



**Carson Tahoe Regional  
Medical Center**  
1600 Medical Parkway  
Carson City, NV 89703  
775-445-8000

**EXITCARE® PATIENT INFORMATION  
DISCHARGE INSTRUCTION SUMMARY**

**Patient/Visit Information:**

Attending Caregiver: Chryssos, Basil	Discharge Date/Time: 8/29/2011 10:59:24 AM
Patient ID: 1123900024	Patient Medical Record Number: 020350636
Patient Name: MARY PARVIN	Patient Gender: F
Patient Weight:	Patient Height:
Patient DOB: 3/16/1943	Department: Med Onc B
Patient Phone Number: (209)333-8121	Patient Address: 2 N AVENA AVE, , LODI, CA, 95240
Responsible Adult:	Patient Email:
Visit Start Date: 8/29/2011	Diag: Chest Pain (Chest Pain)
Other Providers:	

**Discharge Instruction Sheets Provided:**

Chest Pain (Non-Specific)

**Patient Instructions:**

**Followup Appointments/Instructions:**

Primary Follow-up Information

Follow up with Dr Stenzler this wk.: - (000)000-0000

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Patient Phone Number: (209)333-8121	

**Visit Information:**

Visit Start Date: 8/29/2011	Department: Med Onc B
Discharge Date/Time: 8/29/2011 10:59:24 AM	
Primary Caregiver: Chryssos, Basil	Diag: Chest Pain (Chest Pain)

Primary Follow-up Info: Follow up with Dr Stenzler this wk.:

**User Information:**

Login ID:	User Name:	Dept: Med Onc B
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>>>> Chest Pain (Non-Specific) - English - No Fields - {2E63E9A3-2464-46FC-AB55-87299FADBBB5}

Additional Follow-up caregivers:  
Additional Notes:

**Signature acknowledges that Patient and/or Guardian has received these instructions and understands them.**

\_\_\_\_\_  
Patient or Guardian Signature                      Date                      Witnessed & Instructed by                      Time

### HOME CARE INSTRUCTIONS

- If antibiotics were prescribed, take the full amount even if you are feeling better.
- Continue physical activities as directed.
- Only take over-the-counter or prescription medicine for pain, discomfort or fever as directed by your caregiver.
- Follow your caregiver's suggestions for further testing if problems persist.
- If your caregiver has given you a follow-up appointment, it is very important to keep that appointment. Not keeping the appointment could result in a chronic or permanent injury, pain, and disability. If there is any problem keeping the appointment, you must call back to this facility for assistance.

### SEEK MEDICAL CARE IF:

- You are having problems that you think may be side effects of the medicine you are taking. Read your medication instructions carefully.
- Your chest pain persists even after following advised treatments.
- You develop a rash on your chest with blisters.

### SEEK IMMEDIATE MEDICAL CARE IF:

- Increased chest pain, or pain that spreads to the arm, neck, jaw, back or abdomen.
- Shortness of breath, increasing cough or coughing up blood.
- Severe back or abdominal pain, nausea or vomiting.
- Severe weakness, fainting, fever or chills.

**THIS IS AN EMERGENCY. Do not** wait to see if the pain will go away. Get medical help at once. Call Your Local Emergency Department (911 in the U.S.). **Do not** drive yourself to the hospital.

### MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

### FOLLOW-UP INSTRUCTIONS

Follow up with Dr Stenzler this wk.: - (000)000-0000

Document Released: 9/27/2006 Document Revised: 11/30/2009 Document Reviewed: 7/23/2009

**Carson Tahoe Regional Healthcare • [www.carsontahoe.com](http://www.carsontahoe.com)**

PATIENT NAME <b>MARY JEAN PARVIN</b>		ADMISSION DATE <b>08/27/11</b>	DISCHARGE DATE <b>08/29/11</b>	PATIENT NUMBER <b>1123900024</b>
INSURANCE COMPANY NAME(S) <b>100100 MEDICARE</b> <b>100400 MEDICARE PRO FEE</b>		<b>845222 MUTUAL OF OMAHA - MEDICARE SECO</b>		
GUARANTOR NAME AND ADDRESS <b>MARY JEAN PARVIN</b> <b>2 N AVENA AVE</b> <b>LODI CA</b>	<b>95240</b>		AMOUNT ENCLOSED \$ _____ <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA  CARD NO. _____ EXP. DATE _____ SIGNATURE _____	

IF YOU HAVE ANY QUESTIONS ABOUT YOUR BILL PLEASE CALL US BETWEEN 7:00 A.M. AND 4:30 P.M. MONDAY THROUGH FRIDAY.  
 YOU MAY RECEIVE A SEPARATE BILL FOR PATHOLOGISTS, RADIOLOGISTS READING, AND EMERGENCY ROOM PHYSICIANS.

POSTING DATE	SERVICE CODE	ORDER NO.	SERVICE DESCRIPTION	QUANTITY	UNIT CHARGED	TOTAL CHARGED
08/27	9832	18	INSULIN LISPRO 100U/ML	1	290.60	290.60
08/27	9835	31	INSULIN GLARGINE 100U/ML	1	424.20	424.20
			TOTAL Pharmacy			714.80
08/27	9001	51	VENIPUNCTURE (CTRMC)	1	30.00	30.00
			TOTAL Laboratory			30.00
08/27	1104	9	CK-MB (CTRMC)	1	165.00	165.00
08/27	1104	19	CK-MB (CTRMC)	1	165.00	165.00
08/27	1104	29	CK-MB (CTRMC)	1	165.00	165.00
08/27	1117	7	CMP (CTRMC)	1	151.00	151.00
08/27	1340	9	CK (CTRMC)	1	93.00	93.00
08/27	1340	19	CK (CTRMC)	1	93.00	93.00
08/27	1340	29	CK (CTRMC)	1	93.00	93.00
08/27	1472	23	GLUCOSE, BEDSIDE	1	0.00	0.00
08/27	1472	24	GLUCOSE, BEDSIDE	1	0.00	0.00
08/27	1472	33	GLUCOSE, BEDSIDE	1	0.00	0.00
08/27	1472	34	GLUCOSE, BEDSIDE	1	0.00	0.00
08/27	1525	9	LDH (CTRMC)	1	86.00	86.00
08/27	1525	19	LDH (CTRMC)	1	86.00	86.00
08/27	1525	29	LDH (CTRMC)	1	86.00	86.00
08/27	1691	9	TROPONIN I (CTRMC)	1	141.00	141.00
08/27	1691	19	TROPONIN I (CTRMC)	1	141.00	141.00
08/27	1691	29	TROPONIN I (CTRMC)	1	141.00	141.00
08/28	1472	39	GLUCOSE, BEDSIDE	1	0.00	0.00
08/28	1472	49	GLUCOSE, BEDSIDE	1	0.00	0.00
08/28	1472	52	GLUCOSE, BEDSIDE	1	0.00	0.00
08/28	1472	61	GLUCOSE, BEDSIDE	1	0.00	0.00
08/29	1472	62	GLUCOSE, BEDSIDE	1	0.00	0.00
08/29	1472	71	GLUCOSE, BEDSIDE	1	0.00	0.00
			TOTAL Chemistry			1,606.00
08/27	2049	8	CBC+DIFF (CTRMC)	1	111.00	111.00
			TOTAL Hematology			111.00

Continued

**THANK YOU**

ACCOUNT BALANCE



PLEASE REMIT TO:  
 Post Office Box 2227  
 Carson City, Nevada 89702-2227  
 (775) 445-7551

TYPE OF BILL	DATE OF BILL	PAGE NO.
D1-OPO	09/02/11	2

PATIENT NAME <b>MARY JEAN PARVIN</b>		ADMISSION DATE <b>08/27/11</b>	DISCHARGE DATE <b>08/29/11</b>	PATIENT NUMBER <b>1123900024</b>
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GUARANTOR NAME AND ADDRESS <b>MARY JEAN PARVIN</b> <b>2 N AVENA AVE</b> <b>LODI CA</b>	<b>95240</b>		AMOUNT ENCLOSED \$ _____ <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA  CARD NO. _____ EXP. DATE _____ SIGNATURE _____	

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POSTING DATE	SERVICE CODE	ORDER NO.	SERVICE DESCRIPTION	QUANTITY	UNIT CHARGED	TOTAL CHARGED
08/27	7122	10	XR CHEST 1 VIEW TOTAL Chest X-Ray	1	359.00	359.00
08/27	5005	75	ED LEVEL 4 99284 TOTAL Emergency Room Services	1	789.00	789.00
08/27	411	16	EC ECHO DOPLER COMPLT TC 93306 TOTAL Cardiology	1	1,796.00	1,796.00
08/27	5697	5	FENTANYL CITRATE 0.1MG/2ML	1	37.50	37.50
08/27	7716	4	MIDAZOLAM 2MG/2ML	1	39.00	39.00
08/27	9993	2	Heparin 2500units/NS 500mL CVL	2	79.75	159.50
08/27	9993	13	Heparin 2500units/NS 500mL CVL TOTAL Pharmacy/Detailed Drugs	-1	84.80	-84.80
08/27	3473	20	FUROSEMIDE 40MG	2	1.15	2.30
08/27	8311	30	ZOLPIDEM TARTRATE 5MG	1	47.20	47.20
08/27	8454	6	NITROGLYCERIN 2%	1	4.70	4.70
08/27	8454	21	NITROGLYCERIN 2%	1	4.70	4.70
08/27	8496	26	FAMOTIDINE 20MG	1	9.10	9.10
08/27	8652	22	LISINOPRIL 20MG	1	5.70	5.70
08/27	8998	27	CARVEDILOL 12.5MG	1	10.20	10.20
08/27	9130	25	SIMVASTATIN 20MG	1	24.10	24.10
08/27	9344	28	EZETIMIBE 10MG	1	22.80	22.80
08/28	3473	43	FUROSEMIDE 40MG	2	1.15	2.30
08/28	5798	38	LEVOTHYROXINE SODIUM 100MCG	1	4.60	4.60
08/28	6369	36	ACETAMINOPHEN 325MG	2	0.85	1.70
08/28	6369	50	ACETAMINOPHEN 325MG	2	0.85	1.70
08/28	6369	53	ACETAMINOPHEN 325MG	2	0.85	1.70
08/28	8454	35	NITROGLYCERIN 2%	1	4.70	4.70
08/28	8454	37	NITROGLYCERIN 2%	1	4.70	4.70
08/28	8454	40	NITROGLYCERIN 2%	1	4.70	4.70
08/28	8496	44	FAMOTIDINE 20MG	1	9.10	9.10
08/28	8496	55	FAMOTIDINE 20MG	1	9.10	9.10
08/28	8652	47	LISINOPRIL 20MG	1	5.70	5.70

Continued

THANK YOU

ACCOUNT BALANCE



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08/28	8998	46	CARVEDILOL 12.5MG	1	10.20	10.20
08/28	8998	56	CARVEDILOL 12.5MG	1	10.20	10.20
08/28	9090	48	FOLIC ACID 0.4MG	2	0.60	1.20
08/28	9099	41	TELMISARTAN 40MG	2	18.10	36.20
08/28	9130	54	SIMVASTATIN 20MG	1	24.10	24.10
08/28	9283	42	ASPIRIN 81MG	1	1.30	1.30
08/28	9323	45	ESCITRALOPRAM 10 MG	2	20.40	40.80
08/28	9344	57	EZETIMIBE 10MG	1	22.80	22.80
08/29	3473	66	FUROSEMIDE 40MG	2	1.15	2.30
08/29	5798	63	LEVOTHYROXINE SODIUM 100MCG	1	4.60	4.60
08/29	6369	72	ACETAMINOPHEN 325MG	2	0.85	1.70
08/29	685	73	LORAZEPAM 0.5MG	1	11.30	11.30
08/29	8454	59	NITROGLYCERIN 2%	1	4.70	4.70
08/29	8454	60	NITROGLYCERIN 2%	1	4.70	4.70
08/29	8496	67	FAMOTIDINE 20MG	1	9.10	9.10
08/29	8652	69	LISINOPRIL 20MG	1	5.70	5.70
08/29	9090	70	FOLIC ACID 0.4MG	2	0.60	1.20
08/29	9099	64	TELMISARTAN 40MG	2	18.10	36.20
08/29	9283	65	ASPIRIN 81MG	1	1.30	1.30
08/29	9323	68	ESCITRALOPRAM 10 MG	2	20.40	40.80
			TOTAL Pharmacy/Self Administerable			451.20
08/27	1131	11	EK EKG 12 LEAD TC	1	197.00	197.00
08/27	8000	15	ECHO DOPPLER COMPLETE PANEL	1	0.00	0.00
			TOTAL EKG			197.00
08/27	5063		TELEMETRY OBSERVATION RMC	-1	1,666.00	-1,666.00
08/27	5063		ROOM A356 E	4	1,731.45	6,925.80
			TOTAL OBSERVATION ROOM			5,259.80
08/27	1105	11	EK EKG 12 LEAD PC 93010	1	72.00	72.00
08/27	412	17	EC ECHO DOPLR COMPLT PC 9330626	1	727.00	727.00
			TOTAL Professional Fees EKG			799.00

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			<b>TOTAL CHARGES</b>			<b>12,264.00</b>	
10/05	I940	829	MEDICARE - PART B - HOSPITAL	10	0	-1,097.49	
10/13	I908	904	OTHER CONTRACT PAYMENTS	84	5	-243.34	
10/17	I940	972	MEDICARE - PART B - PRO FEES	10	0	-62.19	
10/27	I908	910	OTHER CONTRACT PAYMENTS	84	5	-15.55	
10/05	A841	829	MEDICARE C/A	10	0	-9,672.97	
10/17	A841	972	MEDICARE PROFEE C/A	10	0	-721.26	
			<b>TOTAL PAYMENTS/ADJUSTMENTS</b>			<b>-11,812.80</b>	
<b>THANK YOU</b>						ACCOUNT BALANCE	<b>451.20</b>



CARSON TAHOE REGIONAL HEALTHCARE BUSINESS OFFICE  
 PO Box 1660  
 Greeley CO 80632-1660  
 RETURN SERVICE REQUESTED



**CARSON TAHOE**  
 Regional Healthcare

PO Box 1660 ♦ Greeley CO 80632  
 (877) 304-1299 EXT. 452

January 11, 2012

SEND ALL PAYMENTS TO:  
 CARSON TAHOE REGIONAL HEALTHCARE  
 BUSINESS OFFICE  
 PO Box 1660  
 Greeley CO 80632-1660

A1123900024-741      700229903



Mary Jean Parvin  
 2 N Avena Ave  
 Lodi CA 95240-2808



STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
01/10/2012	\$451.20	A1123900024
PAYMENT DUE DATE: Upon Receipt of Statement		AMOUNT OF PAYMENT: \$51 <sup>20</sup>

\*\*\*Please Detach Upper Portion And Return With Payment\*\*\*

### STATEMENT

DATE OF SERVICE	ACCOUNT NO.	PATIENT NAME	AMOUNT
08/29/2011	A1123900024	Parvin Mary Jean	451.20
<i>12, 26, 10</i> <i>394</i> <i>1869.70</i> <i>710.09</i> <i>258.89</i> <i>10, 394</i> <i>1, 159</i> <i>1869.77</i>			
PAY THIS AMOUNT ↓			\$451.20

Dear Mary Jean Parvin:

Thank you for choosing Carson Tahoe Regional Healthcare. We hope to continue serving your healthcare needs.

You may have received your bill for our services. Healthcare bills and insurance claim forms are often confusing and you may have some questions. In addition, errors in billing can sometimes occur and we would like to correct them as quickly as possible. To help resolve any questions or concerns about your bill, we have established a toll free phone line.

(877) 304-1299 EXT. 452 7 a.m. - 4 p.m. PST (8 a.m. - 5 p.m. MST)

Remember, because you are ultimately responsible for your bill, we will continue to send you a bill if there is an unpaid balance or if your insurance company does not pay within a reasonable time frame. The sooner you call our phone line about your bill, the sooner we can help resolve your concerns.

We appreciate your cooperation, and look forward to serving you and your family in the future.

See reverse side for additional account detail. Space only permits for a limited number of accounts. Please call our office for details.

2KWNCMC30741

*Call Mutual 1-800-775-1000*