Notification, when the member is unable to understand the notice and their representative is not available to sign in a timely manner:

The following is to be completed by the provider delivering this notice by telephone:

Facility representative who delivered the telephonic notice:

- Print full name: _____ Title: _____
- Call Date: _____ Call Time: _____ am / pm
- Spoke to: (Name) _____
  - Relation to member: □POA □AOR □ Other (specify): _____
  - Phone Number: _____
  - Reason why member could not sign/understand: _____
    _____
- An explanation of this Notice of Non-coverage and the member's appeal rights were provided.
- Made aware of the effective date that skilled service(s) is ending is: _____ and date financial liability to begin is: _____.
- Informed that a request for an immediate appeal must be made to the QIO no later than noon on the day before the effective date above.
- Provided QIO Contact Name and Number#: QIO Name: _____ / Phone: _____.
- Provided Humana contact number for appeals if deadline is missed: (Phone: 1-800-867-6601; Fax: 1-800-949-2961).
- Confirmed that the representative understood all information as explained.

Please sign below to indicate you received and understood this notice.

I have been notified that coverage of my services will end on the effective date indicated on this notice and that I may appeal this decision by contacting my QIO.

_____ _____

Signature of Patient or Representative Date

Important

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable federal civil rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
  Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
  If you need help filing a grievance, call **1-877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at **https://www.hhs.gov/ocr/office/file/index.html**.
- **California residents:** You may also call the California Department of Insurance toll-free hotline number: **1-800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-320-1235 (TTY: 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-320-1235 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-320-1235 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-320-1235 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

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LOPEZ, CARMEN E

Feedback

2430 N DODGE BLVD
APT 119
TUCSON, AZ 85716-2631

Member Status	Date of Birth	Gender	Relationship to Subscriber
Active Coverage	May 2, 1965	Female	Self

View ID Card | Certificate of Coverage | Patient Cost Estimator | Member Summary

Medicare Certificate of Coverage

Member ID: H62302876
Group Number: Y0671001
Group Name: CHA HMO, INC.
Medicare Number: 6GC0Y54QM30
Plan Begin Date: Mar 1, 2021

Humana.

Payer: HUMANA

Other or Additional Payer Information

No additional payer information provided.

Provider Information

Requesting Provider
Name: PROFESSIONAL CARES LLC
Category: Requesting Provider
NPI: 1851561161

Primary Care Provider
Name: Mockbee, Joy R
Category: Primary Care Provider
1230 S Cherrybell Strav
Tucson, AZ 85713-1907
Contact Information
P: 520-670-3909

Primary Care Provider
Name: P3 HEALTH PARTNERS TUCSON
Category: Primary Care Provider
Type: Group
Payer ID: 80382964

Care Reminders

No reminders for this member.

Plan Maximums and Deductibles

FILTER BY NETWORK: Out of Network | In Network | All Networks

Health Benefit Plan Coverage - 30

Active Coverage
Insurance Type: Health Maintenance Organization (HMO) - Medicare Risk
Plan / Product: Humana Gold Plus
Coverage Level: Employee Only

- 076 206
- Gold+/Emp HMO - All Othr WA
- THIS MEMBER MAY BE ELIGIBLE FOR A FREE FITNESS MEMBERSHIP THROUGH SILVERSNEAKERS OR SILVER&FIT. PLEASE ENCOURAGE HIM OR HER TO CALL SILVERSNEAKERS AT 1-888-423-4632 (FOR MOST STATES) OR SILVER&FIT AT 1-877-427-4788 (FOR ARIZONA AND PENNSYLVANIA) FOR ELIGIBILITY.

	Information / Details	Individual	
Annual Limit	Network Not Applicable **Insurance Type:** Health Maintenance Organization (HMO) - Medicare Risk	$9,999,999.99 / Lifetime -$54,749.96 Year to Date	**$9,945,250.03 Remaining**
Out Of Pocket	In Network **Insurance Type:** Health Maintenance Organization (HMO) - Medicare Risk	$2,400 / Calendar Year(s) -$1,080 Year to Date	**$1,320 Remaining**

Limitations

- MAX DEPENDENT AGE

	26 Year(s)
• MAX STUDENT AGE	31 Year(s)

Benefit Information Expand

- Chiropractic - 33
- Dental Care - 35
- Emergency Services - 86
- Hospital - 47
- Hospital - Inpatient - 48
- Hospital - Outpatient - 50
- Hospital - Room and Board - 49
- Long Term Care - 54
- Medical Care - 1
- Mental Health - MH
- Pharmacy - 88
- Professional (Physician) Visit - Office - 98
- Urgent Care - UC
- Vision (Optometry) - AL

Additional Information Expand

- Contacts

Benefit Disclaimer

THIS IS ONLY AN ESTIMATION OF BENEFITS, AND ALL PAYMENTS ARE SUBJECT TO POLICY GUIDELINES, MEDICAL NECESSITY, AND MEMBER ELIGIBILITY AT THE TIME SERVICES ARE PERFORMED.