

Your claim can be filed electronically on KCC's website at <https://epoc.kccllc.net/Tehum>.

ID: 25848317

PIN: zWjdydD

Fill in this information to identify the case:

Debtor Tehum Care Services, Inc.  
United States Bankruptcy Court for the Southern District of Texas  
Case number 23-90086

Official Form 410  
Proof of Claim

*all 11 claims (see attached)*

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed.

Part 1: Identify the Claim

NameID: 15193292

1. Who is the current creditor? Boonsboro Ambulance & Rescue  
Name of the current creditor (the person or entity to be paid for this claim)  
Other names the creditor used with the debtor \_\_\_\_\_

2. Has this claim been acquired from someone else?  No  
 Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?  
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)  
**RECEIVED**  
**AUG 14 2023**  
KURTZMAN CARSON CONSULTANTS  
Where should notices to the creditor be sent?  
Boonsboro Ambulance & Rescue  
7619 Old National Pike  
Boonsboro, MD 21713  
Where should payments to the creditor be sent? (if different)  
Name \_\_\_\_\_  
Number Street \_\_\_\_\_  
City State ZIP Code \_\_\_\_\_  
Country \_\_\_\_\_  
Address \_\_\_\_\_  
Contact phone \_\_\_\_\_  
Contact email \_\_\_\_\_  
Uniform claim identifier for electronic payments in chapter 13 (if you use one): \_\_\_\_\_

4. Does this claim amend one already filed?  No  
 Yes. Claim number on court claims registry (if known) \_\_\_\_\_ Filed on \_\_\_\_\_ MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?  No  
 Yes. Who made the earlier filing? \_\_\_\_\_



**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor?  No  
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: \_\_\_\_\_

7. How much is the claim?  
 Total \$ 11,403.50 Does this amount include interest or other charges?  
 No  
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.  
 Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).  
 Limit disclosing information that is entitled to privacy, such as health care information.  
Services performed

9. Is all or part of the claim secured?  No  
 Yes. The claim is secured by a lien on property.  
**Nature of property:**  
 Real estate: If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.  
 Motor vehicle  
 Other. Describe: \_\_\_\_\_  
**Basis for perfection:** \_\_\_\_\_  
 Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)  
**Value of property:** \$ \_\_\_\_\_  
**Amount of the claim that is secured:** \$ \_\_\_\_\_  
**Amount of the claim that is unsecured:** \$ \_\_\_\_\_ (The sum of the secured and unsecured amount should match the amount in line 7.)

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Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_

Annual Interest Rate (when case was filed) \_\_\_\_\_%

Fixed  
 Variable

10. Is this claim based on a lease?  No  
 Yes. Amount necessary to cure any default as of the date of the petition. \$ \_\_\_\_\_

11. Is this claim subject to a right of setoff?  No  
 Yes. Identify the property: \_\_\_\_\_



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check all that apply:

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Up to \$3,350\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

Wages, salaries, or commissions (up to \$15,150\* earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.

Amount entitled to priority

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 8/9/2023  
MM / DD / YYYY

N. Coffman  
Signature

Print the name of the person who is completing and signing this claim:

Name NATALIE CAPIES COFFMAN  
First name Middle name Last name

Title ASSISTANT CHIEF

Company Boonsboro Ambulance & Rescue  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 7619 Old National Pike  
Number Street

Boonsboro md 21713  
City State ZIP Code Country

Contact phone 301-432-6979 Email Nataliecoffman@boonsbororescue.com

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AUG 14 2023

KURTZMAN CARSON CONSULTANTS



**Teresa Mellot**

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**From:** mkolesar@aim-system.com  
**Sent:** Tuesday, August 1, 2023 1:39 PM  
**To:** Billing  
**Cc:** Bonnie Aubrecht; karaaubrecht@aim-system.com  
**Subject:** Claims for Prison - Boonsboro

Hi Teresa,

In the FTP/Filezilla are the claims for the Prison that you need to send to the attorney.

They are under the Folder: Prison Claims.

If there are any issues or questions, please let me know.

Thanks

Mary Kolesar

Billing Service Supervisor / Trainer

AIM Software & Services

"Online EMS Software & Billing Services"

892 New Castle Road, Slippery Rock, PA 16057

P: 800-280-5974 ext 410

P: 724-595-0032 ext 410

F: 724.234-4703

[mkolesar@aim-system.com](mailto:mkolesar@aim-system.com)

[www.aim-system.com](http://www.aim-system.com)



**AIM SOFTWARE & SERVICES**

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recipient of PHI, are obligated to maintain the PHI in a safe, secure and confidential manner. Re-disclosure of PHI without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.

# Contractor Report - Current Payer Only

**Date:** 8/9/2023      **Time:** 3:24:09 PM

BOONSBORO AMB & RESCUE  
PO BOX 7  
BOONSBORO, MD 21713

Date of Service Range: 01/01/2021 - 12/31/2021

Selected Contractor: YESCARE

Current Account Status = No Payment

Bill #	Account #	Payer	Accounting Status	DOS	Patient Name	Date Billed	Amount Billed	Amount Paid	Amount C/A	Account Adj.	Balance Due
895A	PAT-00008944	Commercial	No Payme	4/16/2021	BIGGER, MIC	4/19/2021	\$1,086.00	\$0.00	\$0.00	\$1,086.00	\$1,086.00
963	PAT-00008529	Commercial	No Payme	4/16/2021	DIMATTEI, MI	4/19/2021	\$1,058.80	\$0.00	\$0.00	\$1,058.80	\$1,058.80
285	PAT-00008951	Commercial	No Payme	4/20/2021	MILLS, BENJ	4/21/2021	\$1,103.00	\$0.00	\$0.00	\$1,103.00	\$1,103.00
5708	PAT-00009042	Commercial	No Payme	6/27/2021	JENKINS, TAI	6/28/2021	\$1,099.60	\$0.00	\$0.00	\$1,099.60	\$1,099.60
6376	PAT-00009058	Commercial	No Payme	7/4/2021	CROSBY, COR	7/7/2021	\$1,057.10	\$0.00	\$0.00	\$1,057.10	\$1,057.10
6544	PAT-00008893	Commercial	No Payme	7/6/2021	RICHBURG, L	7/7/2021	\$1,109.80	\$0.00	\$0.00	\$1,109.80	\$1,109.80
6667B	PAT-00008293	Commercial	No Payme	7/7/2021	GARDNER, E	7/12/2021	\$1,067.30	\$0.00	\$0.00	\$1,067.30	\$1,067.30
6723	PAT-00009062	Commercial	No Payme	7/7/2021	HORSEY, ANT	7/12/2021	\$1,067.30	\$0.00	\$0.00	\$1,067.30	\$1,067.30
6768	PAT-00009063	Commercial	No Payme	7/8/2021	LYNCH, TIRA	7/12/2021	\$858.10	\$0.00	\$0.00	\$858.10	\$858.10
6931	PAT-00008631	Commercial	No Payme	7/10/2021	THORNBERG,	7/12/2021	\$1,086.00	\$0.00	\$0.00	\$1,086.00	\$1,086.00
7023A	PAT-00009069	Commercial	No Payme	7/11/2021	GOINES, WAY	7/13/2021	\$810.50	\$0.00	\$0.00	\$810.50	\$810.50
								\$0.00		\$11,403.50	\$11,403.50
<b>Total # of Bills:</b>				11							
<b>Total of Bills Outstanding:</b>				11							
<b>Total Amount Billed:</b>				\$11,403.50							
<b>Total Amount Paid:</b>				\$0.00							
<b>Total Amount Cont Allow:</b>				\$0.00							
<b>Total Account Adjustments:</b>				\$11,403.50							
<b>Total Amount Outstanding:</b>				\$11,403.50							



# HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

YESCARE  
PO BOX 34168  
C/O CORRECTCARE INTEGRATED HEALTH  
LEXINGTON, KY 40588

CARRIER

PICA <input type="checkbox"/>										PICA <input type="checkbox"/>									
1. <input checked="" type="checkbox"/> YESCARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> (ID#)										1a. INSURED'S I.D. NUMBER (For Program in Item 1) <b>DOC# 171048</b>									
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) <b>BIGGER MICHAEL A</b>										3. PATIENT'S BIRTH DATE MM DD YY <b>12 13 63</b> SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F									
5. PATIENT'S ADDRESS (No., Street) <b>18800 ROXBURY RD</b>										6. PATIENT RELATIONSHIP TO INSURED <input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other									
CITY <b>HAGERSTOWN</b> STATE <b>MD</b>										7. INSURED'S ADDRESS (No., Street) <b>18800 ROXBURY RD</b>									
ZIP CODE <b>21746</b> TELEPHONE (Include Area Code) <b>( )</b>										CITY <b>HAGERSTOWN</b> STATE <b>MD</b>									
8. RESERVED FOR NUCC USE										ZIP CODE <b>21746</b> TELEPHONE (Include Area Code) <b>( )</b>									
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)										10. IS PATIENT'S CONDITION RELATED TO:									
a. OTHER INSURED'S POLICY OR GROUP NUMBER										a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
b. RESERVED FOR NUCC USE										b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State)									
c. RESERVED FOR NUCC USE										c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
d. INSURANCE PLAN NAME OR PROGRAM NAME										10d. CLAIM CODES (Designated by NUCC)									
11. INSURED'S POLICY GROUP OR FECA NUMBER										11. INSURED'S DATE OF BIRTH MM DD YY <b>12 13 1963</b> SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F									
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.									
SIGNED _____ DATE _____										SIGNED _____									
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL										15. OTHER DATE MM DD YY QUAL									
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY									
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										20. OUTSIDE LAB? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES <b>0.00</b>									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E) <b>R56.9</b> ICD Inc										22. RESUBMISSION CODE ORIGINAL REF. NO.									
23. PRIOR AUTHORIZATION NUMBER <b>21746</b>										24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. ENG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. I.D. ID. I. ID. QUAL J. RENDERING PROVIDER ID. #									
1 <b>04 16 21 04 16 21 41 A0427 SH A 950.00 1 1063442739</b>										2 <b>04 16 21 04 16 21 41 A0425 SH A 136.00 8 1063442739</b>									
3										4									
5										6									
25. F21259616 NUMBER SSN EIX <input checked="" type="checkbox"/>										26. 8895A ACCOUNT NO. <input checked="" type="checkbox"/> ACCEPT ASSIGNMENT? (For gov. claims, 600 back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
28. TOTAL <b>1066.00</b>										29. AMOUNT <b>0.00</b> 30. Rev'd for NUCC use <b>800 280 5974</b>									
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS (I, <b>BIGGER MICHAEL A</b> , Billing Admin) <b>BILLING ADMIN</b> <b>04/19/21</b>										32. SERVICE FACILITY LOCATION INFORMATION <b>18800 ROXBURY RD HAGERSTOWN, MD 21746 TO: MERITUS MEDICAL CENTER - 21742</b>									
33. BILLING PROVIDED INFO & PH # <b>BOONSBORO AMB &amp; RESCUE PO BOX 7 BOONSBORO, MD 21713 1063442739</b>										34. BILLING PROVIDED INFO & PH #									

SECOND FOLD

FIRST FOLD

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

**Patient Account Summary (Account Number) Report**

Date: 8/1/2023 Time: 12:10:19 AM  
BOONSBORO AMB & RESCUE  
PO BOX 7  
BOONSBORO, MD 21713

Account Number: PAT-00008944  
Account Name: BIGGER, MICHAELA

Bill #	Transaction Type	Date	Transaction Description	Debit/Credit	Posted By	Payment Number	Balance
8895A		04/16/2021	BIGGER, MICHAEL A				
8895A	IC	04/19/2021	First Bill Commercial	\$1,086.00	TAM		\$1,086.00
8895A	WB	04/08/2022	PAST TIMELY FILING	(\$1,086.00)	KA		\$0.00
8895A	AB	04/27/2022	BAD DEBT ADJUSTMENT	\$1,086.00	KA		\$1,086.00
8895A	SG	07/31/2023	Reprinted Bill	\$0.00	MK		\$1,086.00
Total Balance:				\$1,086.00			

EMS Agency Name: Washington County EMS  
 EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
 Patient Name: Bigger, DOC #171048, Michael Date of Birth: 12/13/1963



**MD: MIEMSS Approved Short Form**

Department of Emergency Services  
 16232 Elliott Parkway  
 Williamsport, MD 21795  
 Fax: 2403132900  
 Work: 2403134367  
 Work: 3017331112  
 Fax: 3017396015

**PATIENT INFORMATION**

Name: Bigger, DOC #171048, Michael  
 Age: 57 Years - D.O.B.: 12/13/1963  
 Gender: Male Weight: 280lbs  
 127 kg  
 Address: 18800 ROXBURY RD  
 Hagerstown (PO Box), MD 21746

**CALL INFORMATION**

Agency Name: Washington County EMS  
 Incident Number: 2108895  
 Responding Unit: 692  
 Arrived Hosp: 04/16/2021 08:16:43  
 Initial Priority: Priority 2  
 Final Priority: Priority 2

**Crew Members**

Agency Identifier	Crew Member	Crew Member Level	Crew Member Response Role
[692]	COFFMAN, NATALIE (0022237)	Paramedic; ALS	Other Patient Caregiver-At Scene ; Other Patient Caregiver-Transport ; Field Training Officer/Supervisor
[692]	Metz, Adam (1852770)	Paramedic; ALS	Primary Patient Caregiver-At Scene ; Primary Patient Caregiver-Transport
[692]	Baker, William (1954235)	EMT; BLS	Driver/Pilot-Response ; Driver/Pilot-Transport

**PATIENT/SCURRENT MEDICATIONS**

**Patient Medications**

Agency Identifier	Medication	Dosage	Unit	Route	Current Medication Comments
[692]	None Reported				

**ALLERGIES**

**Medication Allergies**

Agency Identifier	Medication Allergies	Medication Allergy Comments
[692]	No Known Drug Allergy	

**Environment/Food Allergies**

Agency Identifier	Environmental/Food Allergies	Environment Allergy Comments
[692]	No Known Allergies (situation)	

**MEDICAL HISTORY**

Date/Time of Symptom Onset: 04/16/2021 06:45:00

EMS Call Sign: 692

Incident #: 2108895

Unit Notified: 04/16/2021 07:15:20

PCR#: f500ab7af62f45c68773a39395e436df

Date: 07/31/2023  
 Generated: 23:00  
 Last Incident: 05/30/2021  
 Update: 00:30:06

EMS Agency Name: Washington County EMS  
 EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
 Patient Name: Bigger, DOC #171048, Michael Date of Birth: 12/13/1963

**Complaint**

Agency Identifier	Complaint Type	Complaint	Duration	Time Units
[692]	Chief	seizure	30 Minutes	Minutes

Medical History: None Reported / Denies PMH  
 Advance Directives: None

**TREATMENT (Medications / Procedures / Vitals / EKG / GCS)**

**Medications**

Agency Identifier	Time	Crew	Medication	Route	Dosage	Response	PTA	Comments
[692]	08:05:48	Metz, Adam (1852770)	Ondansetron (Zofran)	Intravenous (IV)	8 MG	Unchanged	No	
[692]	08:06:00	Metz, Adam (1852770)	Lactated Ringer	Intravenous (IV)	200 ML	Improved	No	

**Procedures**

Agency Identifier	Time	Crew	Name	Location	Size of Equipment	Attempts	Response	Success	Comments
[692]	07:35:32	Metz, Adam (1852770)	ECG Leads On			1	Unchanged	Yes	Import Event 'Leads On'
[692]	07:37:54	Metz, Adam (1852770)	12 Lead ECG			1	Unchanged	Yes	Import Event 'Twelve Lead'
[692]	08:00:00	Metz, Adam (1852770)	Venous Access - Saline Lock	Hand-Left	18	1	Unchanged	Yes	
[692]	08:00:12	Metz, Adam (1852770)	Venous Access - Extremity			1	Unchanged	Yes	Import Event for Procedure Code Mark er IV Access

**Vitals**

Agency Identifier	Time	BP	Limb	Pulse	Rhythm	Effort	SpO2	ETCO2	Face Pain	Arm (Stroke)	Speech (Stroke)	Stroke Scale	PTA	Pt. Position	Blood Glucose Level	Blood Glucose - Other	Cardiac Rhythm	Cardiac Rhythm - Other
[692]	07:36:57	101/54	Arm Left	109	Regul ar	20	95	At Room Air	Normal	Normal	Normal	Negative	No	Semi-Fowlers			Atrial Fibrillation (A-Fib)	
[692]	07:41:20	102/66		80			95											
[692]	07:56:20			98														
[692]	08:01:20	136/103		83			96								165			
[692]	08:07:01	102/71		149			97											
[692]	08:16:52	133/83	Arm Right	80	Regul ar	20	94	At Room Air	Normal	Normal	Normal	Negative	No	Semi-Fowlers				

EMS Call Sign: 692

Incident #: 2108895

Unit Notified: 04/16/2021 07:15:20

PCR#: F500ab7af62f45c68773a39395e436df

Date: 07/31/2023  
 Generated: 23:00  
 Last Incident: 05/30/2021  
 Update: 00:30:06

EMS Agency Name: Washington County EMS  
 EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
 Patient Name: Bigger DOC #171048, Michael Date of Birth: 12/13/1963

**EKG**

Agency Identifier	Time	Lead	Interpretation	Ectopy	Cause for Change	Comments
[692]	07:32:59					Import Event 'Power On'
[692]	07:35:32					Import Event 'Leads On'
[692]	07:37:54					Import Event 'Twelve Lead'

**GCS**

Agency Identifier	Time	Eye	Motor	Verbal	Score Qualifier	Total Glasgow Coma Score
[692]	07:36:57	Spontaneously - 4	Verbal Command - Obeys - 6	Oriented & Converses - 5	Initial GCS has legitimate values without interventions such as intubation and sedation	15
[692]	07:41:20					
[692]	07:56:20					
[692]	08:01:20					
[692]	08:07:01					
[692]	08:16:52	Spontaneously - 4	Verbal Command - Obeys - 6	Oriented & Converses - 5	Initial GCS has legitimate values without interventions such as intubation and sedation	15

**ASSESSMENT**

EMS Call Sign: 692

Incident #: 2108895

Unit Notified: 04/16/2021 07:15:20

PCR#: f500ab7af62f45c68773a39395e436df

Date: 07/31/2023  
 Generated: 23:00  
 Last Incident: 05/30/2021  
 Update: 00:30:06

EMS Agency Name: Washington County EMS  
 EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
 Patient Name: Bigger DOC #171048, Michael Date of Birth: 12/13/1963  
**Medical / Injury / Burn Assessment**

Agency Identifier

Time

[692]

07:34:00

**Assessment Summary**

[692]

04/16/2021 07:34:00

**Detailed Findings**

Location	Description	Details
Skin	Capillary Refill <2 seconds Color - Pink Warm Normal	
Mental Status	Normal Baseline for Patient Oriented-Event Oriented-Person Oriented-Place Oriented-Time	

**Normal Findings**

Neurological:

**Not Done**

**NARRATIVE**

EMS Call Sign: 692

Incident #: 2108895

Unit Notified: 04/16/2021  
07:15:20

PCR#: F500ab7af62f45  
c68773a39395e  
436df

Date: 07/31/2023  
Generated: 23:00  
Last Incident: 05/30/2021  
Update: 00:30:06



EMS Agency Name: Washington County EMS  
EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d

Patient Name: Bigger DOC #171048, Michael Date of Birth: 12/13/1963

Narrative: p692 was dispatched ALS HOT for a seizure pt. AOS and escorted to the pt in the dispensary. Pt was lying semi Fowler's in a hospital bed holding himself up with the rail. Pt was CAOx4 and able to converse with EMS in full sentences. he was in no obvious distress and no obvious life threats. Nursing staff reported the pt was found in his cell by his cellmate having seizure-like activity on the floor. They also reported he urinated himself once.

C- Pt stated he felt jittery and lost control of his movement when he fell to the floor of his cell and could not stop shaking. He complained of N/V after that episode occurred.

H- Pt denied any PMH and denied a hx of seizures. He stated he thought this occurred because he ate too much junk food. he stated he usually feels bad after eating a lot of junk food but an episode like this never happened before.

A- Pt was CAOx4; skin was warm, pink, and dry. Pt denied any CP or SOB. Pt had an irregular HR and his BP was hypotensive. 4-lead and 12-lead showed a-fib, based on hx was determined to be new onset, however he was asymptomatic. Pt reportedly vomited multiple times prior to EMS arrival. Pt remembered the entire event, denied any loss of consciousness, Pt was searched and placed in a jumpsuit by prison transport guards, then he was transferred and secured to the EMS stretcher with seatbelts and shackles were placed by transport guards. Pt was then moved to the ambulance. RT- In the ambulance, an 18g IV was established in the Lt hand. BGL obtained and was within normal limits. Vital signs were still the same as the original. Pt still reported Nausea and attempted to vomit once but did not produce anything. Lactated Ringers was flowed wide open and 8mg of Zofran was administered IVP. Five minutes after Zofran administration, the pt reported no relief in nausea. MMC was notified via radio of impending arrival and upon arrival care was transferred at Bed 12. P692 went available without further incident.

[04/16/21 07:14:27 10314] ProQA Medical: 4 Commandments (2nd Party): 57-year-old, Male, Conscious, Breathing. Chief Complaint Text: GENERALIZED seizure (not FOCAL or Impending) Caller Statement (2nd Party): INMATE WAS SEIZING, POSSIBLY WENT UNCON NOW AWAKE [04/16/21 07:15:08 10314] ProQA Medical: Dispatch Code: 12D04 (Effective breathing: not verified 35) CAD Response: Delta - This is apparently a GENERALIZED (grand mal) seizure. - He has not had more than one seizure in a row. - He is not diabetic. - He is not an epileptic (not diagnosed with a seizure disorder). - He does not have a history of STROKE or brain tumor. - The jerking (twitching) has stopped. - He is breathing now. - The caller is unable to assess the patient's breathing status. [04/16/21 07:15:39 10314] ProQA Medical: Interrogation is complete for E211060013.

JURISDICTIONAL NOTES

Write any additional notes here:

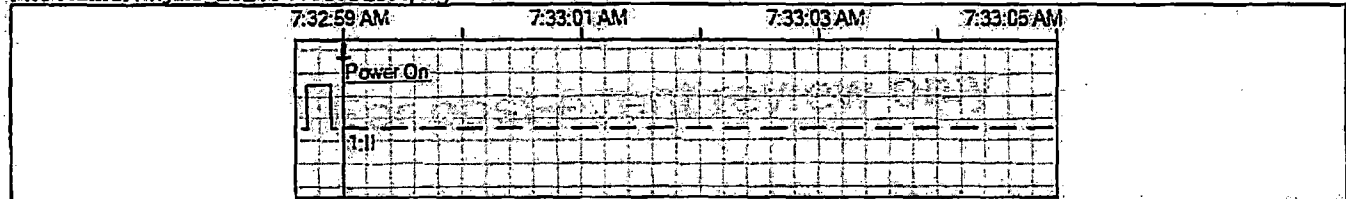
EKG ATTACHMENT

Agency Identifier:

[692]

Time: 04/16/2021 07:32:59

File Name: Physio\_20210416073259.png



EMS Call Sign: 692.

Incident #: 2108895

Unit Notified: 04/16/2021  
07:15:20

PCR#: F500ab7aF62F45  
c68773a39395e  
436df

Date: 07/31/2023  
Generated: 23:00  
Last Incident: 05/30/2021  
Update: 00:30:06

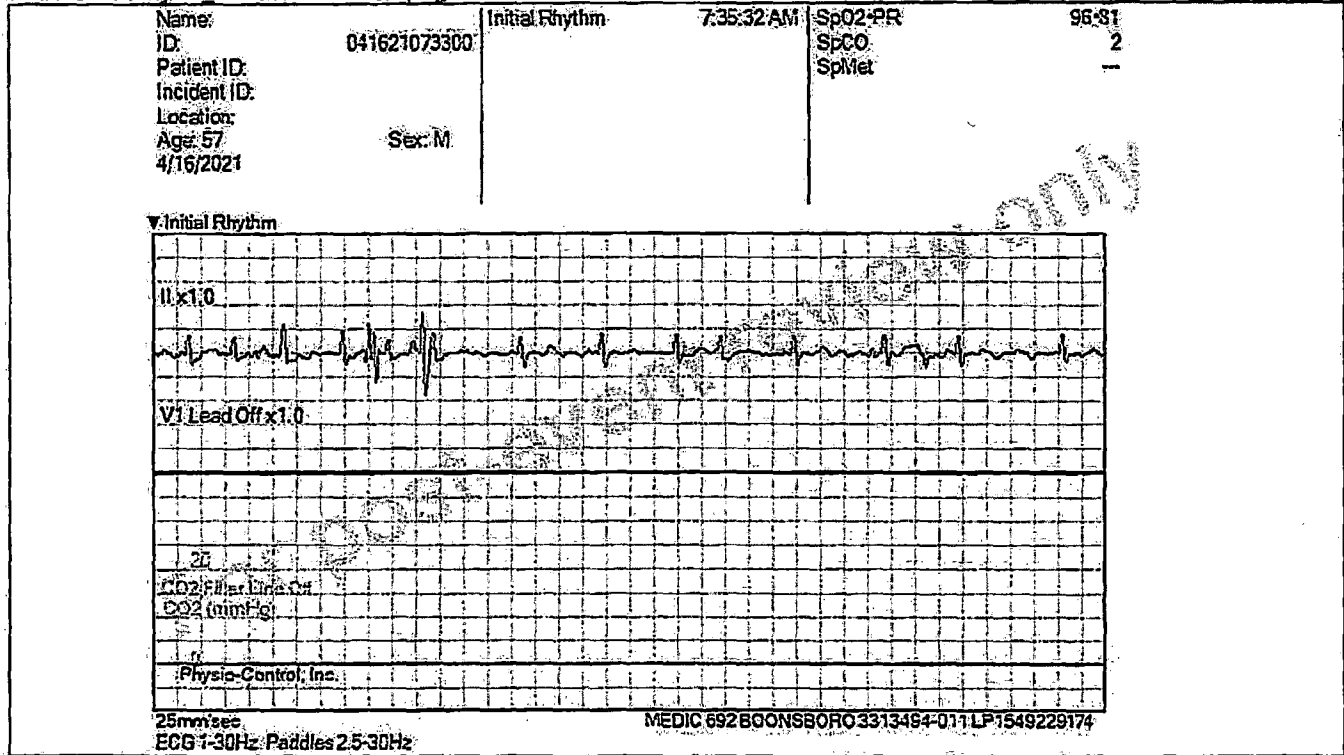
EMS Agency Name: Washington County EMS  
EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
Patient Name: Bigger DOC #171048, Michael  
Date of Birth: 12/13/1963

Agency Identifier:

[692]

Time: 04/16/2021 07:35:32

File Name: Physio\_20210416073532.png

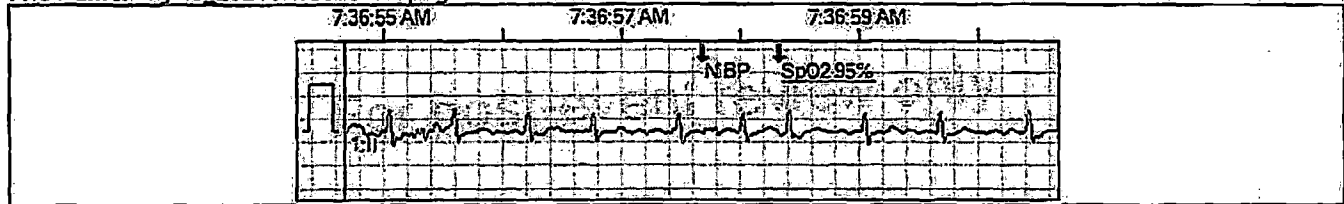


Agency Identifier:

[692]

Time: 04/16/2021 07:36:57

File Name: Physio\_20210416073657.png



EMS Call Sign: 692

Incident #: 2108895

Unit Notified: 04/16/2021  
07:15:20

PCR#: F500ab7af62f45  
c68773a39395e  
436df

Date: 07/31/2023  
Generated: 23:00  
Last Incident: 05/30/2021  
Update: 00:30:06

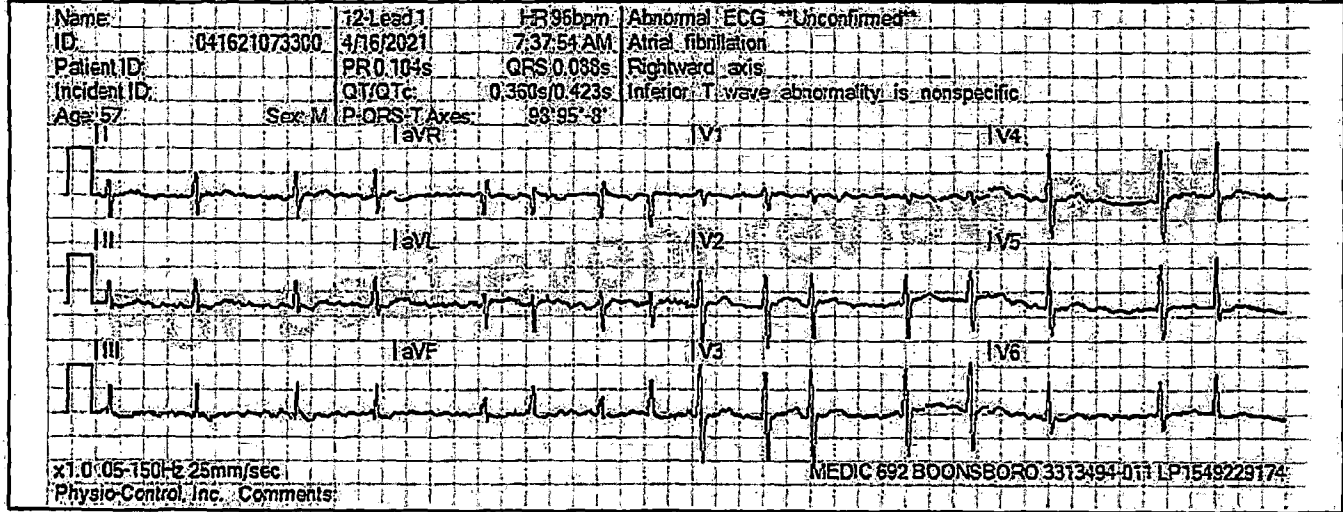
EMS Agency Name: Washington County EMS  
EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
Patient Name: Bigger DOC #171048, Michael Date of Birth: 12/13/1963

Agency Identifier:

[692]

Time: 04/16/2021 07:37:54

File Name: Physio\_20210416073754\_12ld.png

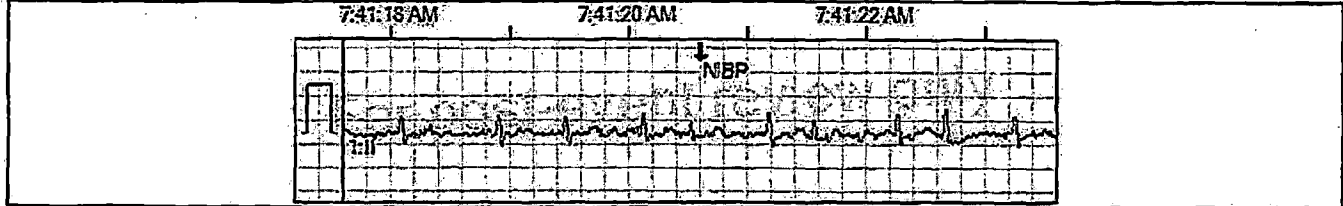


Agency Identifier:

[692]

Time: 04/16/2021 07:41:20

File Name: Physio\_20210416074120.png

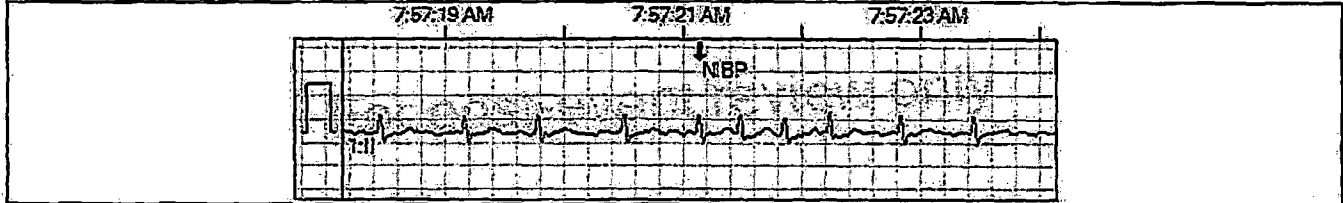


Agency Identifier:

[692]

Time: 04/16/2021 07:56:20

File Name: Physio\_20210416075721.png



EMS Call Sign: 692

Incident #: 2108895

Unit Notified: 04/16/2021  
07:15:20

PCR#: f500ab7af62f45  
c68773a39395e  
436df

Date: 07/31/2023  
Generated: 23:00  
Last Incident: 05/30/2021  
Update: 00:30:06

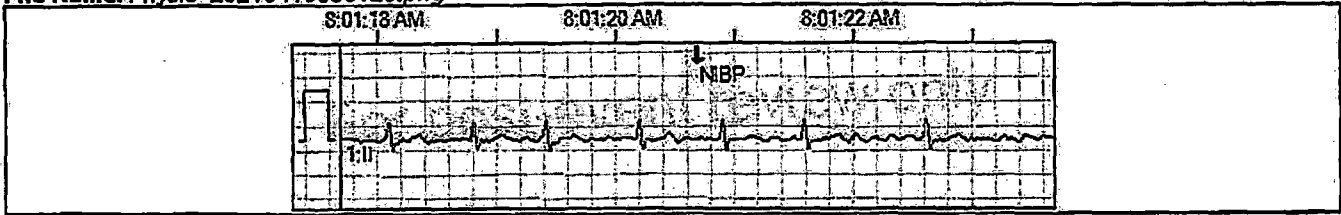
EMS Agency Name: Washington County EMS  
EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
Patient Name: Bigger DOC #171048, Michael Date of Birth: 12/13/1963

Agency Identifier:

[692]

Time: 04/16/2021 08:01:20

File Name: Physio\_20210416080120.png

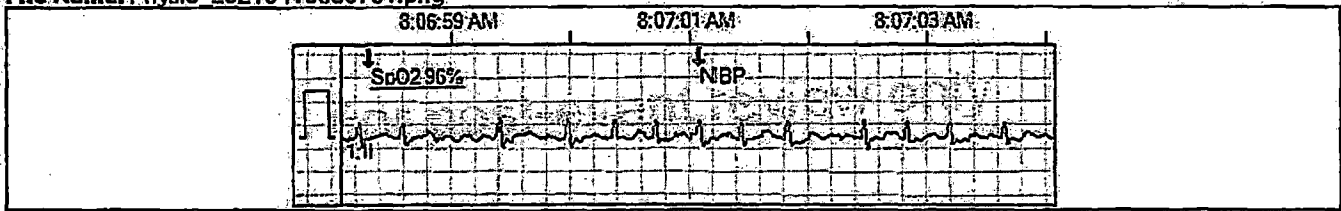


Agency Identifier:

[692]

Time: 04/16/2021 08:07:01

File Name: Physio\_20210416080701.png

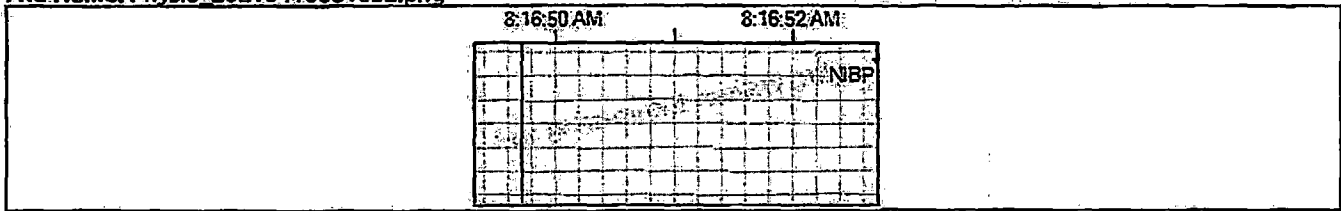


Agency Identifier:

[692]

Time: 04/16/2021 08:16:52

File Name: Physio\_20210416081652.png



EMS Call Sign: 692

Incident #: 2108895

Unit Notified: 04/16/2021  
07:15:20

PCR#: F500ab7af62f45  
c68773a39395e  
436df

Date 07/31/2023  
Generated: 23:00  
Last Incident 05/30/2021  
Update: 00:30:06

EMS Agency Name: Washington County EMS  
EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
Patient Name: Bigger DOC #171048, Michael  
Date of Birth: 12/13/1963



MD: Signature Report

Department of Emergency Services  
16232 Elliott Parkway  
Williamsport, MD 21795  
Fax: (240) 313-2900  
Work: (240) 313-4367  
Work: (301) 733-1112  
Fax: (301) 739-6015

SIGNATURES/SIGNATURES

Language: English

Type of Person Signing: Patient

Signature Reason: HIPAA acknowledgement/Release; Authorization/Release for Billing

Paragraph Text:

Our Notice of Privacy Practice provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy. You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, Payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by this agreement. By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment, or health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

Washington County EMS has chosen to participate in the Chesapeake Regional Information System for our Patients (CRISP), a regional health information exchange serving Maryland and DC. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may "opt out" and disable access to your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax or through their website at [www.crisphealth.org](http://www.crisphealth.org). Public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers.

I authorize the submission of a claim for payment to Medicare, Medicaid, or any other payor for any services provided to me by the transporting company of the Washington County Emergency Medical Services (Transporting EMS Company), in the past, or in the future, until such time as I revoke this authorization in writing. I understand that I am financially responsible for the services and supplies provided to me by the Transporting EMS Company, regardless of my insurance coverage, and in some cases, may be responsible for an amount in addition to that which was paid by my insurance. I agree to immediately remit to the Transporting EMS Company any payments that I receive directly from insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to the Transporting EMS Company. I authorize the Transporting EMS Company to appeal payment denials or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical information or other relevant documentation about me to release such information to the Transporting EMS Company and its billing agents, the Centers for Medicare and Medicaid Services, and/or any other payors or insurers, and their respective agents or contractors, as may be necessary to determine these or other benefits payable for any services provided to me by the Transporting EMS Company, now, in the past, or in the future.

Date/Time of Signature: 04/16/2021 08:11:01

Signature Last Name: Michael

Signature First Name: Bigger DOC #171048

Signature Graphic:

Not Signed

PCR#: f500ab7af62f45c68773a39395e4  
36df

Date 08/01/2023  
Generated: 00:36

Incident #: 2108895

EMS Agency Name: Washington County EMS  
EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d

Patient Name: Bigger DOC #171048, Michael

Date of Birth: 12/13/1963

Signature Status: Not Signed - In Law Enforcement Custody

---

Language: English

Type of Person Signing: EMS Crew Member (Other)

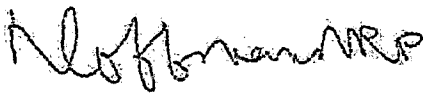
Signature Reason: Witness

Date/Time of Signature: 04/16/2021 08:11:43

Signature Last Name: COFFMAN

Signature First Name: NATALIE

Signature Graphic:



Signature Status: Signed

---

Language: English

Type of Person Signing: EMS Primary Care Provider (for this event)

Signature Reason: Report Author

Paragraph Text: I acknowledge that I have provided the above assessments/treatments for this patient.

Date/Time of Signature: 04/16/2021 08:13:21

Signature Last Name: Metz

Signature First Name: Adam

Signature Status: Signed

---

Language: English

Type of Person Signing: Nurse

Signature Reason: Transfer of Patient Care

Paragraph Text:

The patient named on this form was received by this facility at the date and time indicated above. My signature is not an acceptance of financial responsibility for the services rendered to this patient.

Date/Time of Signature: 04/16/2021 08:23:05

Signature Last Name: bechtel

---

PCR#: f500ab7af62f45c68773a39395e4  
36df

Incident #: 2108895

Date 08/01/2023  
Generated: 00:36

EMS Agency Name: Washington County EMS

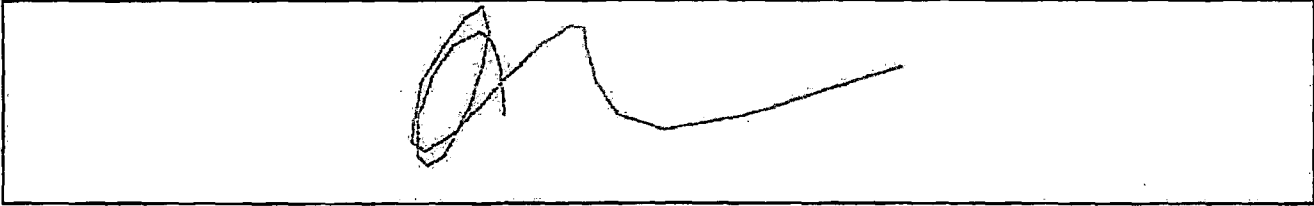
EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d

Patient Name: Bigger DOC #171048, Michael

Date of Birth: 12/13/1963

Signature First Name: ashley

Signature Graphic:



Signature Status: Signed

PCR#: f500ab7af62f45c68773a39395e4  
36df

Date: 08/01/2023  
Generated: 00:36

Incident #: 2108895

EMS Agency Name: Washington County EMS  
EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
Patient Name: Dimattei, Michael  
Date of Birth: 08/27/1974



MD: Signature Report

Department of Emergency Services  
16232 Elliott Parkway  
Williamsport, MD 21795  
Fax: (240) 313-2900  
Work: (240) 313-4367  
Work: (301) 733-1112  
Fax: (301) 739-6015

SIGNATURES/SIGNATURES

Language: English

Type of Person Signing: EMS Crew Member (Other)

Signature Reason: Witness

Date/Time of Signature: 04/16/2021 22:53:03

Signature Last Name: COFFMAN

Signature First Name: NATALIE

Signature Graphic:

A handwritten signature in black ink, appearing to read "Natalie Coffman", enclosed in a rectangular box.

Signature Status: Signed

Language: English

Type of Person Signing: Patient

Signature Reason: HIPAA acknowledgement/Release; Authorization/Release for Billing

Paragraph Text:

Our Notice of Privacy Practice provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy. You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by this agreement. By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment, or health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

Washington County EMS has chosen to participate in the Chesapeake Regional Information System for our Patients (CRISP), a regional health information exchange serving Maryland and DC. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may "opt out" and disable access to your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax or through their website at [www.crisphealth.org](http://www.crisphealth.org). Public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers.

I authorize the submission of a claim for payment to Medicare, Medicaid, or any other payor for any services provided to me by the transporting company of the Washington County Emergency Medical Services (Transporting EMS Company), in the past, or in the future, until such time as I revoke this authorization in writing. I understand that I am financially responsible for the services and supplies provided to me by the Transporting EMS Company, regardless of my insurance coverage, and in some

PCR#: 42f1324c21884a83bd5b1471f29  
8643b

Date 08/01/2023  
Generated: 00:35

Incident #: 2108963



EMS Agency Name: Washington County EMS  
EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
Patient Name: Dimattei DOC #362363, Michael Date of Birth: 08/27/1974

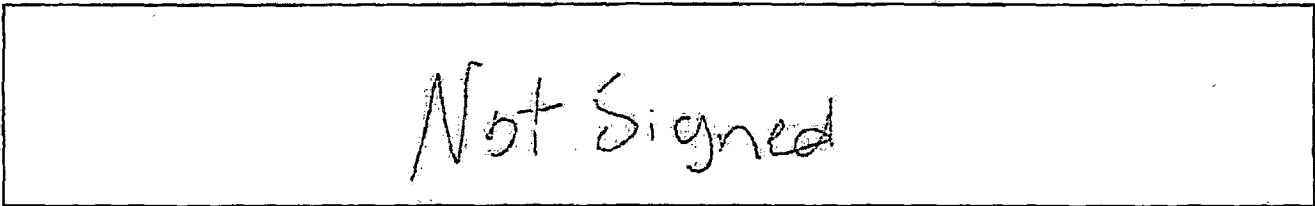
cases, may be responsible for an amount in addition to that which was paid by my insurance. I agree to immediately remit to the Transporting EMS Company any payments that I receive directly from insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to the Transporting EMS Company. I authorize the Transporting EMS Company to appeal payment denials or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical information or other relevant documentation about me to release such information to the Transporting EMS Company and its billing agents, the Centers for Medicare and Medicaid Services, and/or any other payors or Insurers, and their respective agents or contractors, as may be necessary to determine these or other benefits payable for any services provided to me by the Transporting EMS Company, now, in the past, or in the future.

Date/Time of Signature: 04/16/2021 22:53:23

Signature Last Name: Dimattei DOC #362363

Signature First Name: Michael

Signature Graphic:



Signature Status: Not Signed - In Law Enforcement Custody

---

Language: English

Type of Person Signing: EMS Primary Care Provider (for this event)

Signature Reason: Report Author

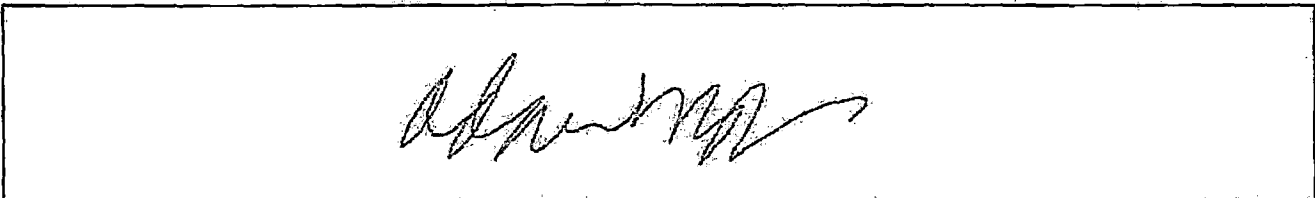
Paragraph Text: I acknowledge that I have provided the above assessments/treatments for this patient.

Date/Time of Signature: 04/16/2021 22:53:42

Signature Last Name: Metz

Signature First Name: Adam

Signature Graphic:



Signature Status: Signed

---

Language: English

Type of Person Signing: EMS Crew Member (Other)

PCR#: 42f1324c21884a83bd5b1471f29  
8643b

Date: 08/01/2023  
Generated: 00:35

Incident #: 2108963

EMS Agency Name: Washington County EMS  
EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
Patient Name: Dimattel DOC #362363, Michael Date of Birth: 08/27/1974

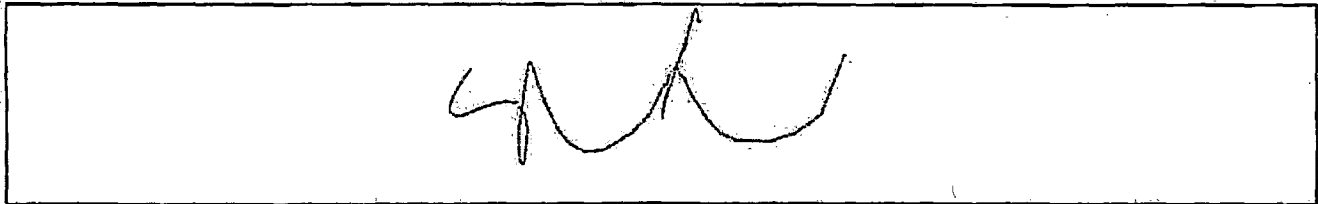
Signature Reason: Witness

Date/Time of Signature: 04/16/2021 22:59:04

Signature Last Name: NICHOLS

Signature First Name: SARAH

Signature Graphic:



Signature Status: Signed

Language: English

Type of Person Signing: Nurse

Signature Reason: Transfer of Patient Care

Paragraph Text:

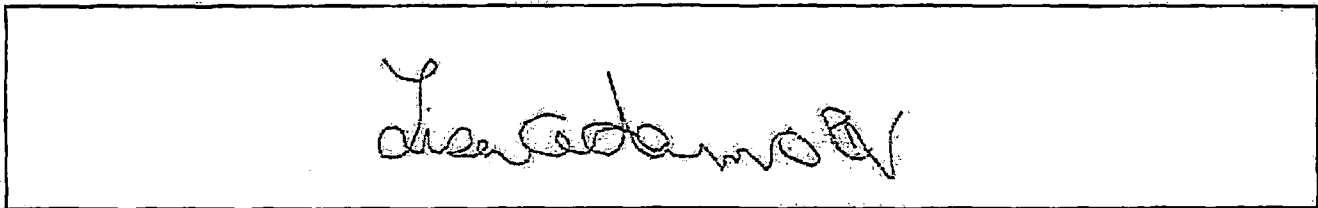
The patient named on this form was received by this facility at the date and time indicated above. My signature is not an acceptance of financial responsibility for the services rendered to this patient.

Date/Time of Signature: 04/16/2021 23:04:06

Signature Last Name: adams, m

Signature First Name: lisa

Signature Graphic:



Signature Status: Signed

PCR#: 42f1324c21884a83bd5b1471f29  
8643b

Date 08/01/2023  
Generated: 00:35

Incident #: 2108963



# HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

YESCARE  
PO BOX 34168  
C/O CORRECTCARE INTEGRATED HEALTH  
LEXINGTON, KY 40588

PICA	PICA
1. <input checked="" type="checkbox"/> YESCARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA: BLK LUNG <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> (ID#)	1a. INSURED'S I.D. NUMBER (For Program in Item 1) <b>DOC # 362363</b>
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) <b>DIMATTEI MICHAEL P</b>	3. PATIENT'S BIRTH DATE <b>08-27-74</b> SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F
4. INSURED'S NAME (Last Name, First Name, Middle Initial) <b>DIMATTEI MICHAEL P</b>	5. PATIENT'S ADDRESS (No., Street) <b>18701 ROXBURY RD</b>
6. PATIENT RELATIONSHIP TO INSURED <input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other	7. INSURED'S ADDRESS (No., Street) <b>18701 ROXBURY RD</b>
8. RESERVED FOR NUCC USE	8. RESERVED FOR NUCC USE
CITY <b>HAGERSTOWN</b> STATE <b>MD</b>	CITY <b>HAGERSTOWN</b> STATE <b>MD</b>
ZIP CODE <b>21746</b> TELEPHONE (Include Area Code) <b>(240) 313-2156</b>	ZIP CODE <b>21746</b> TELEPHONE (Include Area Code) <b>(240) 313-2156</b>
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED TO:
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
b. RESERVED FOR NUCC USE	b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State)
c. RESERVED FOR NUCC USE	c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. CLAIM CODES (Designated by NUCC)
11. INSURED'S POLICY GROUP OR FECA NUMBER	11. INSURED'S DATE OF BIRTH <b>08 27 1974</b> SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F
a. INSURED'S DATE OF BIRTH	b. OTHER CLAIM ID (Designated by NUCC)
b. RESERVED FOR NUCC USE	c. INSURANCE PLAN NAME OR PROGRAM NAME
c. RESERVED FOR NUCC USE	d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, complete items 9, 9a and 9d.
d. INSURANCE PLAN NAME OR PROGRAM NAME	12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.	13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.
SIGNED _____ DATE _____	SIGNED _____
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL	15. OTHER DATE MM DD YY QUAL
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO \$ CHARGES <b>0.00</b>
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY: Relate A-L to service line below (24E) ICD-10 <b>T78.40XA</b>	22. RESUBMISSION CODE ORIGINAL REF. NO.
23. PRIOR AUTHORIZATION NUMBER <b>21746</b>	
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OF USES H. EPST/ PLY PAY I. ID. QUAL J. RENDERING PROVIDER ID. #	
1 04-16-21 04-16-21 41 A0427 SH A 950.00 1 1063442739	
2 04-16-21 04-16-21 41 A0425 SH A 108.80 6.4 1063442739	
3	
4	
5	
6	
25. F527259616 NUMBER. SSN EIX	26. F8963'S ACCOUNT NO. <input checked="" type="checkbox"/> ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO
28. TOTAL <b>1058.80</b>	29. AMOUNT <b>0.00</b>
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS (If FERRISA, M.D., on the reverse, apply to this bill and are made a part thereof.) <b>BILLING ADMIN</b>	32. SERVICE FACILITY LOCATION INFORMATION <b>18701 ROXBURY RD HAGERSTOWN, MD 21746 TO: MERITUS MEDICAL CENTER - 21742</b>
33. BILLING PROVIDER INFO & PH # <b>BOONSBORO AMB &amp; RESCUE PO BOX 7 BOONSBORO, MD 21713 1063442739</b>	30. Rsvd for NUCC use
SIGNED _____ DATE <b>04/19/21</b>	SIGNED _____

**Patient Account Summary (Account Number) Report**

Date: 8/1/2023 Time: 12:09:14 AM

BOONSBORO AMB & RESCUE

PO BOX 7

BOONSBORO, MD 21713

Account Number: PAT-00008529

Account Name: DIMATTEI, MICHAEL P

Bill #	Transaction Type	Date	Transaction Description	Debit/Credit	Posted By	Payment Number	Balance
13092		06/21/2020	DIMATTEI, MICHAEL P				
13092	IC	06/25/2020	First Bill Commercial	\$1,118.30	TAM		\$1,118.30
13092	PC	08/19/2020	CORIZON HEALTH PYMT	(\$941.42)	TAM	VCC	\$176.88
13092	CC	08/19/2020	COMMERCL C/A	(\$176.88)	TAM		\$0.00
\$963		04/16/2021	DIMATTEI, MICHAEL P				
\$963	IC	04/19/2021	First Bill Commercial	\$1,058.80	TAM		\$1,058.80
\$963	WB	04/08/2022	PAST TIMELY FILING	(\$1,058.80)	KA		\$0.00
\$963	AB	04/27/2022	BAD DEBT ADJUSTMENT	\$1,058.80	KA		\$1,058.80
\$963	SG	07/31/2023	Reprinted Bill	\$0.00	MK		\$1,058.80
<b>Total Balance:</b>							<b>\$1,058.80</b>

EMS Agency Name: Washington County EMS  
 EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
 Patient Name: Dimattei DOC #362363, Michael Date of Birth: 08/27/1974



MD: MIEMSS Approved Short Form

Department of Emergency Services  
 16232 Elliott Parkway  
 Williamsport, MD 21795  
 Fax: 2403132900  
 Work: 2403134367  
 Work: 3017331112  
 Fax: 3017396015

PATIENT INFORMATION

Name: Dimattei DOC #362363, Michael  
 Age: 46 Years - D.O.B.: 08/27/1974  
 Gender: Male Weight: 220lbs  
 99.8 kg  
 Address: 18701 ROXBURY RD  
 Hagerstown (PO Box), MD 21740

CALL INFORMATION

Agency Name: Washington County EMS  
 Incident Number: 2108963  
 Responding Unit: 692  
 Arrived Hosp: 04/16/2021 22:56:09  
 Initial Priority: Priority 2  
 Final Priority: Priority 2

Crew Members

Agency Identifier	Crew Member	Crew Member Level	Crew Member Response Role
[692]	COFFMAN, NATALIE (0022237)	Paramedic; ALS	Field Training Officer/Supervisor; Other Patient Caregiver-At Scene; Other Patient Caregiver-Transport
[692]	Metz, Adam (1852770)	Paramedic; ALS	Primary Patient Caregiver-At Scene; Primary Patient Caregiver-Transport
[692]	NICHOLS, SARAH (0022693)	EMT; BLS	Driver/Pilot-Response; Driver/Pilot-Transport

PATIENT'S CURRENT MEDICATIONS

Patient Medications

Agency Identifier	Medication	Dosage	Unit	Route	Current Medication Comments
[692]	Albuterol				
[692]	Claritin				
[692]	PriLOSEC				
[692]	Baclofen				

ALLERGIES

Medication Allergies

Agency Identifier	Medication Allergies	Medication Allergy Comments
[692]	No Known Drug Allergy	

Environment/Food Allergies

Agency Identifier	Environmental/Food Allergies	Environment Allergy Comments
[692]	Seasonal (disorder)	

MEDICAL HISTORY

EMS Call Sign: 692

Incident #: 2108963

Unit Notified: 04/16/2021  
 21:44:33

PCR#: 42f1324c21884  
 a83bd5b1471f2  
 98643b

Date: 07/31/2023  
 Generated: 22:58  
 Last Incident: 05/31/2021  
 Update: 00:36:33

EMS Agency Name: Washington County EMS  
 EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d

Patient Name: Dimattei DOC #362363, Michael Date of Birth: 08/27/1974

Date/Time of Symptom Onset: 04/16/2021 21:00:00

Agency Identifier	Complaint Type	Complaint	Duration	Time Units
[692]	Chief	trouble breathing	1 Hours	Hours

Medical History: Asthma, Respiratory  
 Other Medical History: back pain

History:

Advance Directives: None

TREATMENT (Medications / Procedures / Vitals / EKG / GCS)

Medications

Agency Identifier	Time	Crew	Medication	Route	Dosage	Response	PTA	Comments
[692]	22:45:00	Metz, Adam (1852770)	Lactated Ringer	Intravenous (IV)	100 ML	Unchanged	No	
[692]	22:45:00	Metz, Adam (1852770)	Diphenhydramine (Benadryl)	Intravenous PUSH (IVP)	25 MG	Unchanged	No	

Procedures

Agency Identifier	Time	Crew	Name	Location	Size of Equipment	Attempts	Response	Success	Comments
[692]	22:07:16	Metz, Adam (1852770)	ECG Leads On			1	Unchanged	Yes	Import Event 'Leads On'
[692]	22:29:28	Metz, Adam (1852770)	Venous Access - Extremity	Antecubital-Left	18	1	Unchanged	Yes	Import Event for Procedure CodeMark erIV Access

Vitals

Agency Identifier	Time	BP	Limb	Pulse	Rhythm	Effort	SpO2	SpO2 Qual	ETCO2	Face (Stroke Pain)	Arm (Stroke)	Speech (Stroke)	Stroke Scale	PTA	Blood Glucose Level	Blood Glucose Other	Cardiac Rhythm	Cardiac Rhythm - Other
[692]	21:58:26			116	Regul ar	26	96	100		Normal	Normal	Normal	Negative	No	Sitting			
[692]	22:03:26			70			100											
[692]	22:08:26			125			95											
[692]	22:13:26			116														
[692]	22:15:08		Arm 91 Right	107		24	96	At Room Air						No	Sitting			
[692]	22:20:08			121			93											
[692]	22:30:08			105											124			
[692]	22:35:08			84														
[692]	22:40:08			102			96											
[692]	22:45:56		Arm 67 Right	71	Regul ar	24	97	At Room Air						No	Fowlers		Normal Sinus Rhythm (NSR)	
[692]	22:50:56			66			94											
[692]	22:55:56			57	Regul ar	25	97	At Room Air		Normal	Normal	Normal	Negative	No	Fowlers			

EKG

Agency Identifier	Time	Lead	Interpretation	Ectopy	Cause for Change	Comments
[692]	21:58:26					Import Event: 'Power On'
[692]	22:07:16					Import Event: 'Leads On'

EMS Call Sign: 692

Incident #: 2108963

Unit Notified: 04/16/2021 21:44:33

PCR#: 42F1324c21884 a83bd5b1471f2 98643b

Date: 07/31/2023  
 Generated: 22:58  
 Last Incident: 05/31/2021  
 Update: 00:36:33

EMS Agency Name: Washington County EMS  
 EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
 Patient Name: Dimattei DOC #362363, Michael Date of Birth: 08/27/1974

GCS

Agency Identifier	Time	Eye	Motor	Verbal	Score Qualifier	Total Glasgow Coma Score
[692]	21:58:26	Spontaneously - 4	Verbal Command - Obey - 6	Oriented & Converses - 5	Initial GCS has legitimate values without interventions such as intubation and sedation	15
[692]	22:03:26					
[692]	22:08:26					
[692]	22:13:26					
[692]	22:15:08					
[692]	22:20:08					
[692]	22:30:08					
[692]	22:35:08					
[692]	22:40:08					
[692]	22:45:56					
[692]	22:50:56					
[692]	22:55:56	Spontaneously - 4	Verbal Command - Obey - 6	Oriented & Converses - 5	Initial GCS has legitimate values without interventions such as intubation and sedation	15

ASSESSMENT

EMS Call Sign: 692

Incident #: 2108963

Unit Notified: 04/16/2021  
21:44:33

PCR#: 42f1324c21884  
a83bd5b1471f2  
98643b

Date: 07/31/2023  
Generated: 22:58  
Last Incident: 05/31/2021  
Update: 00:36:33

EMS Agency Name: Washington County EMS  
 EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
 Patient Name: Dimattei DOC #362363, Michael Date of Birth: 08/27/1974  
**Medical / Injury / Burn Assessment**

Agency Identifier

Time

[692]

22:00:00

**Assessment Summary**

[692]

04/16/2021 22:00:00

**Detailed Findings**

Location	Description	Details
Skin	Capillary Refill < 2 seconds Color - Pink Dry Normal Warm	
Mental Status	Normal Baseline for Patient Oriented-Event Oriented-Person Oriented-Place Oriented-Time	

**Normal Findings**

Neurological:

Not Done

**NARRATIVE**

EMS Call Sign: 692

Incident #: 2108963

Unit Notified: 04/16/2021  
21:44:33

PCR#: 42f1324c21884  
a83bd5b1471f2  
98643b

Date 07/31/2023  
Generated: 22:58  
Last Incident: 05/31/2021  
Update: 00:36:33



EMS Agency Name: Washington County EMS  
EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d

Patient Name: Dimattei DOC #362363, Michael Date of Birth: 08/27/1974

Narrative: P692 was dispatched ALS HOT for a pt with breathing problems. AOS and escorted to pt in dispensary. Pt was found sitting in a chair CAOx4 and able to converse in full sentences. Pt was coughing very aggressively with a seal-bark type cough. He was violently writhing when he coughed. Nursing staff had the pt on 2 lpm NC of O2.

C- Pt complained of discomfort in his throat.

H- Pt had a similar event the previous year for which he was transported by EMS and two crew members of this event transported him on that event as well. Pt stated the hospital was unable to diagnose him with anything. He was administered Ativan by the ED and he reported "that shot they gave me worked."

A- Pt was CAOx4, skin was warm, pink, and dry. Baseline vital signs were assessed and found to be within normal limits. When conversing with the pt he would stop writhing and coughing long enough to answer and then would return to coughing. Room air O2 saturation was within normal limits. Pt demeanor did not match assessment findings. Pt's cough sounded like grunting and was exaggerated. LS were clear and equal bilaterally and there was no inspiratory or expiratory stridor. Palpation of his throat revealed normal findings with no swollen glands and no Sub-Q emphysema. 4-Lead showed Sinus Tachycardia. Pt was searched, placed in a jumpsuit, and shackled by guards and then secured to the stretcher. An 18g IV was established in the Lt Ac. Pt was able to follow commands to stop writhing and moving while the stretcher was moving as he was being moved to the ambulance.

RT- In the ambulance, the pt complained of his throat being sore & feeling like his throat was swelling. Pt was suspected of having a mild allergic reaction. Per protocol for a mild allergic reaction, lactated ringers was flowed KVO and 25mg of diphenhydramine was administered slow IVP. MMC was notified via radio of impending arrival. Pt reported no improvement in his throat five minutes later upon arrival at the hospital. Care was transferred at Bed 29. P692 went available without further incident.

[04/16/21 21:44:00 10313] ProQA Medical: 4 Commandments (2nd Party): 47-year-old, Male, Conscious, Breathing. Chief Complaint Text: Breathing Problems Caller Statement: (2nd Party): MALE TROUBLE BREATHING [04/16/21 21:44:14 10313] ProQA Medical: Dispatch Code: 06D02 (DIFFICULTY SPEAKING BETWEEN BREATHS) CAD Response: Delta - He is completely alert (responding appropriately). - He has difficulty speaking between breaths. [04/16/21 21:45:00 10313] ProQA Medical: Urgent Message: MALE IS BANGING HEAD ON THE FLOOR [04/16/21 21:45:12 10313] ProQA Medical: Suffix: A (Asthma) - He is changing color. - His color change is red. - He is not clammy. - He has asthma. [04/16/21 21:45:35 10313] ProQA Medical: - He has a prescribed inhaler. - He has used a prescribed inhaler. [04/16/21 21:46:21 10313] ProQA Medical: Interrogation is complete for E211060075.

JURISDICTIONAL NOTES

Write any additional notes here:

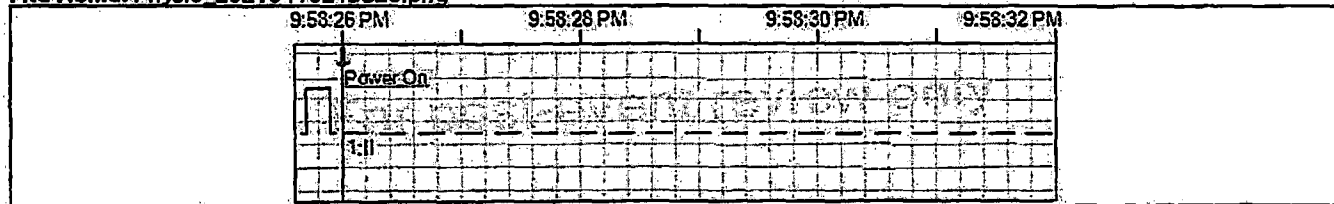
INFORMATION

Agency Identifier:

[692]

Time: 04/16/2021 21:58:26

File Name: Physio\_20210416215826.png



EMS Call Sign: 692

Incident #: 2108963

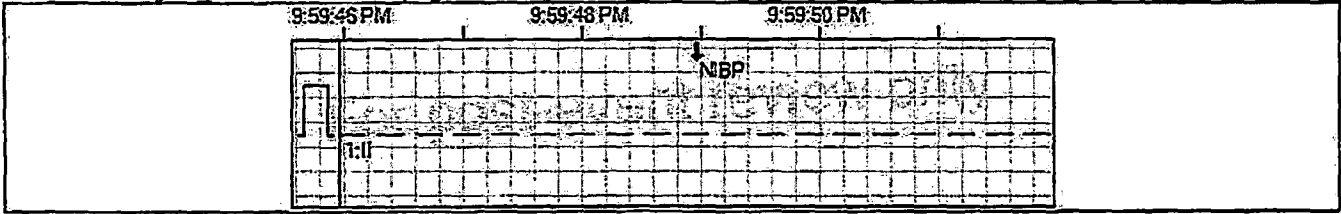
Unit Notified: 04/16/2021  
21:44:33

PCR#: 42f1324c21884  
a83bd5b1471f2  
98643b

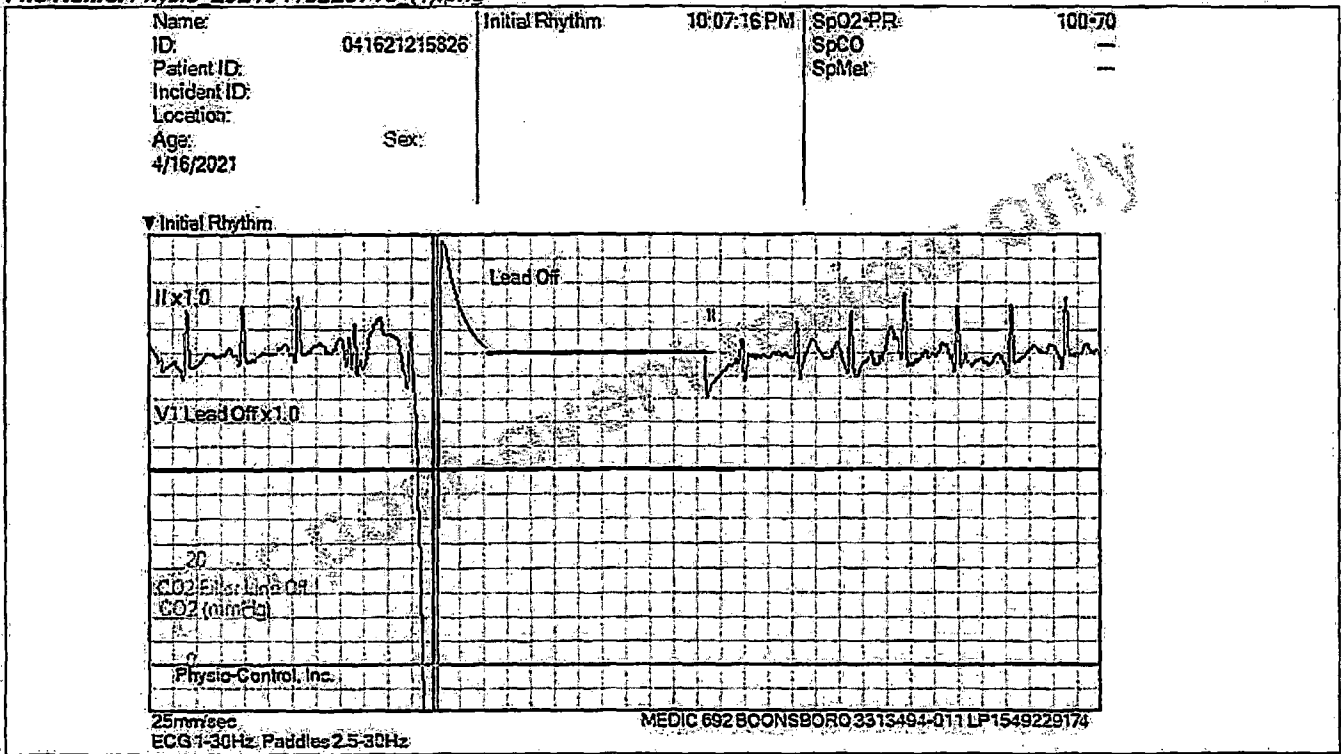
Date: 07/31/2023  
Generated: 22:58  
Last Incident: 05/31/2021  
Update: 00:36:33

EMS Agency Name: Washington County EMS  
EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
Patient Name: Dimattei DOC #362363, Michael  
Date of Birth: 08/27/1974

Agency Identifier:  
[692]  
Time: 04/16/2021 21:58:26  
File Name: Physio\_20210416215948.png



Agency Identifier:  
[692]  
Time: 04/16/2021 22:03:26  
File Name: Physio\_20210416220716\_(1).png



EMS Call Sign: 692

Incident #: 2108963

Unit Notified: 04/16/2021  
21:44:33

PCR#: 42f1324c21884  
a83bd5b1471f2  
98643b

Date: 07/31/2023  
Generated: 22:58  
Last Incident: 05/31/2021  
Update: 00:36:33

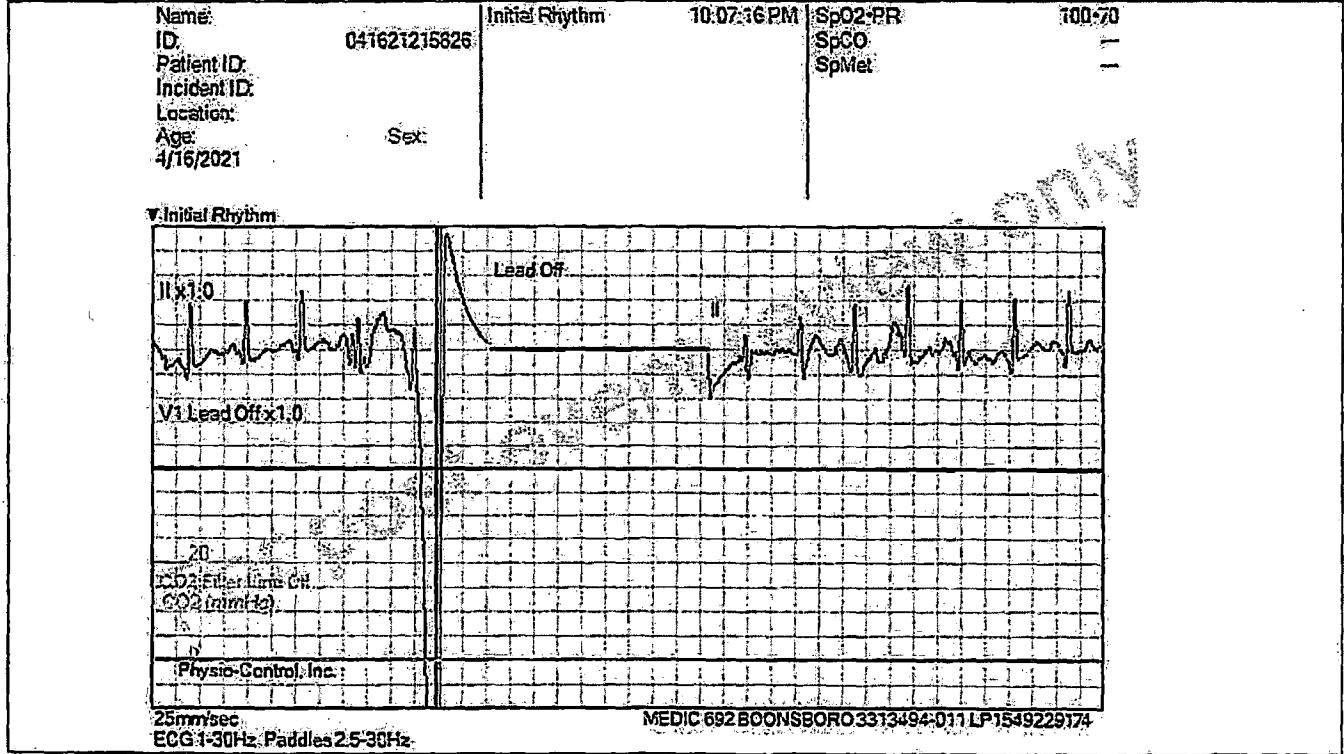
EMS Agency Name: Washington County EMS  
EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
Patient Name: Dimattei DOC #362363, Michael  
Date of Birth: 08/27/1974

Agency Identifier:

[692]

Time: 04/16/2021 22:07:16

File Name: Physio\_20210416220716.png

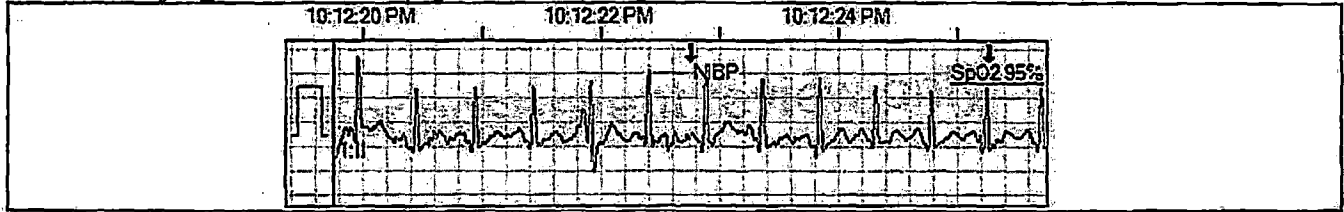


Agency Identifier:

[692]

Time: 04/16/2021 22:08:26

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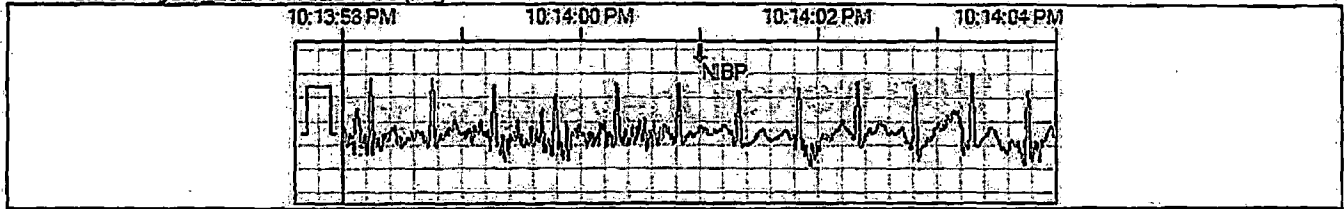


Agency Identifier:

[692]

Time: 04/16/2021 22:13:26

File Name: Physio\_20210416221400.png



EMS Call Sign: 692

Incident #: 2108963

Unit Notified: 04/16/2021  
21:44:33

PCR#: 42f1324c21884  
a83bd5b1471f2  
98643b

Date: 07/31/2023  
Generated: 22:58  
Last Incident: 05/31/2021  
Update: 00:36:33

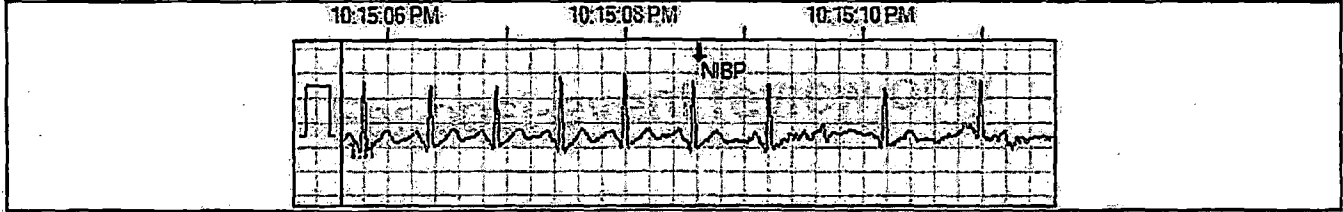
EMS Agency Name: Washington County EMS  
EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
Patient Name: Dimattei DOC #362363, Michael Date of Birth: 08/27/1974

Agency Identifier:

[692]

Time: 04/16/2021 22:15:08

File Name: Physio\_20210416221508.png

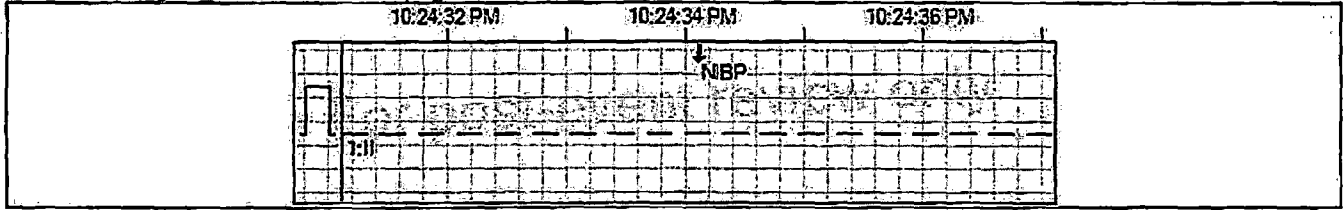


Agency Identifier:

[692]

Time: 04/16/2021 22:20:08

File Name: Physio\_20210416222434.png

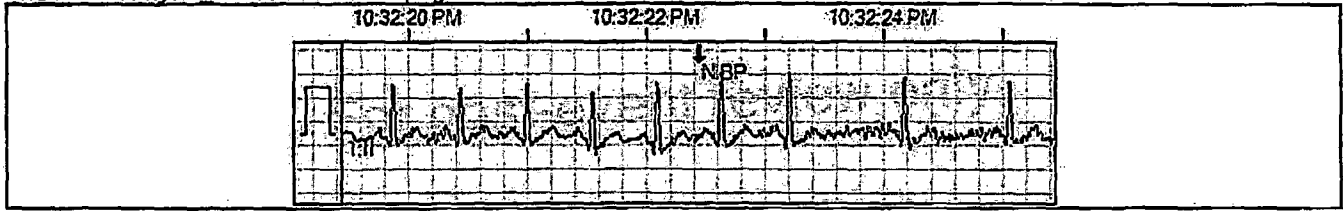


Agency Identifier:

[692]

Time: 04/16/2021 22:30:08

File Name: Physio\_20210416223222.png

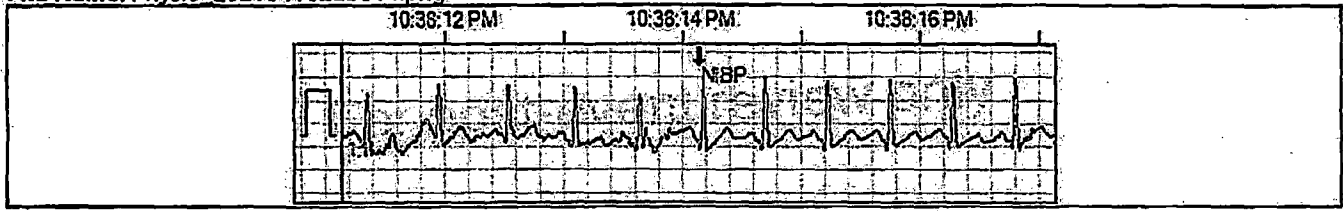


Agency Identifier:

[692]

Time: 04/16/2021 22:35:08

File Name: Physio\_20210416223814.png



EMS Call Sign: 692

Incident #: 2108963

Unit Notified: 04/16/2021  
21:44:33

PCR#: 42f1324c21884  
a83bd5b1471f2  
98643b

Date 07/31/2023  
Generated: 22:58  
Last Incident: 05/31/2021  
Update: 00:36:33

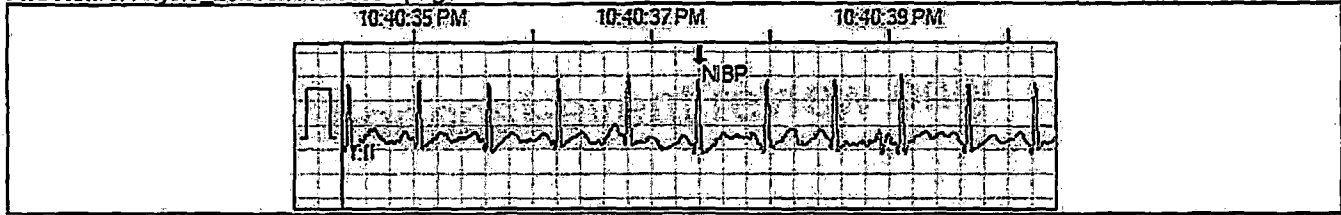
EMS Agency Name: Washington County EMS  
EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
Patient Name: Dimattei DOC #362363, Michael Date of Birth: 08/27/1974

Agency Identifier:

[692]

Time: 04/16/2021 22:40:08

File Name: Physio\_20210416224037.png

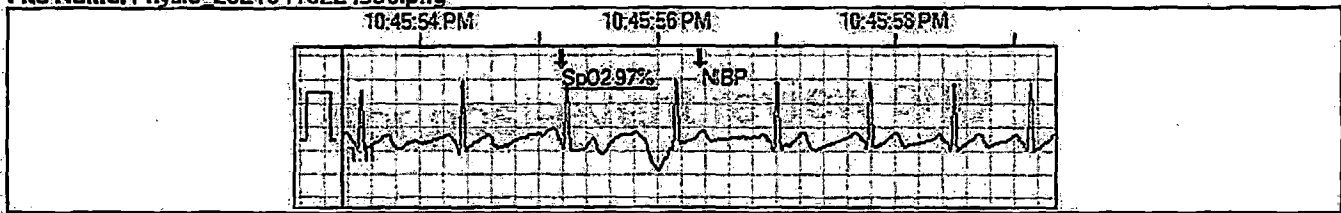


Agency Identifier:

[692]

Time: 04/16/2021 22:45:56

File Name: Physio\_20210416224556.png

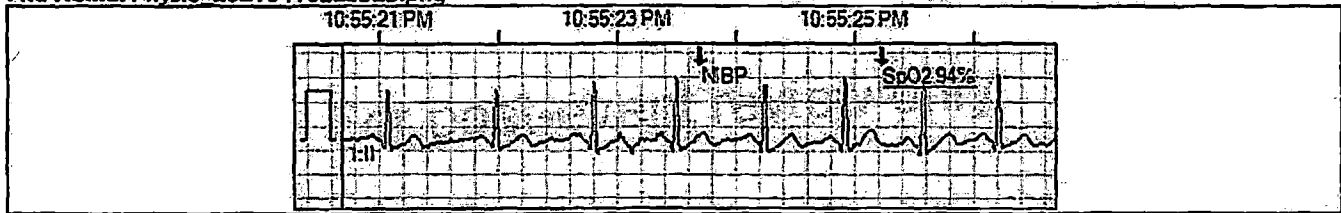


Agency Identifier:

[692]

Time: 04/16/2021 22:50:56

File Name: Physio\_20210416225523.png

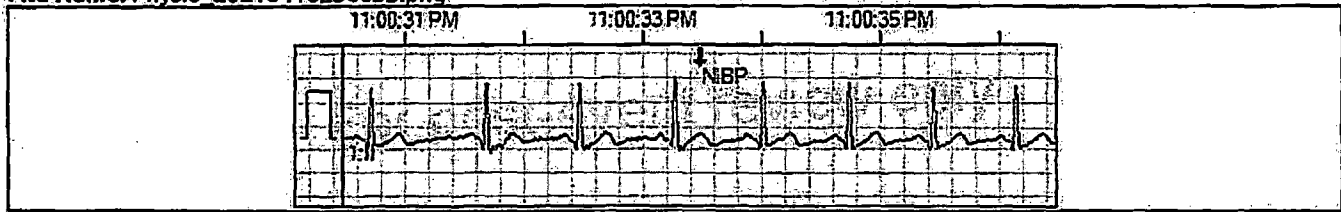


Agency Identifier:

[692]

Time: 04/16/2021 22:55:56

File Name: Physio\_20210416230033.png



EMS Call Sign: 692

Incident #: 2108963

Unit Notified: 04/16/2021  
21:44:33

PCR#: 42f1324c21884  
a83bd5b1471f2  
98643b

Date: 07/31/2023  
Generated: 22:58  
Last Incident: 05/31/2021  
Update: 00:36:33



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

YESCARE
PO BOX 34168
C/O CORRECTCARE INTEGRATED HEALTH
LEXINGTON, KY 40588

Form with multiple sections: 1. INSURED'S I.D. NUMBER (DOC # 457853), 2. PATIENT'S NAME (MILLS BENJAMIN J), 3. PATIENT'S BIRTH DATE (04/28/64), 5. PATIENT'S ADDRESS (18601 ROXBURY RD, HAGERSTOWN, MD), 9. OTHER INSURED'S NAME, 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE, 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE, 14. DATE OF CURRENT ILLNESS, 15. OTHER DATE, 16. DATES PATIENT UNABLE TO WORK, 17. NAME OF REFERRING PROVIDER, 18. HOSPITALIZATION DATES, 19. ADDITIONAL CLAIM INFORMATION, 20. OUTSIDE LAB, 21. DIAGNOSIS OR NATURE OF ILLNESS, 22. RESUBMISSION CODE, 23. PRIOR AUTHORIZATION NUMBER, 24. TABLE OF SERVICE, 25. FB NUMBER, 26. ACCOUNT NO., 27. ACCEPT ASSIGNMENT?, 28. TOTAL, 29. AMOUNT, 30. Rsvd for NUCC use, 31. SIGNATURE OF PHYSICIAN OR SUPPLIER, 32. SERVICE FACILITY LOCATION INFORMATION, 33. BILLING PROVIDER INFO & PH #.

SECOND FOLD

FIRST FOLD

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

**Patient Account Summary (Account Number) Report**

Date: 8/1/2023 Time: 12:11:56 AM

BOONSBORO AMB & RESCUE  
PO BOX 7  
BOONSBORO, MD 21713

Account Number: PAT-00008951

Account Name: MILLS, BENJAMIN J

Bill #	Transaction Type	Date	Transaction Description	Debit/Credit	Posted By	Payment Number	Balance
9285		04/20/2021	MILLS, BENJAMIN J				
9285	IC	04/21/2021	First Bill Commercial	\$1,103.00	TAM		\$1,103.00
9285	WB	04/08/2022	PAST TIMELY FILING	(\$1,103.00)	KA		\$0.00
9285	AB	04/27/2022	BAD DEBT ADJUSTMENT	\$1,103.00	KA		\$1,103.00
9285	SG	07/31/2023	Reprinted Bill	\$0.00	MK		\$1,103.00
Total Balance:			\$1,103.00				

EMS Agency: EMS Agency: Washington County EMS  
(210003)

Patient Name: Mills DOC#457853, Benjamin  
(DOB:04/28/1964)



MD: Hospital Report (abridged)

Department of Emergency Services  
16232 Elliott Parkway  
Williamsport, MD 21795  
Fax: 2403132900  
Work: 2403134367  
Work: 3017331112  
Fax: 3017396015

DISPATCH/CAD

Incident Number: 2109285  
Type of Call: 911 Response (Scene)  
EMD Performed?: No

Dispatch Reason: Sick Person - MPDC 26  
EMD Card Number: 26C01

DISPATCH/RESPONSE

PCR Number: 4c622aa84d5e40b6810562bf7390320c  
Unit Call Sign: 692  
Level of Care of This Unit for Incident [At Patient Side]: ALS - Paramedic  
Response to Scene: Lights/Sirens

Responding Unit: 692  
Unit Type: ALS

DISPATCH/CREW

EMS Shift: A-Shift

Crew Members

Agency Identifier	Crew Member	Crew Member Level	Crew Member Response Role
[692]	NICHOLS, SARAH (0022693)	EMT; BLS	Driver/Pilot-Response ; Driver/Pilot-Transport
[692]	KEEFER, ERIN (0003796)	Paramedic; ALS	Primary Patient Caregiver-At Scene ; Primary Patient Caregiver-Transport

DISPATCH/INCIDENT/LOCATION

Location Type: Jail / Correction Facility - Building/Premises  
Address: 18601 ROXBURY RD  
City,St,Zip: Hagerstown (PO.Box), MD 21740  
Zone/Box Number: 12080

Scene GPS Location: 39.561140,-77.724583

CALL INFO/DISPOSITION

Primary Role of Unit: Ambulance Transport  
Incident/Patient: Treated, Transported by This Unit  
Disposition:  
First EMS Unit on Scene?: Yes

Patients at Scene: Single

CALL INFO/CONDITIONS

Medical/Trauma?: Medical Patient

Meets STEMI No Criteria:

Cardiac Arrest?: No

Meets Stroke Alert?: No

CALL INFO/MULTI-PATIENTS

Mass Casualty Incident?: Not Applicable

CALL INFO/CAUL DELAYS

During Dispatch: Not Recorded  
On Scene: Not Recorded  
Returning to Service: Not Recorded

During Response: Not Recorded  
During Transport: Not Recorded

PATIENT/PATIENT INFO

Name: Mills DOC#457853, Benjamin

Incident #: 2109285

Dispatched: 04/20/2021 13:47:23

Generated: 07/31/2023 23:03

PCR#: 4c622aa84d5e40b6810562bf7390320

C



EMS Agency: EMS Agency: Washington County EMS  
(210003)

Patient Name: Mills DOC#457853, Benjamin  
(DOB:04/28/1964)  
Race: Black or African American

Gender: Male  
DOB/Age: 04/28/1964 (56 Years)  
Weight: 79.4kg / 175 lbs (Estimate)  
SSN: 999999999

Home Address: 18601 ROXBURY RD  
City, St, Zip: MD 21740

PATIENT/CHIEF COMPLAINT

Date/Time of Onset: 04/20/2021 13:42:00

Medical History: Health Care Personnel  
Obtained From:

Complaint(s)

Agency Identifier	Type	Complaint	Duration	Time Units of Duration
[692]	Chief	Hypotension	2	Hours
[692]	Chief	Fever	2	Hours

Chief Complaint: General/Global  
Anatomic Location:  
Primary Symptom: Fever - Medical  
Alcohol/Drug Use: No Apparent Alcohol/Drug Use

Chief Complaint Not Recorded  
Organ System:

Patient Activity: Not Reporting  
during illness/injury:

Barriers to Pat. Care: None Noted

PATIENT/ASSESSMENT

Initial Priority: Priority 2  
Primary Impression: Fever

Exams

Agency Identifier	Date/Time	Skin	Mental Status	Neurological	Head	Face	Neck	Chest/Lungs	Heart
[692]	14:15:00	Capillary Refill < 2 seconds Color - Pink; Dry; Normal Warm	Normal Baseline for Patient	Normal Baseline for Patient				Normal	

PATIENT/PAST MEDICAL HISTORY

Current Medications

Agency Identifier	Medications	Dose & Unit	Route	Notes / Comments
[692]	Dexamethasone			
[692]	Novolin R			
[692]	Bacitracin			
[692]	Hydrocortisone			
[692]	Acetaminophen			
[692]	Lantus			
[692]	Prilosec			
[692]	Pravachol			
[692]	Metformin			
[692]	Aspirin			
[692]	Lisinopril			
[692]	Neurontin			
[692]	Depakote			

Medication Allergies

Agency Identifier	Medication Allergy	Notes / Comments
[692]	Penicillin	

Medical/Surgical Hx: Diabetes, Diabetic; Hypertension, Cardiac  
Advance Directives: None

PROVIDER ACTIONS/VITALS

Incident #: 2109285

Dispatched: 04/20/2021  
13:47:23

Generated: 07/31/2023 23:03

PCR#:



4c622aa84d5e40b6810562bf7390320

c

EMS Agency: EMS Agency: Washington County EMS  
(210003)

Patient Name: Mills DOC#457853, Benjamin  
(DOB:04/28/1964)

Vitals

Agency Identifier	Date/Time	Position	Response	HR	HR Quality	HR Rhythm	BP	BP Location
[692]	14:11:45	Semi-Fowlers	Alert	114	Normal	Regular	/	
[692]	14:16:39	Semi-Fowlers	Alert	115	Normal	Regular	69 / 44	Arm, Left
[692]	14:21:45	Semi-Fowlers	Unresponsive	114	Normal	Regular	104 / 42	Arm, Left
[692]	14:26:23	Semi-Fowlers	Alert	115	Normal	Regular	131 / 93	Arm, Left
[692]	14:31:22	Semi-Fowlers	Alert	112	Normal	Regular	117 / 75	Arm, Left
[692]	14:36:17	Semi-Fowlers	Alert	114	Normal	Regular	119 / 94	Arm, Left
[692]	14:41:03	Semi-Fowlers	Alert	112	Normal	Regular	152 / 109	Arm, Left
[692]	14:46:03	Semi-Fowlers	Alert	95	Normal	Regular	/	Arm, Left
[692]	14:46:19	Semi-Fowlers	Alert	95	Normal	Regular	171 / 137	Arm, Left

Vitals - Airway/Oxygen

Agency Identifier	Date/Time	RR	Airway	Effort	SPO2	SPO2Qualifier
[692]	14:11:45	16	Patent	Normal	95	At Room Air
[692]	14:16:39	16	Patent	Normal	97	At Room Air
[692]	14:21:45	16	Patent	Normal	98	At Room Air
[692]	14:26:23	16	Patent	Normal	95	At Room Air
[692]	14:31:22	16	Patent	Normal	97	At Room Air
[692]	14:36:17	16	Patent	Normal	95	At Room Air
[692]	14:41:03	16	Patent	Normal	96	At Room Air
[692]	14:46:03	16	Patent	Normal	95	At Room Air
[692]	14:46:19	16	Patent	Normal	95	At Room Air

Vital Comments

Agency Identifier	Date/Time	Crew Member	Comments
[692]	14:11:45	KEEFER, ERIN (0003796)	Import Event 'Minimum Timeframe (5 Min)'. Individual events used in creating this vital: [SpO2:21/04/20 14:15:02], [SpCO:21/04/20 14:15:02], [HR:21/04/20 14:15:02];
[692]	14:16:39	KEEFER, ERIN (0003796)	Import Event 'Blood Pressure'. Individual events used in creating this vital: [SBP:21/04/20 14:16:39], [DBP:21/04/20 14:16:39], [SpO2:21/04/20 14:16:39], [SpCO:21/04/20 14:16:39], [HR:21/04/20 14:16:39];
[692]	14:21:45	KEEFER, ERIN (0003796)	Import Event 'Blood Pressure'. Individual events used in creating this vital: [SBP:21/04/20 14:21:45], [DBP:21/04/20 14:21:45], [SpO2:21/04/20 14:21:45], [SpCO:21/04/20 14:21:45], [HR:21/04/20 14:21:45];
[692]	14:26:23	KEEFER, ERIN (0003796)	Import Event 'Blood Pressure'. Individual events used in creating this vital: [SBP:21/04/20 14:26:23], [DBP:21/04/20 14:26:23], [HR:21/04/20 14:26:23];
[692]	14:31:22	KEEFER, ERIN (0003796)	Import Event 'Blood Pressure'. Individual events used in creating this vital: [SBP:21/04/20 14:31:22], [DBP:21/04/20 14:31:22], [SpO2:21/04/20 14:31:22], [SpCO:21/04/20 14:31:33], [HR:21/04/20 14:31:22];
[692]	14:36:17	KEEFER, ERIN (0003796)	Import Event 'Blood Pressure'. Individual events used in creating this vital: [SBP:21/04/20 14:36:17], [DBP:21/04/20 14:36:17], [SpO2:21/04/20 14:36:17], [SpCO:21/04/20 14:36:17], [HR:21/04/20 14:36:17];
[692]	14:41:03	KEEFER, ERIN (0003796)	Import Event 'Blood Pressure'. Individual events used in creating this vital: [SBP:21/04/20 14:41:03], [DBP:21/04/20 14:41:03], [SpO2:21/04/20 14:41:03], [SpCO:21/04/20 14:41:03], [HR:21/04/20 14:41:03];
[692]	14:46:03	KEEFER, ERIN (0003796)	Import Event 'Minimum Timeframe (5 Min)'. Individual events used in creating this vital: [SpO2:21/04/20 14:46:14], [SpCO:21/04/20 14:46:14], [HR:21/04/20 14:46:14];
[692]	14:46:19	KEEFER, ERIN (0003796)	Import Event 'Blood Pressure'. Individual events used in creating this vital: [SBP:21/04/20 14:46:19], [DBP:21/04/20 14:46:19], [SpO2:21/04/20 14:46:19], [SpCO:21/04/20 14:46:19], [HR:21/04/20 14:46:19];

Incident #: 2109285

Dispatched: 04/20/2021  
13:47:23

Generated: 07/31/2023 23:03

PCR#:



4c622aa84d5e40b6810562bf7390320

c

EMS Agency: EMS Agency: Washington County EMS  
(210003)

Patient Name: Mills DOC#457853, Benjamin  
(DOB:04/28/1964)

**Vitals - GCS**

Agency Identifier	Date/Time	Provider Taking Vitals	GCS-Eye	GCS-Verbal	GCS-Motor	GCS-Qualifier	Total Glasgow Coma Score
[692]	14:11:45	KEEFER, ERIN (0003796)	Spontaneously - 4	Oriented & Converses - 5	Verbal Command - Obeys - 6	Initial GCS has legitimate values without interventions such as intubation and sedation	15
[692]	14:16:39	KEEFER, ERIN (0003796)					
[692]	14:21:45	KEEFER, ERIN (0003796)					
[692]	14:26:23	KEEFER, ERIN (0003796)					
[692]	14:31:22	KEEFER, ERIN (0003796)					
[692]	14:36:17	KEEFER, ERIN (0003796)					
[692]	14:41:03	KEEFER, ERIN (0003796)					
[692]	14:46:03	KEEFER, ERIN (0003796)					
[692]	14:46:19	KEEFER, ERIN (0003796)	Spontaneously - 4	Oriented & Converses - 5	Verbal Command - Obeys - 6	Initial GCS has legitimate values without interventions such as intubation and sedation	15

**Vitals - Stroke**

Agency Identifier	Date/Time	Provider Taking Vitals
[692]	14:11:45	KEEFER, ERIN (0003796)
[692]	14:16:39	KEEFER, ERIN (0003796)
[692]	14:21:45	KEEFER, ERIN (0003796)
[692]	14:26:23	KEEFER, ERIN (0003796)
[692]	14:31:22	KEEFER, ERIN (0003796)
[692]	14:36:17	KEEFER, ERIN (0003796)
[692]	14:41:03	KEEFER, ERIN (0003796)
[692]	14:46:03	KEEFER, ERIN (0003796)
[692]	14:46:19	KEEFER, ERIN (0003796)

**Vitals - PORST**

Agency Identifier	Date/Time	Provider Taking Vitals
[692]	14:11:45	KEEFER, ERIN (0003796)
[692]	14:16:39	KEEFER, ERIN (0003796)
[692]	14:21:45	KEEFER, ERIN (0003796)
[692]	14:26:23	KEEFER, ERIN (0003796)
[692]	14:31:22	KEEFER, ERIN (0003796)
[692]	14:36:17	KEEFER, ERIN (0003796)
[692]	14:41:03	KEEFER, ERIN (0003796)
[692]	14:46:03	KEEFER, ERIN (0003796)
[692]	14:46:19	KEEFER, ERIN (0003796)

Incident #: 2109285

Dispatched: 04/20/2021  
13:47:23

Generated: 07/31/2023 23:03

PCR#:



4c622aa84d5e40b6810562bf7390320

C

EMS Agency: Washington County EMS  
(210003)

Patient Name: Mills DOC#457853, Benjamin  
(DOB:04/28/1964)

		<u>Vitals - Temperature</u>		
Agency Identifier	Date/Time Vital Signs Taken	Temperature (C)	Temperature (F)	Temperature Method
[692]	14:11:45			
[692]	14:16:39			
[692]	14:21:45			
[692]	14:26:23	39.6	103.2	Tympanic
[692]	14:31:22			
[692]	14:36:17			
[692]	14:41:03			
[692]	14:46:03			
[692]	14:46:19			

		<u>Vitals - Blood Glucose</u>	
Agency Identifier	Date/Time	Level	
[692]	14:11:45		
[692]	14:16:39		
[692]	14:21:45		
[692]	14:26:23	326	
[692]	14:31:22		
[692]	14:36:17		
[692]	14:41:03		
[692]	14:46:03		
[692]	14:46:19		

		<u>Vitals - Cardiac</u>		
Agency Identifier	Date/Time	ECG Type	Cardiac Rhythm	Method of ECG Interpretation
[692]	14:11:45			
[692]	14:16:39			
[692]	14:21:45	4 Lead	Sinus Tachycardia	Manual Interpretation
[692]	14:26:23	4 Lead	Sinus Tachycardia	Manual Interpretation
[692]	14:31:22	4 Lead	Sinus Tachycardia	Manual Interpretation
[692]	14:36:17	4 Lead	Sinus Tachycardia	Manual Interpretation
[692]	14:41:03	4 Lead	Sinus Tachycardia	Manual Interpretation
[692]	14:46:03	4 Lead	Sinus Tachycardia	Manual Interpretation
[692]	14:46:19	4 Lead	Sinus Tachycardia	Manual Interpretation

		<u>Vitals - Pain Scale</u>	
Agency Identifier	Date/Time		
[692]	14:11:45		
[692]	14:16:39		
[692]	14:21:45		
[692]	14:26:23		
[692]	14:31:22		
[692]	14:36:17		
[692]	14:41:03		
[692]	14:46:03		
[692]	14:46:19		

**PROVIDER ACTIONS/PROCEDURES**

Incident #: 2109285

Dispatched: 04/20/2021  
13:47:23

Generated: 07/31/2023 23:03

PCR#:   
4c622aa84d5e40b6810562bf7390320

EMS Agency: EMS Agency: Washington County EMS  
(210003)

Patient Name: Mills DOC#457853, Benjamin  
(DOB:04/28/1964)

**Procedures**

Agency Identifier	Prior to Arrival?	Role/Type of Person Performing the Procedure	Date/Time	Performed By	Procedure Name	Patient's Response	Success	Size/Type of Equipment	Attempts	Comments/Reason For Procedure
[692]	No	Paramedic	14:05:00	KEEFER, ERIN (0003796)	Assessment	Unchanged	Yes		1	
[692]	No	Paramedic	14:20:49	KEEFER, ERIN (0003796)	EKG Leads On	Unchanged	Yes		1	Import Event Leads On
[692]	No	Paramedic	14:25:00	KEEFER, ERIN (0003796)	Venous Access - Extremity	Unchanged	Yes	20	1	

**PROVIDER ACTIONS / DOWNLOADED EKG**

**Medical Devices**

Agency Identifier	Date/Time of Event (per Medical Device)	Event Type
[692]	14:06:45	Power On
[692]	14:20:49	EKG-Monitor

**TRANSPORT / DESTINATION INFO**

City: Hagerstown State: MD  
 ZIP Code: 21742 County: Washington  
 Country: United States  
 Destination Name: Meritus Medical Center - 389  
 Street Address: 11116 Medical Campus Road  
 Type of Destination: Hospital - ER Dept  
 Hospital Capability: Hospital (General) Reason for Choosing Closest Facility  
 with Patient Destination:  
 Condition:

**TRANSPORT / TRANSPORT MODE**

Type of Transport: Ground - Ambulance  
 Vehicle:  
 Transport Mode from: No Lights/Sirens  
 Scene:

**TRANSPORT / PATIENT CONDITION**

Final Patient Priority: Priority 2

**NARRATIVE / NARRATIVE**

Crew Member: KEEFER, ERIN (0003796)  
 Completing this Report:

Dispatched ALS EMERGENCY for a medical emergency. 56 year old african american male lying supine in bed, with a general complaint of lethargy. Staff states patient is hypotensive, tachycardic, hypoxic, and has a fever. Staff medicated the fever once today. Staff is requesting transfer for rule out of possible sepsis. Staff states infection source could be a healing procedure wound on the back of his neck. Wound assessed, is completely closed, no pain, normal color, no warmth. Transferred to the stretcher. Vitals assessed. 4-lead showing sinus tachycardia. Placed into the ambulance without incident. IV established in RAC 20g saline lock. Bg is 326. Temp is 103.2 tympanic. Lung sounds are clear, no signs of distress. Patient continues to have minimal complaint of lethargy. Attempt to push IV fluids, however will not flow. IV checked, good blood pull back and push with syringe. Hx, meds, allergies obtained. No further change en route to the hospital, remains stable. Successful consult with MMC ER, priority 2, no orders received. Care transferred to ER RN.

EEK

Incident #: 2109285

Dispatched: 04/20/2021  
13:47:23

Generated: 07/31/2023 23:03



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c

EMS Agency: EMS Agency: Washington County EMS  
(210003)

Patient Name: Mills DOC#457853, Benjamin  
(DOB:04/28/1964)

Prior to leaving the No  
Facility, at the time  
of handoff, did you  
mark your eMEDS  
Report FINISHED  
(FULL:

Did you leave a Yes, Hand Written or Printed  
MIEMSS approved,  
paper, short form?:

SIGNATURES/SIGNATURES

Agency Identifier: [692]

Language: English

Type of Person Signing: Healthcare Provider


Signature Reason: Transfer of Patient Care

Date/Time of Signature: 04/20/2021 14:58:09

Signature Last Name: shoemaker, rn

Signature First Name: allison

Signature Graphic:



Signature Status: Signed

Agency Identifier: [692]

Language: English

Type of Person Signing: EMS Primary Care Provider (for this event)

Signature Reason: Report Author

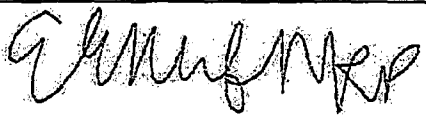
Paragraph Text: I acknowledge that I have provided the above assessments/treatments for this patient.

Date/Time of Signature: 04/20/2021 14:58:16

Signature Last Name: KEEFER

Signature First Name: ERIN

Signature Graphic:



Incident #: 2109285

Dispatched: 04/20/2021  
13:47:23

Generated: 07/31/2023 23:03

PCR#:   
4c622aa84d5e40b6810562bf7390320  
c

EMS Agency: EMS Agency: Washington County EMS  
(210003)

Patient Name: Mills DOC#457853, Benjamin  
(DOB:04/28/1964)

Signature Status: Signed

Agency Identifier: [692]

Language: English

Type of Person Signing: Patient

Signature Reason: HIPAA acknowledgement/Release; Authorization/Release for Billing

**Paragraph Text:**

Our Notice of Privacy Practice provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy. You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by this agreement. By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment, or health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

Washington County EMS has chosen to participate in the Chesapeake Regional Information System for our Patients (CRISP), a regional health information exchange serving Maryland and DC. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may "opt out" and disable access to your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax or through their website at [www.crisphealth.org](http://www.crisphealth.org). Public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers.

I authorize the submission of a claim for payment to Medicare, Medicaid, or any other payor for any services provided to me by the transporting company of the Washington County Emergency Medical Services (Transporting EMS Company), in the past, or in the future, until such time as I revoke this authorization in writing. I understand that I am financially responsible for the services and supplies provided to me by the Transporting EMS Company, regardless of my insurance coverage, and in some cases, may be responsible for an amount in addition to that which was paid by my insurance. I agree to immediately remit to the Transporting EMS Company any payments that I receive directly from insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to the Transporting EMS Company. I authorize the Transporting EMS Company to appeal payment denials or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical information or other relevant documentation about me to release such information to the Transporting EMS Company and its billing agents, the Centers for Medicare and Medicaid Services, and/or any other payors or insurers, and their respective agents or contractors, as may be necessary to determine these or other benefits payable for any services provided to me by the Transporting EMS Company, now, in the past, or in the future.

Date/Time of Signature: 04/20/2021 14:58:42

Signature Last Name: Mills DOC#457853

Signature First Name: Benjamin

Signature Graphic:



Signature Status: Not Signed - In Law Enforcement Custody

Agency Identifier: [692]

Language: English

Type of Person Signing: EMS Crew Member (Other)

Signature Reason: Witness

Incident #: 2109285

Dispatched: 04/20/2021  
13:47:23

Generated: 07/31/2023 23:03

PCR#:



4c622aa84d5e40b6810562b7390320

c

EMS Agency: EMS Agency: Washington County EMS  
(210003)

Patient Name: Mills DOC#457853, Benjamin  
(DOB:04/28/1964)

Date/Time of Signature: 04/20/2021 14:58:57

Signature Last Name: NICHOLS

Signature First Name: SARAH

Signature Graphic:

Signature Status: Signed

BILLING/BILLING

Primary Payment: Not Recorded

COVID-19

Is this patient a PUI Yes  
For Coronavirus:

Which criteria did this Fever  
patient meet?:

TIMES

E911 Time: 04/20/2021 13:42:52  
Dispatch Received: 04/20/2021 13:47:06  
Call:  
Unit Dispatched: 04/20/2021 13:47:23  
Dispatch  
Acknowledged by:  
EMS Unit:  
En Route: 04/20/2021 13:48:39  
Canceled:  
Initial Responder  
Arrived:  
Arrive on Scene: 04/20/2021 14:02:14  
At Patient Side: 04/20/2021 14:05:00  
Xfer Another  
Agency:  
Leave Scene: 04/20/2021 14:25:42  
Arrive at LZ:  
Arrive at: 04/20/2021 14:46:15  
Destination:  
Xfer of Care: 04/20/2021 14:55:00  
Complete:  
Back In Service: 04/20/2021 15:27:33  
In Quarters:  
Call Completed:

MISC INFORMATION

Agency Identifier:

[692]

File Name: 20210420140645\_MEDIC 692

Modified By:

Modified On: 06/04/2021 00:34:18

Incident #: 2109285

Dispatched: 04/20/2021  
13:47:23

Generated: 07/31/2023 23:03

PCR#:



4c622aa84d5e40b6810562bf7390320

c



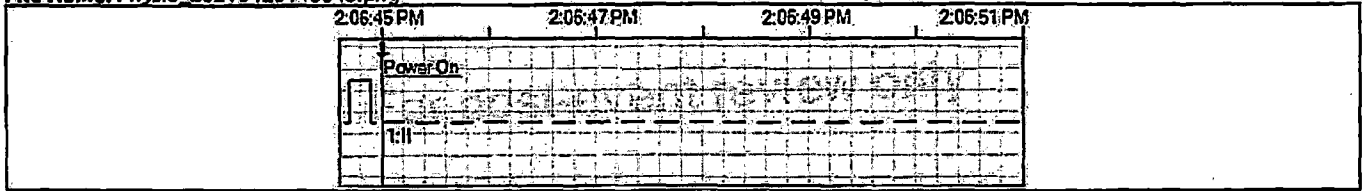
EMS Agency: : EMS Agency: Washington County EMS  
(210003)

Patient Name: Mills DOC#457853, Benjamin  
(DOB:04/28/1964)

Agency Identifier:  
[692]

Time: 04/20/2021 14:06:45

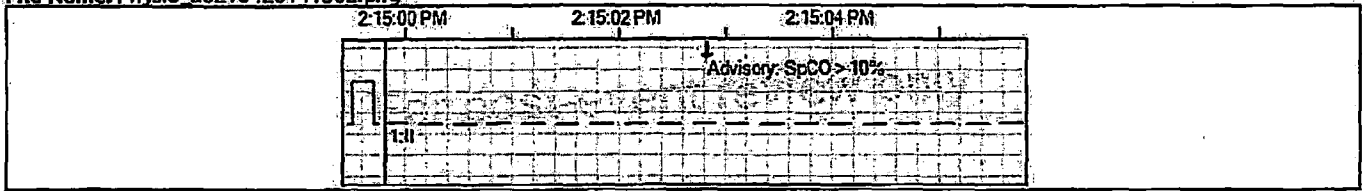
File Name: Physio\_20210420140645.png



Agency Identifier:  
[692]

Time: 04/20/2021 14:11:45

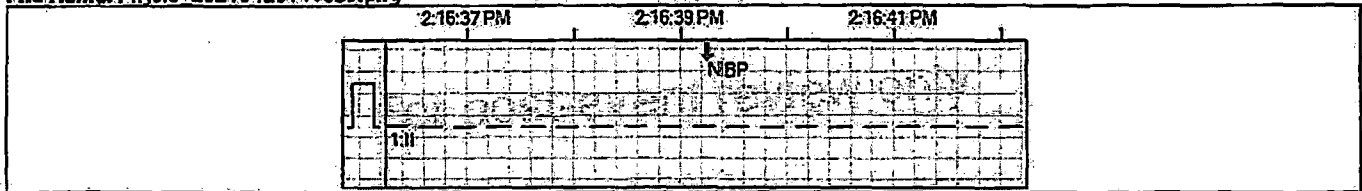
File Name: Physio\_20210420141502.png



Agency Identifier:  
[692]

Time: 04/20/2021 14:16:39

File Name: Physio\_20210420141639.png



Incident #: 2109285

Dispatched: 04/20/2021  
13:47:23

Generated: 07/31/2023 23:03

PCR#:



4c622aa84d5e40b6810562b7390320

c

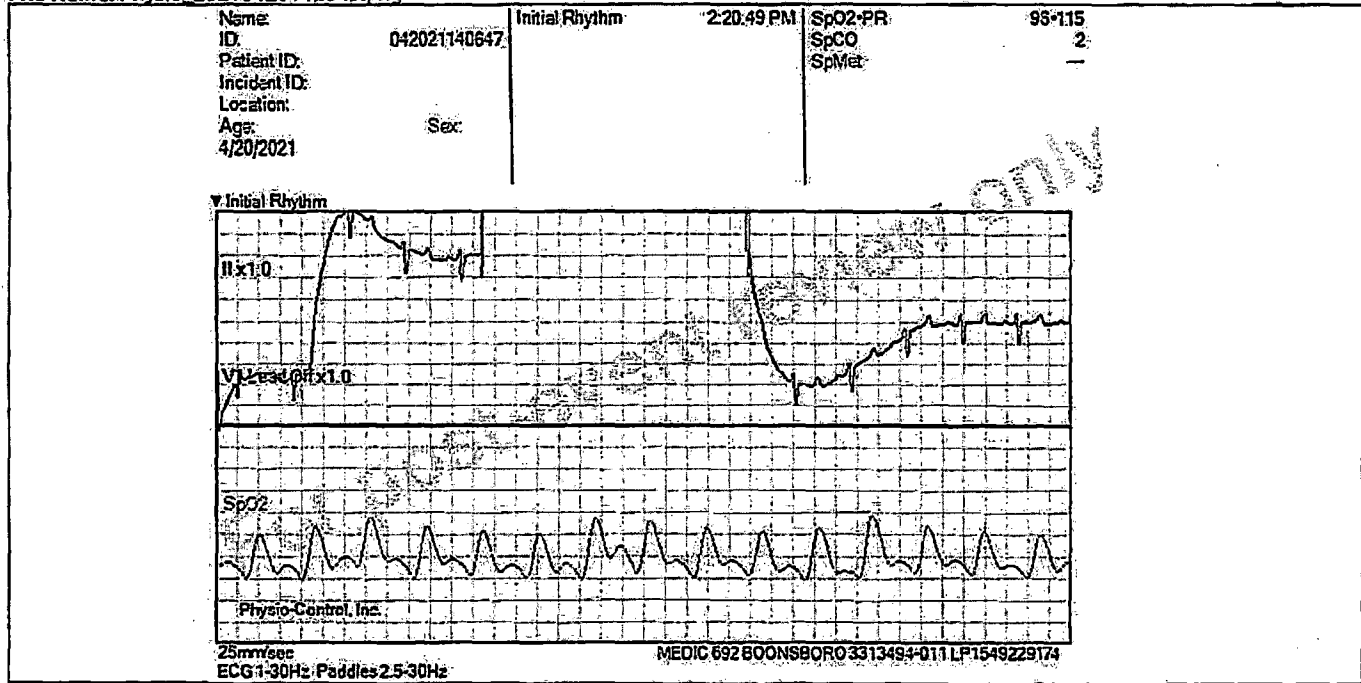
EMS Agency: EMS Agency: Washington County EMS  
(210003)

Patient Name: Mills DOC#457853, Benjamin  
(DOB:04/28/1964)

Agency Identifier:  
[692]

Time: 04/20/2021 14:20:49

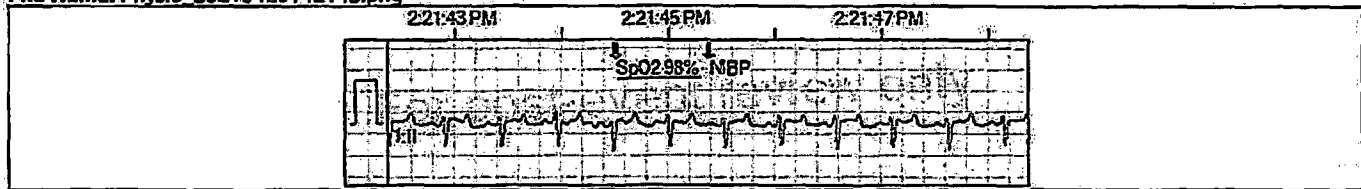
File Name: Physio\_20210420142049.png



Agency Identifier:  
[692]

Time: 04/20/2021 14:21:45

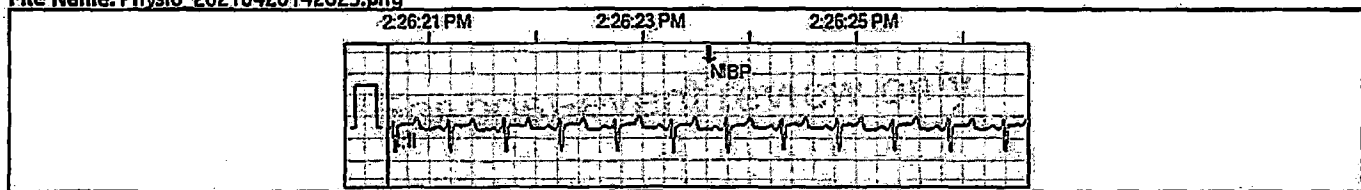
File Name: Physio\_20210420142145.png



Agency Identifier:  
[692]

Time: 04/20/2021 14:26:23

File Name: Physio\_20210420142623.png



Incident #: 2109285

Dispatched: 04/20/2021  
13:47:23

Generated: 07/31/2023 23:03

PCR#: 

4c622aa84d5e40b6810562bf7390320

c

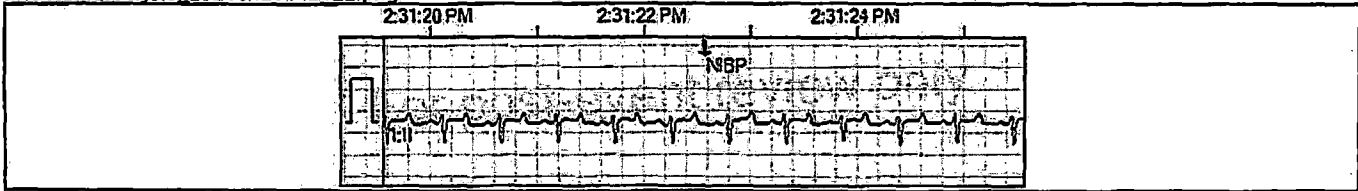
EMS Agency: EMS Agency: Washington County EMS  
(210003)

Patient Name: Mills DOC#457853, Benjamin  
(DOB:04/28/1964)

Agency Identifier:  
[692]

Time: 04/20/2021 14:31:22

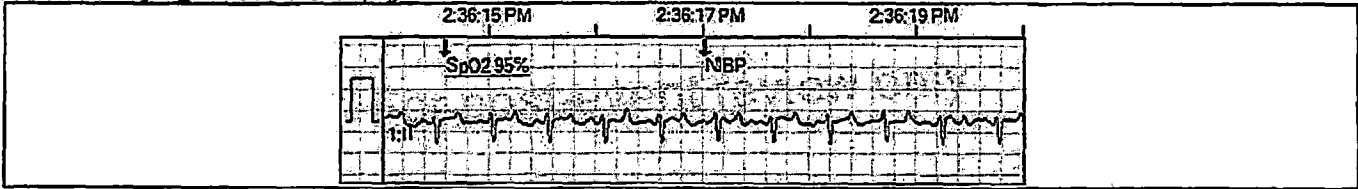
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Agency Identifier:  
[692]

Time: 04/20/2021 14:36:17

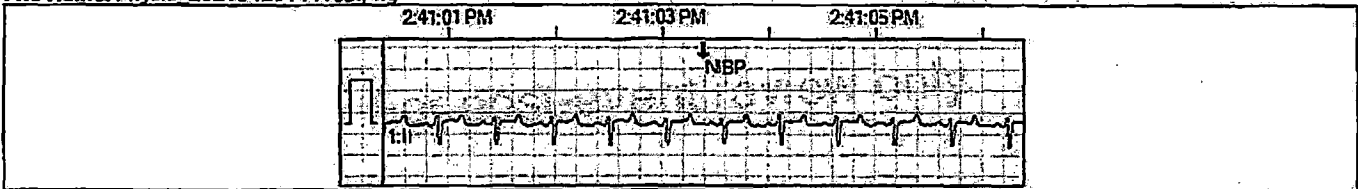
File Name: Physio\_20210420143617.png



Agency Identifier:  
[692]

Time: 04/20/2021 14:41:03

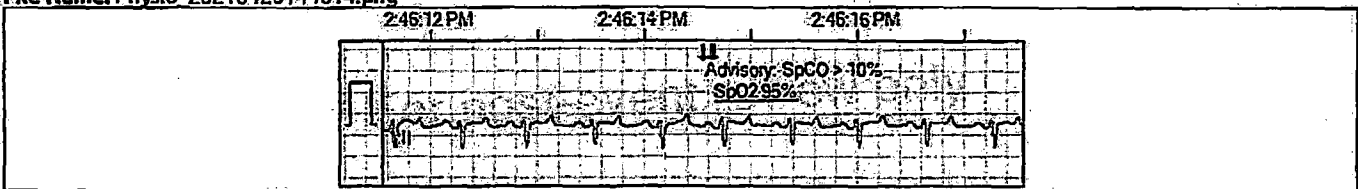
File Name: Physio\_20210420144103.png



Agency Identifier:  
[692]

Time: 04/20/2021 14:46:03

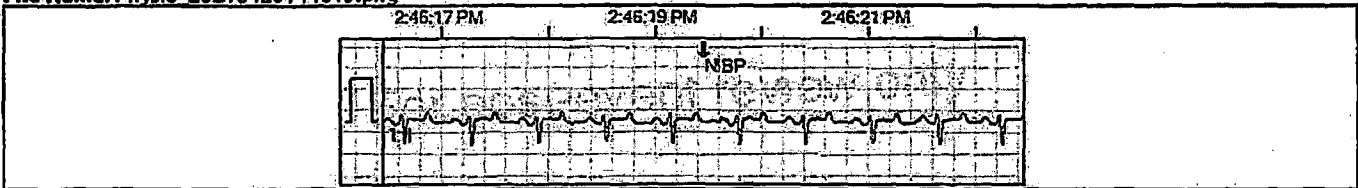
File Name: Physio\_20210420144614.png



Agency Identifier:  
[692]

Time: 04/20/2021 14:46:19

File Name: Physio\_20210420144619.png



Incident Status: Auto  
Locked

Incident #: 2109285

Dispatched: 04/20/2021  
13:47:23

Generated: 07/31/2023 23:03

PCR#: 

4c522aa84d5e40b6810562bf7390320

c

EMS Agency: EMS Agency: Washington County EMS  
(210003)

Patient Name: Mills DOC#457853, Benjamin  
(DOB:04/28/1964)

Last Incident: 06/04/2021  
Update: 00:34:18

Validity: 100

MILEAGE

Destination: 9  
Odometer:

Incident #: 2109285

Dispatched: 04/20/2021  
13:47:23

Generated: 07/31/2023 23:03

PCR#:



4c622aa84d5e40b6810562bf7390320

c

EMS Agency Name: Washington County EMS  
EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
Patient Name: Mills DOC#457853, Benjamin Date of Birth: 04/28/1964



MD: Signature Report

Department of Emergency Services  
16232 Elliott Parkway  
Williamsport, MD 21795  
Fax: (240) 313-2900  
Work: (240) 313-4367  
Work: (301) 733-1112  
Fax: (301) 739-6015

SIGNATURES/SIGNATURES

Language: English

Type of Person Signing: Healthcare Provider

Signature Reason: Transfer of Patient Care

Date/Time of Signature: 04/20/2021 14:58:09

Signature Last Name: shoemaker, rn

Signature First Name: allison

Signature Graphic:

A handwritten signature in black ink, appearing to read "Allison Shoemaker", written inside a rectangular box.

Signature Status: Signed

Language: English

Type of Person Signing: EMS Primary Care Provider (for this event)

Signature Reason: Report Author

Paragraph Text: I acknowledge that I have provided the above assessments/treatments for this patient.

Date/Time of Signature: 04/20/2021 14:58:16

Signature Last Name: KEEFER

Signature First Name: ERIN

Signature Graphic:

A handwritten signature in black ink, appearing to read "Erin Keefe", written inside a rectangular box.

Signature Status: Signed

PCR#: 4c622aa84d5e40b6810562bf739  
0320c

Incident #: 2109285

Date 08/01/2023  
Generated: 00:39

EMS Agency Name: Washington County EMS  
EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d

Patient Name: Mills DOC#457853, Benjamin

Date of Birth: 04/28/1964

Language: English

Type of Person Signing: Patient

Signature Reason: HIPAA acknowledgement/Release; Authorization/Release for Billing

**Paragraph Text:**

Our Notice of Privacy Practice provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy. You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by this agreement. By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment, or health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

Washington County EMS has chosen to participate in the Chesapeake Regional Information System for our Patients (CRISP), a regional health information exchange serving Maryland and DC. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may "opt out" and disable access to your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax or through their website at [www.crisphealth.org](http://www.crisphealth.org). Public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers.

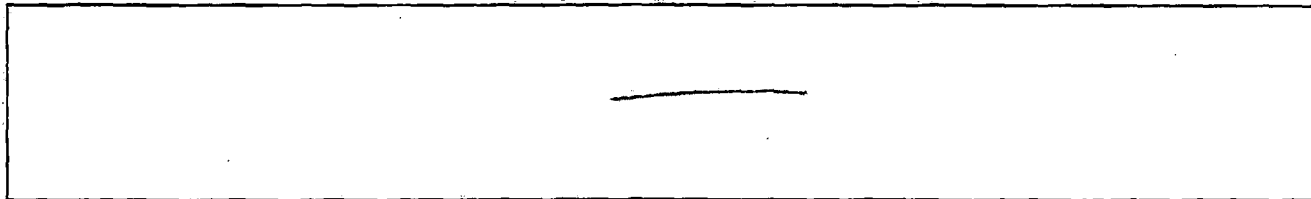
I authorize the submission of a claim for payment to Medicare, Medicaid, or any other payor for any services provided to me by the transporting company of the Washington County Emergency Medical Services (Transporting EMS Company), in the past, or in the future, until such time as I revoke this authorization in writing. I understand that I am financially responsible for the services and supplies provided to me by the Transporting EMS Company, regardless of my insurance coverage, and in some cases, may be responsible for an amount in addition to that which was paid by my insurance. I agree to immediately remit to the Transporting EMS Company any payments that I receive directly from insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to the Transporting EMS Company. I authorize the Transporting EMS Company to appeal payment denials or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical information or other relevant documentation about me to release such information to the Transporting EMS Company and its billing agents, the Centers for Medicare and Medicaid Services, and/or any other payors or insurers, and their respective agents or contractors, as may be necessary to determine these or other benefits payable for any services provided to me by the Transporting EMS Company, now, in the past, or in the future.

Date/Time of Signature: 04/20/2021 14:58:42

Signature Last Name: Mills DOC#457853

Signature First Name: Benjamin

Signature Graphic:



Signature Status: Not Signed - In Law Enforcement Custody

Language: English

Type of Person Signing: EMS Crew Member (Other)

PCR#: 4c622aa84d5e40b6810562bf739  
0320c

Incident #: 2109285

Date: 08/01/2023  
Generated: 00:39

EMS Agency Name: Washington County EMS  
EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d

Patient Name: Mills, DOC#457853, Benjamin

Date of Birth: 04/28/1964


Signature Reason: Witness

Date/Time of Signature: 04/20/2021 14:58:57

Signature Last Name: NICHOLS

Signature First Name: SARAH

Signature Graphic:

A rectangular box containing a handwritten signature in black ink. The signature appears to be 'S. Nichols' written in a cursive style.

Signature Status: Signed

PCR#: 4c622aa84d5e40b6810562bf739  
0320c

Date: 08/01/2023  
Generated: 00:39

Incident #: 2109285



# HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

YESCARE  
PO BOX 34168  
C/O CORRECTCARE INTEGRATED HEALTH  
LEXINGTON, KY 40588

CARRIER

<input type="checkbox"/> PICA		<input type="checkbox"/> PICA																	
1. <input checked="" type="checkbox"/> YESCARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input checked="" type="checkbox"/> OTHER <small>(Medicare #) (Medicaid #) (ID#/DoD#) (Member ID#) (ID#) (ID#)</small>				1a. INSURED'S I.D. NUMBER (For Program in Item 1) <b>DOC # 437352</b>															
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) <b>JENKINS TAYLOR</b>				3. PATIENT'S BIRTH DATE <b>04 20 88</b> SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F															
5. PATIENT'S ADDRESS (No., Street) <b>18800 ROXBURY RD</b> CITY <b>HAGERSTOWN</b> STATE <b>MD</b>				6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>															
4. INSURED'S NAME (Last Name, First Name, Middle Initial) <b>JENKINS TAYLOR</b>				7. INSURED'S ADDRESS (No., Street) <b>18800 ROXBURY RD</b> CITY <b>HAGERSTOWN</b> STATE <b>MD</b>															
8. RESERVED FOR NUCC USE		9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:		11. INSURED'S POLICY GROUP OR FECA NUMBER													
a. OTHER INSURED'S POLICY OR GROUP NUMBER		b. RESERVED FOR NUCC USE		a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		a. INSURED'S DATE OF BIRTH <b>04 20 1988</b> SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F													
b. RESERVED FOR NUCC USE		c. RESERVED FOR NUCC USE		b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    PLACE (State)		b. OTHER CLAIM ID (Designated by NUCC)													
d. INSURANCE PLAN NAME OR PROGRAM NAME		10d. CLAIM CODES (Designated by NUCC)		c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		c. INSURANCE PLAN NAME OR PROGRAM NAME													
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED _____ DATE _____				13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____ DATE _____															
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP): MM DD YY    QUAL		15. OTHER DATE: MM DD YY    QUAL		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY															
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		17a. _____ 17b. NPI		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY															
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)				20. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO    \$ CHARGES <b>0.00</b>															
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E) <b>R56.9</b> ICD link				22. RESUBMISSION CODE    ORIGINAL REF. NO.															
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS    MODIFIER		E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. FFSOT / PZ		I. ID. QUAL		J. RENDERING PROVIDER ID.#	
1		06 27 21    06 27 21		41		A0427    SH		A		950.00		1		1063442739		NPI			
2		06 27 21    06 27 21		41		A0425    SH		A		149.60		8.8		1063442739		NPI			
3														NPI					
4														NPI					
5														NPI					
6														NPI					
25. FSA # <b>1259616</b> NUMBER    SSN: EHX				26. P <b>16708</b> ACCOUNT NO.				27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				28. TOTAL \$ <b>099.60</b>		29. AMOUNT \$ <b>0.00</b>		30. Rsvd for NUCC use			
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS (If FSA, NPI, or other info apply to this bill and are made a part thereof.) <b>BILLING ADMIN</b> DATE <b>06/28/21</b>				32. SERVICE FACILITY LOCATION INFORMATION <b>18800 ROXBURY RD</b> <b>HAGERSTOWN, MD 21746</b> <b>TO: MERITUS MEDICAL CENTER - 21742</b>				33. BILLING PROVIDER INFO & PH # <b>BOONSBORO AMB &amp; RESQUE</b> <b>PO BOX 7</b> <b>BOONSBORO, MD 21713</b> <b>1063442739</b>											
SIGNED _____				SIGNED _____				SIGNED _____				SIGNED _____		SIGNED _____		SIGNED _____			

SECOND FOLD

FIRST FOLD

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION



**Patient Account Summary (Account Number) Report**

Date: 8/1/2023 Time: 12:12:53 AM

BOONSBORO AMB & RESCUE

PO BOX 7

BOONSBORO, MD 21713

Account Number: PAT-00009042

Account Name: JENKINS, TAVON

Bill #	Transaction Type	Date	Transaction Description	Debit/Credit	Posted By	Payment Number	Balance
15708		06/27/2021	JENKINS, TAVON				
15708	IC	06/28/2021	First Bill Commercial	\$1,099.60	TAM		\$1,099.60
15708	WB	04/08/2022	PAST TIMELY FILING	(\$1,099.60)	KA		\$0.00
15708	AB	04/27/2022	BAD DEBT ADJUSTMENT	\$1,099.60	KA		\$1,099.60
15708	SG	07/31/2023	Reprinted Bill	\$0.00	MK		\$1,099.60
Total Balance:			\$1,099.60				

EMS Agency Name: Washington County EMS  
 EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
 Patient Name: Jenkins DOC #437352, Taivon Date of Birth: 04/20/1988



**MD: MIEMSS Approved Short Form**

Department of Emergency Services  
 16232 Elliott Parkway  
 Williamsport, MD 21795  
 Fax: 2403132900  
 Work: 2403134367  
 Work: 3017331112  
 Fax: 3017396015

**PATIENT INFORMATION**

Name: Jenkins DOC #437352, Taivon  
 Age: 33 Years - D.O.B.: 04/20/1988  
 Gender: Male Weight: 300lbs  
 136.1 kg  
 Address: 18800 ROXBURY RD  
 Hagerstown (PO Box), MD 21746

**CALL INFORMATION**

Agency Name: Washington County EMS  
 Incident Number: 2115708  
 Responding Unit: 692  
 Arrived Hosp: 06/27/2021 16:14:03  
 Initial Priority: Priority 2  
 Final Priority: Priority 2

Crew Members

Agency Identifier	Crew Member	Crew Member Level	Crew Member Response Role
[692]	COFFMAN, NATALIE (0022237)	Paramedic; ALS	Field Training Officer/Supervisor ; Other Patient Caregiver-At Scene ; Other Patient Caregiver-Transport
[692]	Stottlemeyer, clinton (1851751)	EMT; BLS	Driver/Pilot-Response ; Driver/Pilot-Transport
[692]	Metz, Adam (1852770)	Paramedic; ALS	Primary Patient Caregiver-At Scene ; Primary Patient Caregiver-Transport

**PATIENT'S CURRENT MEDICATIONS**

Agency Identifier	Medication	Patient Medications			Current Medication Comments
		Dosage	Unit	Route	
[692]	Hydrochlorothiazide				
[692]	Alvesco				

**PATIENT'S ALLERGIES**

Agency Identifier	Medication Allergies	
	Medication Allergies	Medication Allergy Comments
[692]	No Known Drug Allergy	

Agency Identifier	Environment/Food Allergies	
	Environmental/Food Allergies	Environment Allergy Comments
[692]	No Known Allergies (situation)	

**MEDICAL HISTORY**

Date/Time of Symptom Onset: Not Recorded

EMS Call Sign: 692

Incident #: 2115708

Unit Notified: 06/27/2021 15:11:31

PCR#: b2bbe02ae6774 9deb462b6f56a 96198b

Date 07/31/2023  
 Generated: 23:08  
 Last Incident 08/25/2021  
 Update: 02:10:53

EMS Agency Name: Washington County EMS  
 EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
 Patient Name: Jenkins DOC #437352, Taivon Date of Birth: 04/20/1988

**Complaint**

Agency Identifier	Complaint Type	Complaint	Duration	Time Units
[692]	Chief	Seizure		

Medical History: Hypertension, Cardiac, Seizure Disorder, Neuro  
 Advance Directives: Not Applicable

**TREATMENT (Medications / Procedures / Vitals / EKG / CCS)**

**Procedures**

Agency Identifier	Time	Crew	Name	Location	Size of Equipment	Attempts	Response	Success	Comments
[692]	15:46:18	Metz, Adam (1852770)	ECG Leads On			1	Unchanged	Yes	Import Event 'Leads On'
[692]	15:48:10	Metz, Adam (1852770)	12 Lead ECG			1	Unchanged	Yes	Import Event 'Twelve Lead'
[692]	15:55:42	Metz, Adam (1852770)	Venous Access - Saline Lock	Antecubital-Left	18	1	Unchanged	Yes	

**Vitals**

Agency Identifier	Time	BP	Limb	Pulse	Rhythm	Effort	SpO2	ETCO2	Face	Arm	Speech	Stroke	PTA	Blood Glucose Level	Blood Glucose Other	Cardiac Rhythm	Cardiac Rhythm - Other
[692]	15:43:15	142/79	Arm, Right	103	Regul ar	18	98		Normal		Normal	Negative	No	Supine			
[692]	15:48:16	140/75		103			98										Sinus Tachycardia
[692]	15:53:10	126/82		103			96										
[692]	15:58:58	146/70		104			95							118			
[692]	16:03:52	140/97		99			97										
[692]	16:09:32	125/53		105			97										
[692]	16:14:47	144/90	Arm, Right	104	Regul ar	16	96		At Room Air	Normal	Normal	Negative	No	Semi-Fowlers			

**EKG**

Agency Identifier	Time	Lead	Interpretation	Ectopy	Cause For Change	Comments
[692]	15:39:39					Import Event 'Power On'
[692]	15:46:18					Import Event 'Leads On'
[692]	15:48:10					Import Event 'Twelve Lead'

EMS Call Sign: 692

Incident #: 2115708

Unit Notified: 06/27/2021 15:11:31

PCR#: b2bbe02ae67749deb462b6f56a96198b

Date: 07/31/2023  
 Generated: 23:08  
 Last Incident: 08/25/2021  
 Update: 02:10:53

EMS Agency Name: Washington County EMS  
 EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
 Patient Name: Jenkins DOC #437352, Talvon Date of Birth: 04/20/1988

**GCS**

Agency Identifier	Time	Eye	Motor	Verbal	Score Qualifier	Total Glasgow Coma Score
[692]	15:43:15	Spontaneously -4	Verbal Command - Obey - 6	Oriented & Converses - 5	Initial GCS has legitimate values without interventions such as intubation and sedation	15
[692]	15:48:16					
[692]	15:53:10					
[692]	15:58:58					
[692]	16:03:52					
[692]	16:09:32					
[692]	16:14:47	Spontaneously -4	Verbal Command - Obey - 6	Oriented & Converses - 5	Initial GCS has legitimate values without interventions such as intubation and sedation	15

**ASSESSMENT**

EMS Call Sign: 692

Incident #: 2115708

Unit Notified: 06/27/2021  
15:11:31

PCR#: b2bbe02ae6774  
9deb462b6f56a  
96198b

Date: 07/31/2023  
Generated: 23:08  
Last Incident: 08/25/2021  
Update: 02:10:53

EMS Agency Name: Washington County EMS  
 EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
 Patient Name: Jenkins DOC #437352, Talvon Date of Birth: 04/20/1988

**Medical / Injury / Burn Assessment**

Agency Identifier

Time

[692]

15:37:01

**Assessment Summary**

[692]

06/27/2021 15:37:01

**Detailed Findings**

Location	Description	Details
Skin	Capillary Refill <2 seconds Color - Pink Clammy Warm	
Mental Status	Oriented-Person Oriented-Place	
Neurological	Postictal	

**Normal Findings**

[Empty box for Normal Findings]

**Not Done**

[Empty box for Not Done]

**NARRATIVE**

EMS Call Sign: 692

Incident #: 2115708

Unit Notified: 06/27/2021  
15:11:31

PCR#: b2bbe02ae6774  
9deb462b6f56a  
96198b

Date 07/31/2023  
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Last Incident: 08/25/2021  
Update: 02:10:53

EMS Agency Name: Washington County EMS

EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d

Patient Name: Jenkins DOC #437352, Taiwan

Date of Birth: 04/20/1988

Narrative: P692 was dispatched ALS HOT for a male found down in his cell, possible seizure, AOS and staged at the sallyport until allowed in. Once in, EMS was escorted to the pt who was found supine on a hospital bed. Staff reported they had already searched the pt and he was ready to be placed on the stretcher. Nursing staff reported the pt was found down in his cell in a pool of his own emesis. He had an unknown downtime before he was found by guards doing a cell count. Pt was found CAOx2, in no obvious distress, with no visible life threats. He was only able to converse with EMS in short sentences. C- Nursing staff reported the pt was unresponsive for an unknown reason in his cell and was brought to them in the infirmary in a postictal state. It was presumed the pt had a seizure. Pt reported pain and tenderness on the left side of his face and head.

H- Pt has a hx of epilepsy which he is not treated for.

A- Pt was CAOx2, he was only alert to person and place but not time and event. Pt's skin was cool, pink, and clammy. Baseline vital signs were slightly elevated but within normal limits. Pt appeared groggy and postictal. Nursing staff had placed a C-collar on the pt prior to EMS arrival based on the pt's report of pain on the left side of his head and face. A focused assessment revealed the same complaint: PERRL. There was no blood or CSF in the nose or ears. There was no bleeding in the mouth. There was no obvious trauma to the head.

Palpation of the neck, shoulders, back and all four extremities was unremarkable. Pt was moved onto the stretcher and a 4-Lead and 12-Lead were performed. Both showed Sinus Tachycardia with no STE or ectopy. The pt was secured to the stretcher with all restraints and guards secured him with their restraints. Pt was moved to the ambulance.

RT- in the ambulance, an 18g IV was established in the Lt AC. A BGL was assessed and was within normal limits. Vital signs were continuously monitored with no remarkable changes. Pt slowly became more responsive and could speak more with EMS during transport but remained CAOx2. MMC was notified via radio of impending arrival and upon arrival, care was transferred at Bed 8. P692 went available without further incident.

[06/27/21 15:08:30 10444] ProQA Medical: 4 Commandments (2nd Party): 33-year-old, Male, Conscious, Breathing. Chief Complaint: Text: Unconscious / Fainting (Near) Caller Statement (2nd Party): UNK WHAT HAPPENED. WAS UNCONSCIOUS. FOUND ON GROUND [06/27/21 15:08:54 10444] ProQA Medical: Dispatch Code: 31D03 (Not alert) CAD Response: Delta - His breathing is completely normal. - He is not completely alert (not responding appropriately). - He is not changing color. [06/27/21 15:09:02 10444] ProQA Medical: - He has no history of heart problems. [06/27/21 15:09:14 10444] ProQA Medical: Urgent Message: HX OF EPLISPY. CAN MAKE SOUNDS BUT NOT WORDS [06/27/21 15:09:48 10444] ProQA Medical: Interrogation is complete for E211780054.

JURISDICTIONAL NOTES

Write any additional notes here:

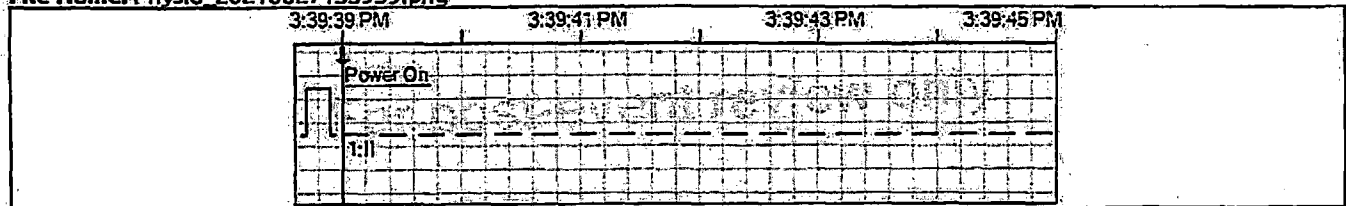
EKG ATTACHMENT

Agency Identifier:

[692]

Time: 06/27/2021 15:39:39

File Name: Physio\_20210627153939.png



EMS Call Sign: 692

Incident #: 2115708

Unit Notified: 06/27/2021 15:11:31

PCR#: b2bbe02ae6774 9deb462b6f56a 96198b

Date: 07/31/2023  
Generated: 23:08  
Last Incident: 08/25/2021  
Update: 02:10:53

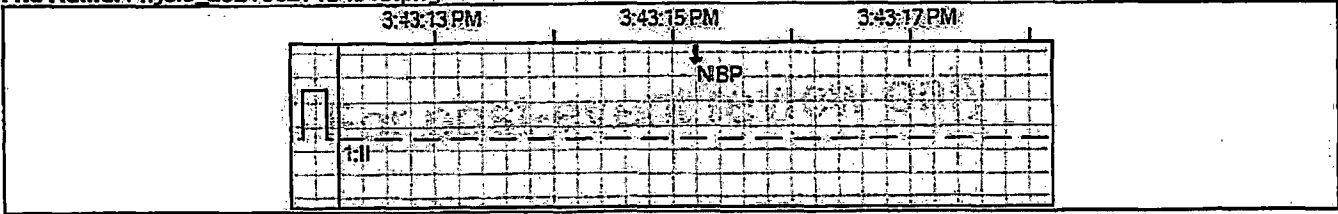
EMS Agency Name: Washington County EMS  
EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
Patient Name: Jenkins DOC #437352, Taivon  
Date of Birth: 04/20/1988

Agency Identifier:

[692]

Time: 06/27/2021 15:43:15

File Name: Physio\_20210627154315.png

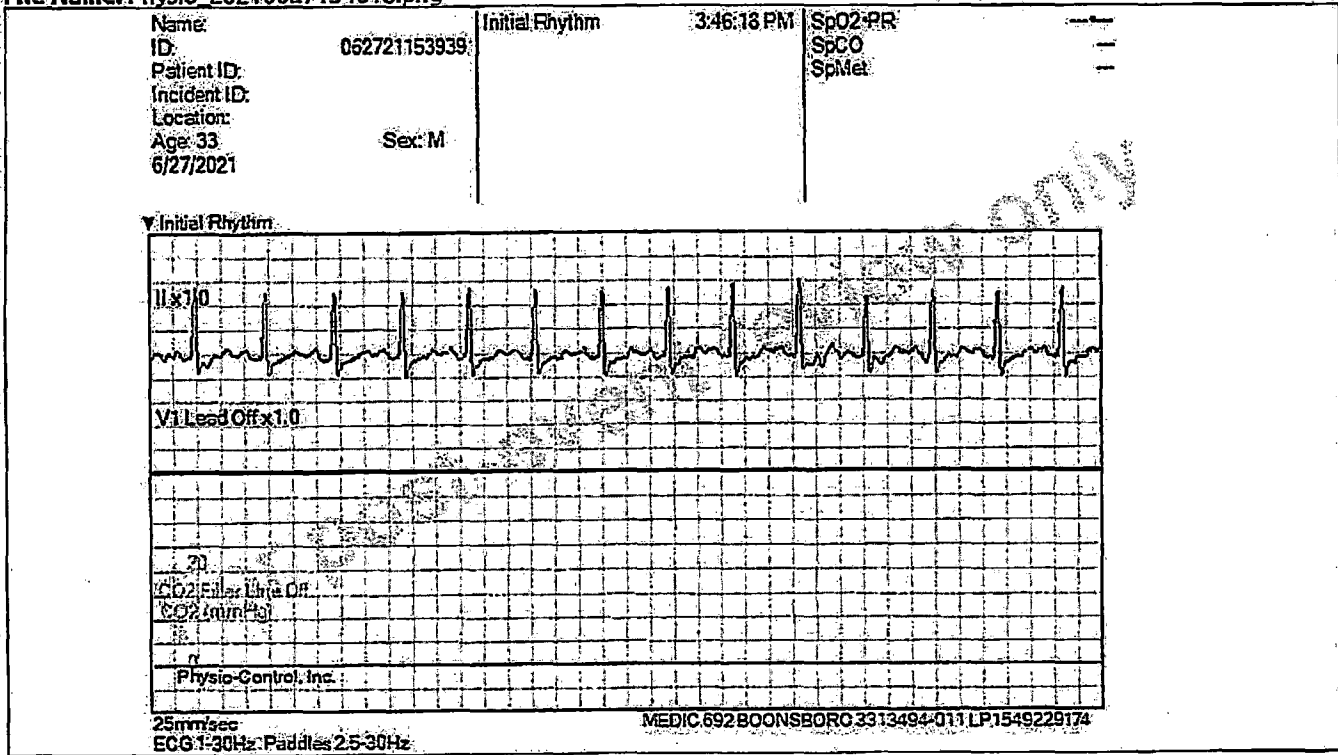


Agency Identifier:

[692]

Time: 06/27/2021 15:46:18

File Name: Physio\_20210627154618.png



EMS Call Sign: 692

Incident #: 2115708

Unit Notified: 06/27/2021  
15:11:31

PCR#: b2bbe02ae6774  
9deb462b6f56a  
96198b

Date: 07/31/2023  
Generated: 23:08  
Last Incident: 08/25/2021  
Update: 02:10:53

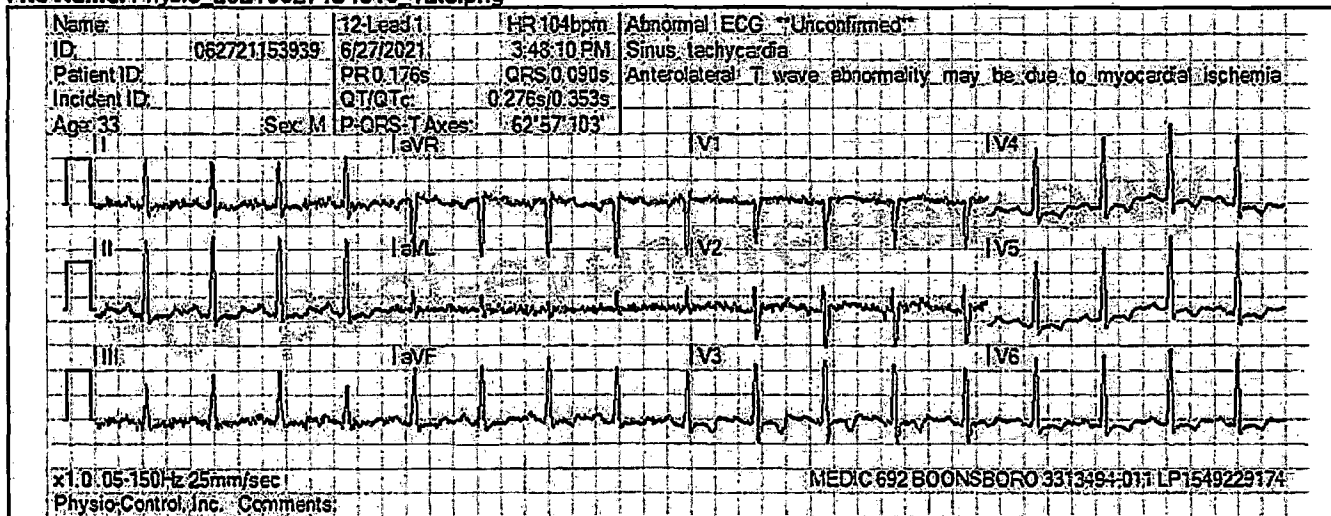
EMS Agency Name: Washington County EMS  
 EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
 Patient Name: Jenkins DOC #437352, Taiwon  
 Date of Birth: 04/20/1988

Agency Identifier:

[692]

Time: 06/27/2021 15:48:10

File Name: Physio\_20210627154810\_12ld.png

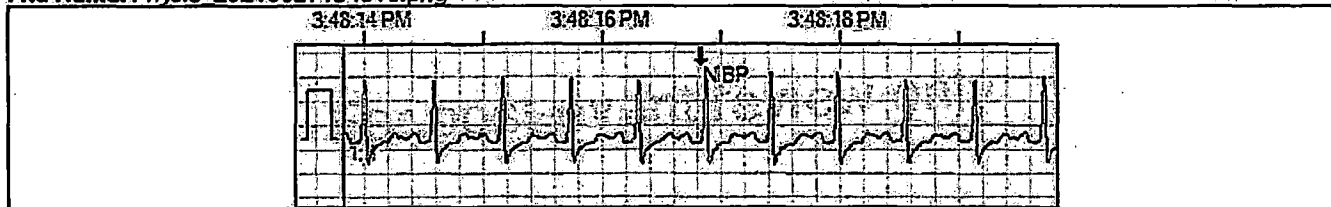


Agency Identifier:

[692]

Time: 06/27/2021 15:48:16

File Name: Physio\_20210627154816.png

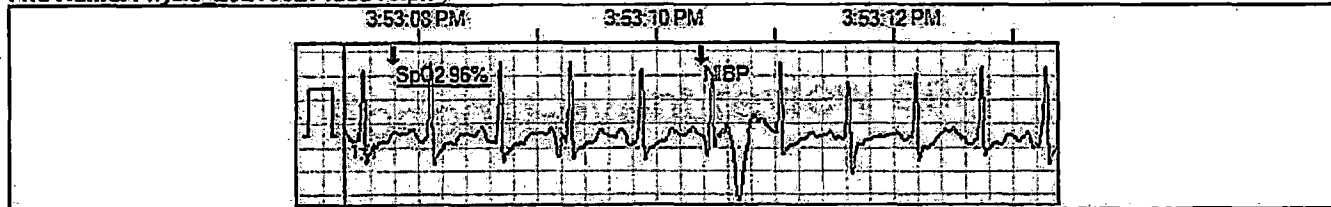


Agency Identifier:

[692]

Time: 06/27/2021 15:53:10

File Name: Physio\_20210627155310.png



EMS Call Sign: 692

Incident #: 2115708

Unit Notified: 06/27/2021  
 15:11:31

PCR#: b2bbe02ae6774  
 9deb462b6f56a-  
 96198b

Date 07/31/2023  
 Generated: 23:08  
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 Update: 02:10:53



EMS Agency Name: Washington County EMS

EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d

Patient Name: Jenkins DOC #437352, Tavon

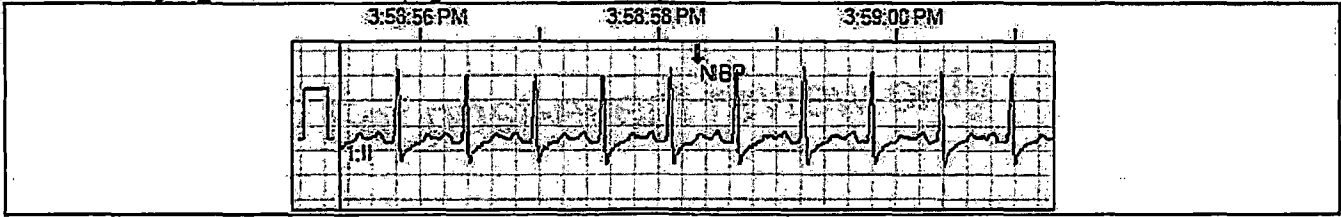
Date of Birth: 04/20/1988

Agency Identifier:

[692]

Time: 06/27/2021 15:58:58

File Name: Physio\_20210627155858.png

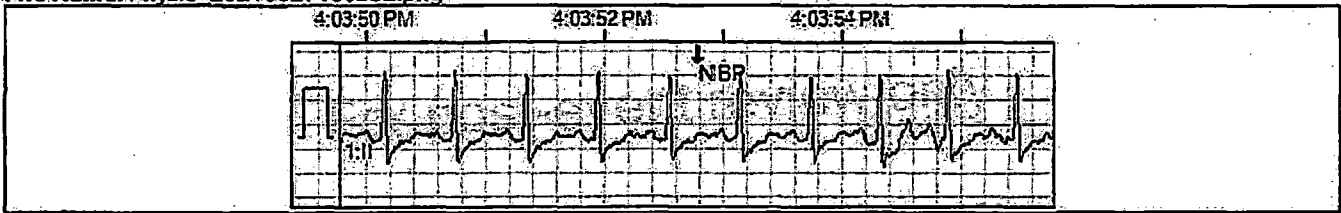


Agency Identifier:

[692]

Time: 06/27/2021 16:03:52

File Name: Physio\_20210627160352.png

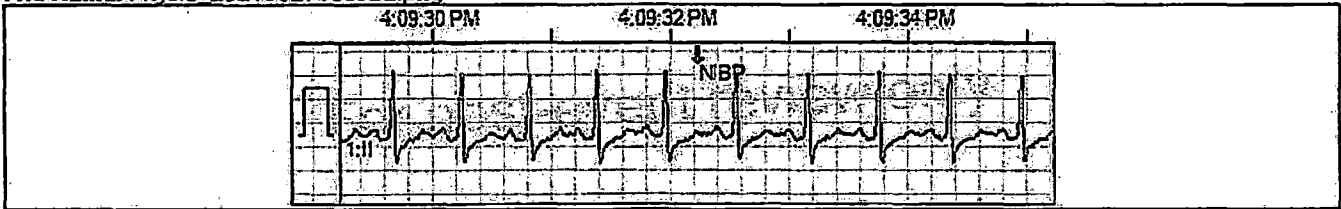


Agency Identifier:

[692]

Time: 06/27/2021 16:09:32

File Name: Physio\_20210627160932.png

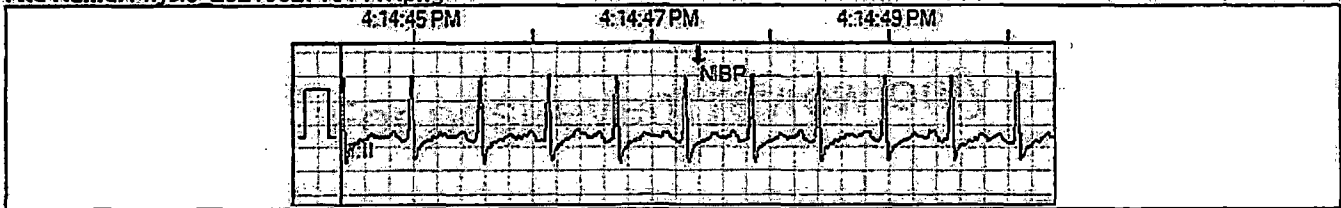


Agency Identifier:

[692]

Time: 06/27/2021 16:14:47

File Name: Physio\_20210627161447.png



EMS Call Sign: 692

Incident #: 2115708

Unit Notified: 06/27/2021  
15:11:31

PCR#: b2bbe02ae6774  
9deb462b6f56a  
96198b

Date 07/31/2023  
Generated: 23:08  
Last Incident 08/25/2021  
Update: 02:10:53

EMS Agency Name: Washington County EMS  
EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
Patient Name: Jenkins DOC #437352, Taivon Date of Birth: 04/20/1988



MD: Signature Report

Department of Emergency Services  
16232 Elliott Parkway  
Williamsport, MD 21795  
Fax: (240) 313-2900  
Work: (240) 313-4367  
Work: (301) 733-1112  
Fax: (301) 739-6015

SIGNATURES/SIGNATURES

Language: English

Type of Person Signing: Nurse

Signature Reason: Transfer of Patient Care

Paragraph Text:

The patient named on this form was received by this facility at the date and time indicated above. My signature is not an acceptance of financial responsibility for the services rendered to this patient.

Date/Time of Signature: 06/27/2021 16:20:30

Signature Last Name: aung

Signature First Name: hein

Signature Graphic:

A handwritten signature in black ink, appearing to read "Hein Aung", written inside a rectangular box.

Signature Status: Signed

Language: English

Type of Person Signing: Patient

Signature Reason: HIPAA acknowledgement/Release; Authorization/Release for Billing; Permission to Treat

Paragraph Text:

Our Notice of Privacy Practice provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy. You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by this agreement. By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment, or health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

Washington County EMS has chosen to participate in the Chesapeake Regional Information System for our Patients (CRISP), a regional health information exchange serving Maryland and DC. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may "opt out" and disable access to your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax or through their website at [www.crisphealth.org](http://www.crisphealth.org). Public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers.

PCR#: b2bbe02ae67749deb462b6f56a9  
6198b

Date: 08/01/2023  
Generated: 00:40

Incident #: 2115708

EMS Agency Name: Washington County EMS

EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d

Patient Name: Jenkins DOC #437352, Tavion

Date of Birth: 04/20/1988

I authorize the submission of a claim for payment to Medicare, Medicaid, or any other payor for any services provided to me by the transporting company of the Washington County Emergency Medical Services (Transporting EMS Company), in the past, or in the future, until such time as I revoke this authorization in writing. I understand that I am financially responsible for the services and supplies provided to me by the Transporting EMS Company, regardless of my insurance coverage, and in some cases, may be responsible for an amount in addition to that which was paid by my insurance. I agree to immediately remit to the Transporting EMS Company any payments that I receive directly from insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to the Transporting EMS Company. I authorize the Transporting EMS Company to appeal payment denials or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical information or other relevant documentation about me to release such information to the Transporting EMS Company and its billing agents, the Centers for Medicare and Medicaid Services, and/or any other payors or insurers, and their respective agents or contractors, as may be necessary to determine these or other benefits payable for any services provided to me by the Transporting EMS Company, now, in the past, or in the future.

Date/Time of Signature: 06/27/2021 16:20:56

Signature Last Name: Jenkins DOC #437352

Signature First Name: Tavion

Signature Status: Not Signed - In Law Enforcement Custody

---

Language: English

Type of Person Signing: EMS Crew Member (Other)

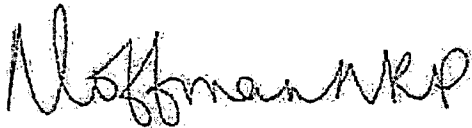
Signature Reason: Witness

Date/Time of Signature: 06/27/2021 16:36:21

Signature Last Name: COFFMAN

Signature First Name: NATALIE

Signature Graphic:



Signature Status: Signed

---

Language: English

Type of Person Signing: EMS Primary Care Provider (for this event)

Signature Reason: Report Author

Paragraph Text: I acknowledge that I have provided the above assessments/treatments for this patient.

Date/Time of Signature: 06/27/2021 19:07:40

Signature Last Name: Metz

PCR#: b2bbe02ae67749deb462b6f56a9  
6198b

Date 08/01/2023  
Generated: 00:40

Incident #: 2115708

EMS Agency Name: Washington County EMS

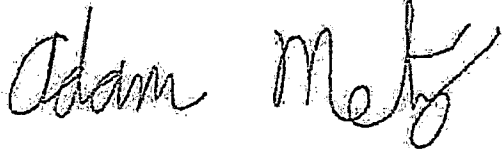
EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d

Patient Name: Jenkins DOC #437352, Taivon

Date of Birth: 04/20/1988

Signature First Name: Adam

Signature Graphic:

A rectangular box containing a handwritten signature in black ink. The signature appears to read "Adam M. Jenkins".

Signature Status: Signed

PCR#: b2bbe02ae67749deb462b6f56a9  
6198b

Date: 08/01/2023  
Generated: 00:40

Incident #: 2115708



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

YESCARE
PO BOX 34168
C/O CORRECTCARE INTEGRATED HEALTH
LEXINGTON, KY 40588

Main form body containing sections 1-33, including patient information, insurance details, and provider information.

SECOND FOLD

FIRST FOLD

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

**Patient Account Summary (Account Number) Report**

Date: 8/1/2023 Time: 12:26:25 AM

BOONSBORO AMB & RESCUE

PO BOX 7

BOONSBORO, MD 21713

Account Number: PAT-00009063

Account Name: LYNCH, TIRANK

Bill #	Transaction Type	Date	Transaction Description	Debit/Credit	Posted By	Payment Number	Balance
16768		07/08/2021	LYNCH, TIRANK				
16768	IC	07/12/2021	First Bill Commercial	\$858.10	TAM		\$858.10
16768	WB	04/08/2022	PAST TIMELY FILING	(\$858.10)	KA		\$0.00
16768	AB	04/27/2022	BAD DEBT ADJUSTMENT	\$858.10	KA		\$858.10
16768	SG	07/31/2023	Reprinted Bill	\$0.00	MK		\$858.10
23840		09/19/2021	LYNCH, TIRANK				
23840	IC	10/06/2021	First Bill Commercial	\$836.00	TAM		\$836.00
23840	PC	01/20/2022	CORIZON HEALTH PYMT	(\$763.67)	KA	771858	\$72.33
23840	CC	01/20/2022	COMMERCL C/A	(\$72.33)	KA		\$0.00
<b>Total Balance:</b>				\$858.10			

EMS Agency Name: Washington County EMS  
EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
Date of Birth: 01/18/2000

Patient Name: Lynch, Tiran



MD: MIEMSS Approved Short Form

Department of Emergency Services  
16232 Elliott Parkway  
Williamsport, MD 21795  
Fax: (240) 313-2900  
Work: (240) 313-4367  
Work: (301) 733-1112  
Fax: (301) 739-6015

PATIENT INFORMATION

Name: Lynch, Tiran  
Age: 21 Years - D.O.B.: 01/18/2000  
Gender: Male  
Weight: 200lbs  
90.7 kg  
Address: 18800 ROXBURY RD  
MD 21746

CALL INFORMATION

Agency Name: Washington County EMS  
Incident Number: 2116768  
Responding Unit: 692  
Arrived Hosp: 07/08/2021 10:42:00  
Initial Priority: Priority 3  
Final Priority: Priority 3

Crew Members

Crew Member	Crew Member Level	Crew Member Response Role
MILLS, MICHAEL (0004289)	EMT; BLS	Driver/Pilot-Response; Primary Patient Caregiver-Transport
ARDINGER, JEREMY (0004697)	Paramedic; ALS	Driver/Pilot-Transport; Primary Patient Caregiver-At Scene

PATIENT'S CURRENT MEDICATIONS

Patient Medications

Medication	Dosage	Unit	Route	Current Medication Comments
None Reported				

ALLERGIES

Medication Allergies

Medication Allergies	Medication Allergy Comments
No Known Drug Allergy	

Environment/Food Allergies

Environmental/Food Allergies	Environment Allergy Comments
No Known Allergies (situation)	

MEDICAL HISTORY

Date/Time of Symptom Onset: 07/08/2021 06:00:00

Complaint Type	Complaint	Duration	Time Units
Chief	RLAP		

Medical History: None Reported / Denies PMH  
Advance Directives: None

EMS Call Sign: 692

Incident #: 2116768

Unit Notified: 07/08/2021  
09:57:12

PCR#: 7b80467a77204  
9e0a613e14af5  
f9619f

Date: 08/01/2023  
Generated: 00:25  
Last Incident: 09/06/2021  
Update: 02:31:51

EMS Agency Name: Washington County EMS  
 EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d

Patient Name: Lynch, Tiran

Date of Birth: 01/18/2000

**TREATMENT (Medications / Procedures / Vitals / EKG / CCS)**

**Vitals**

Time	BP	Limbs	Puls Rhyth m	Effo Resp rt	SpO2 Qual	ETCO 2	Face Pain (Stroke)	Arm (Stroke)	Speech (Stroke)	Stroke Scale	PL PTA	Position Level	Blood Glucose Other	Blood Glucose Other	Cardiac Rhythm	Cardiac Rhythm- Other
10:21:41	141/75		45		100											
10:26:38	144/76		56		100											
10:31:38			57		99											

**EKG**

Time	Lead	Interpretation	Ectopy	Cause for Change	Comments
10:18:32					Import Event 'Power On'
10:33:58					Import Event 'Print Strip'

**ASSESSMENT**

**Medical / Injury / Burn Assessment**

Time

10:16:10

**Assessment Summary**

07/08/2021 10:16:10

**Detailed Findings**

Location	Description	Details
Skin	Dry Normal	
Mental Status	Oriented-Event Oriented-Person Oriented-Place Oriented-Time	
Neurological	Cerebellar Function- Normal Gait-Normal Speech-Normal Strength-Normal	
Chest/Lungs	Breath Sounds-Equal Breath Sounds-Normal- Left Breath Sounds-Normal- Right Normal	
Abdomen Right Lower Quadrant:	Pain Tenderness	

**Normal Findings**

Head; Face; Neck;

EMS Call Sign: 692

Incident #: 2116768

Unit Notified: 07/08/2021  
09:57:12

PCR#: 7b80467a77204  
9e0a613e14af5  
f9619f

Date 08/01/2023  
Generated: 00:25  
Last Incident: 09/06/2021  
Update: 02:31:51



EMS Agency Name: Washington County EMS  
EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
Date of Birth: 01/18/2000

Patient Name: Lynch, Tiran

Not Done

NARRATIVE

Narrative: [07/08/21 09:56:07 5662] ProQA Medical: 4 Commandments (2nd Party): 21-year-old, Male, Conscious, Breathing. Chief Complaint Text: Chest Pain / Chest Discomfort (Non-Traumatic) Caller Statement (2nd Party): ABDOMINAL PAIN WITH NAUSEA, VOMITTING AND CHEST PAIN [07/08/21 09:56:24 5662] ProQA Medical: Dispatch Code: 10D04 (Clammy or cold sweats) CAD Response: Delta - He is completely alert (responding appropriately). - He is breathing normally. - He is not changing color. - He is clammy. [07/08/21 09:56:51 5662] ProQA Medical: - He has not had a heart attack or angina (heart pains) before. - He took a prescribed medication in the past 12 hrs: TYLENOL AND IBPROFEN [07/08/21 09:57:11 5662] ProQA Medical: Urgent Message: IN DISPENSARY [07/08/21 09:57:27 5662] ProQA Medical: Interrogation is complete for E211890027.

M692 was dispatched and reopened with a crew of 2. M692 arrived on scene and was escorted to the pt by the correctional officer. The pt was a 21 yr old male. The pt stated that his right lower side abdomen was hurting him and it started around 0600.

EXAM:

NEURO: CAOx4, GCS-15, Stroke scale negative, Positive CSM in all extremities with a normal gait.

AIRWAY: patent, no secretions noted, no obstructions, no JVD, trachea midline.

BREATHING: Normal rate and rhythm, non-labored with no accessory muscle use, no paradoxical motion, Lung sounds clear and equal.

CARDIAC: Denies Chest Pain, Strong and equal radial pulses

HEENT: Head: No Scalp & cranium crepitation. Eyes: PERRL, no discoloration, or blood noted in the anterior chamber. Ears & Nose: no fluid drainage or bleeding. Mouth: no missing teeth or Foreign bodies, no swelling or lacerations, no breath odor or discoloration.

GI/ABDOMEN: Soft and tender, with no distention, palpable masses, pulsations, or ecchymosis noted. No excess abdominal muscle use noted. Patient does not complain of nausea and/or vomiting. No changes in output, urine normal in color as reported by patient.

PELVIS: Stable, no pain on motion.

SKIN: Warm and dry, SPO2 is not indicative of hypoxia

MSK: Pt does not present with any obvious injuries or deformities. The patient denies neck or back pain. DCAP/BTLS: No medical alert devices found.

TREATMENT and TRANSPORT: All appropriate PPE is donned prior to patient contact. Vitals are taken as noted above. The patient is assisted to the lowered cot and secured with straps and guard rails. The patient is moved to M692 where he is secured for transport. Transport is initiated priority 3 to Mertius Medical Center ED. M692 consults/notifies the receiving facility en route (via EMRC) and does not request or receive any orders. The patient is monitored enroute.

DISPOSITION: M692 arrives at the destination without incident. Patient is transferred to ED bed 38. All patient belongings/paperwork are left with the patient. A full handoff report is provided to the nursing staff at the bedside without further question and care is transferred at that time to RN

JURISDICTIONAL NOTES

Write any additional notes here:

EMS Call Sign: 692

Incident #: 2116768

Unit Notified: 07/08/2021  
09:57:12

PCR#: 7b80467a77204  
9e0a613e14af5  
f9619f

Date: 08/01/2023  
Generated: 00:25  
Last Incident: 09/06/2021  
Update: 02:31:51

EMS Agency Name: Washington County EMS  
EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d

Patient Name: Lynch, Tiran

Date of Birth: 01/18/2000

ATTACHMENT

EMS Call Sign: 692

Incident #: 2116768

Unit Notified: 07/08/2021  
09:57:12

PCR#: 7b80467a77204  
9e0a613e14af5  
f9619f

Date 08/01/2023  
Generated: 00:25  
Last Incident: 09/06/2021  
Update: 02:31:51

EMS Agency Name: Washington County EMS  
EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
Date of Birth: 01/18/2000

Patient Name: Lynch, Tiran

Time: 07/08/2021 10:18:32

File Name: Physio\_20210708101832.png

For post-event review only

Time: 07/08/2021 10:21:41

File Name: Physio\_20210708102141.png

For post-event review only

Time: 07/08/2021 10:26:38

File Name: Physio\_20210708102638.png

For post-event review only

Time: 07/08/2021 10:31:38

File Name: Physio\_20210708103236.png

For post-event review only

Time: 07/08/2021 10:33:58

File Name: Physio\_20210708103358.png

Name:		Print:	10:33:58 AM	SpO2-PR:	100%
ID:	070821101831			SpCO	-
Patient ID:				SpMet	-
Incident ID:					
Location:					
Age:		Sex:			
7/8/2021					

Print 1 v

II, Lead Off x1.0

V1 Lead Off x1.0

Physio-Control, Inc.

25mm/sec  
ECG 1-30Hz; Paddles 2.5-30Hz

MEDIC 692 BOONSBORO 3313494-011 LP1549229174

EMS Call Sign: 692

Incident #: 2116768

Unit Notified: 07/08/2021  
09:57:12

PCR#: 7b80467a77204  
9e0a613e14af5  
f9619f

Date: 08/01/2023  
Generated: 00:25  
Last Incident: 09/06/2021  
Update: 02:31:51

EMS Agency Name: Washington County EMS  
EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
Patient Name: Lynch, Tiran  
Date of Birth: 01/18/2000

EMS Call Sign: 692

Incident #: 2116768

Unit Notified: 07/08/2021  
09:57:12

PCR#: 7b80467a77204  
9e0a613e14af5  
F9619F

Date 08/01/2023  
Generated: 00:25  
Last Incident 09/06/2021  
Update: 02:31:51

EMS Agency Name: Washington County EMS  
EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
Date of Birth: 01/18/2000

Patient Name: Lynch, Tiran



**MD: Signature Report**

Department of Emergency Services  
16232 Elliott Parkway  
Williamsport, MD 21795  
Fax: (240) 313-2900  
Work: (240) 313-4367  
Work: (301) 733-1112  
Fax: (301) 739-6015

SIGNATURES/SIGNATURES

Language: English

Type of Person Signing: EMS Primary Care Provider (for this event)

Signature Reason: Report: Author

Paragraph Text: I acknowledge that I have provided the above assessments/treatments for this patient.

Date/Time of Signature: 07/08/2021 10:33:07

Signature Last Name: MILLS

Signature First Name: MICHAEL

Signature Graphic:

A handwritten signature in black ink, appearing to read "MILLS", enclosed in a rectangular box.

Signature Status: Signed

Language: English

Type of Person Signing: Patient

Signature Reason: HIPAA acknowledgement/Release; Authorization/Release for Billing

Paragraph Text:

Our Notice of Privacy Practice provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy. You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by this agreement. By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment, or health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

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I authorize the submission of a claim for payment to Medicare, Medicaid, or any other payor for any services provided to me by the transporting company of the Washington County Emergency Medical Services (Transporting EMS Company), in the past, or

PCR#: 7b80467a772049e0a613e14af5f  
9619f

Date 08/01/2023  
Generated: 00:48

Incident #: 2116768

EMS Agency Name: Washington County EMS  
EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d

Patient Name: Lynch, Tiran

Date of Birth: 01/18/2000

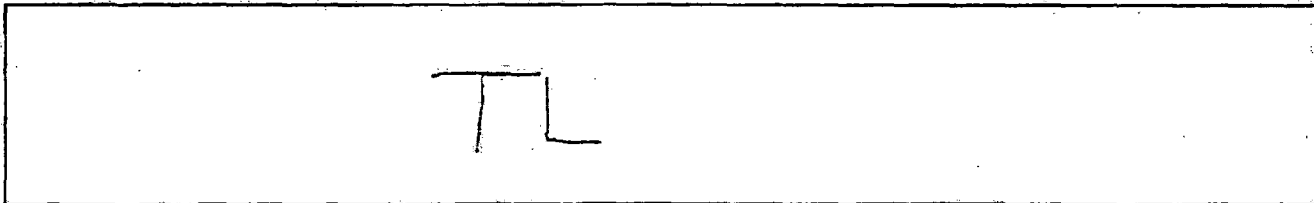
in the future, until such time as I revoke this authorization in writing. I understand that I am financially responsible for the services and supplies provided to me by the Transporting EMS Company, regardless of my insurance coverage, and in some cases, may be responsible for an amount in addition to that which was paid by my insurance. I agree to immediately remit to the Transporting EMS Company any payments that I receive directly from insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to the Transporting EMS Company. I authorize the Transporting EMS Company to appeal payment denials or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical information or other relevant documentation about me to release such information to the Transporting EMS Company and its billing agents, the Centers for Medicare and Medicaid Services, and/or any other payors or insurers, and their respective agents or contractors, as may be necessary to determine these or other benefits payable for any services provided to me by the Transporting EMS Company, now, in the past, or in the future.

Date/Time of Signature: 07/08/2021 10:40:14

Signature Last Name: Lynch

Signature First Name: Tiran

Signature Graphic:



Signature Status: Signed

Language: English

Type of Person Signing: Nurse

Signature Reason: Transfer of Patient Care

Paragraph Text:

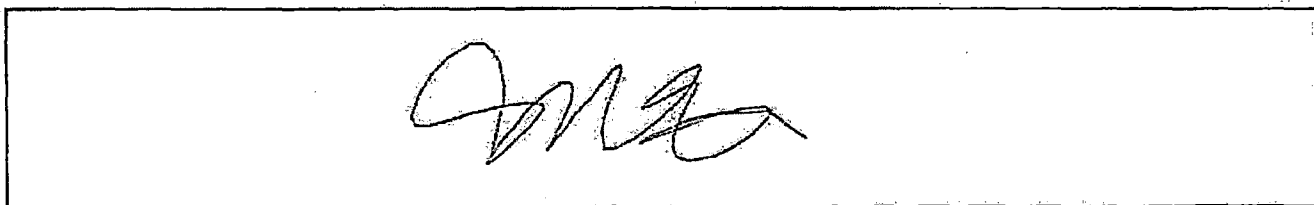
The patient named on this form was received by this facility at the date and time indicated above. My signature is not an acceptance of financial responsibility for the services rendered to this patient.

Date/Time of Signature: 07/08/2021 10:46:27

Signature Last Name: ensor

Signature First Name: sarah

Signature Graphic:



Signature Status: Signed

PCR#: 7b80A67a772049e0a613e14af5f  
9619f

Date 08/01/2023  
Generated: 00:48

Incident #: 2116768

EMS Agency Name: Washington County EMS  
EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d

Patient Name: Lynch, Tiran

Date of Birth: 01/18/2000

PCR#: 7b80467a772049e0a613e14af5f  
9619f

Date: 08/01/2023  
Generated: 00:48

Incident #: 2116768



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

YESCARE
PO BOX 34168
C/O CORRECTCARE INTEGRATED HEALTH
LEXINGTON, KY 40588

Form with multiple sections: 1. PICA, 2. PATIENT'S NAME, 3. PATIENT'S BIRTH DATE, 4. INSURED'S NAME, 5. PATIENT'S ADDRESS, 6. PATIENT RELATIONSHIP TO INSURED, 7. INSURED'S ADDRESS, 8. RESERVED FOR NUCC USE, 9. OTHER INSURED'S NAME, 10. IS PATIENT'S CONDITION RELATED TO, 11. INSURED'S POLICY GROUP OR FECA NUMBER, 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE, 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE, 14. DATE OF CURRENT ILLNESS, 15. OTHER DATE, 16. DATES PATIENT UNABLE TO WORK, 17. NAME OF REFERRING PROVIDER, 18. HOSPITALIZATION DATES, 19. ADDITIONAL CLAIM INFORMATION, 20. OUTSIDE LAB CHARGES, 21. DIAGNOSIS OR NATURE OF ILLNESS, 22. RESUBMISSION CODE, 23. PRIOR AUTHORIZATION NUMBER, 24. DATE(S) OF SERVICE, 25. FEIN NUMBER, 26. ACCOUNT NO., 27. ACCEPT ASSIGNMENT?, 28. TOTAL CHARGE, 29. AMOUNT PAID, 30. Rsvd for NUCC use, 31. SIGNATURE OF PHYSICIAN OR SUPPLIER, 32. SERVICE FACILITY LOCATION INFORMATION, 33. BILLING PROVIDER INFO & PHONE #.

SECOND FOLD

FIRST FOLD - WHERE TO ENVY - WHERE TO SERVICE

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION



**Patient Account Summary (Account Number) Report**

Date: 8/1/2023 Time: 12:14:51 AM

BOONSBORO AMB & RESCUE

PO BOX 7

BOONSBORO, MD 21713

Account Number: PAT-00009058

Account Name: CROSBY, COREYA

Bill #	Transaction Type	Date	Transaction Description	Debit/Credit	Posted By	Payment Number	Balance
16376		07/04/2021	CROSBY, COREYA				
16376	IC	07/07/2021	First Bill Commercial	\$1,057.10	TAM		\$1,057.10
16376	WB	04/08/2022	PAST TIMELY FILING	(S1,057.10)	KA		\$0.00
16376	AB	04/27/2022	BAD DEBT ADJUSTMENT	\$1,057.10	KA		\$1,057.10
16376	SG	07/31/2023	Reprinted Bill	\$0.00	MK		\$1,057.10
<b>Total Balance:</b>							<b>\$1,057.10</b>

EMS Agency Name: Washington County EMS  
 EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5a403d  
 Patient Name: Crosby DOC#407784, Corey Date of Birth: 03/18/1970



MD: MIEMSS Approved Short Form

Department of Emergency Services  
 16232 Elliott Parkway  
 Williamsport, MD 21795  
 Fax: 2403132900  
 Work: 2403134367  
 Work: 3017331112  
 Fax: 3017396015

PATIENT INFORMATION

Name: Crosby DOC#407784, Corey  
 Age: 51 Years - D.O.B.: 03/18/1970  
 Gender: Male Weight: 200lbs  
 90.7 kg  
 Address: 18800 ROXBURY RD  
 Hagerstown (PO Box), MD 21746

CALL INFORMATION

Agency Name: Washington County EMS  
 Incident Number: 2116376  
 Responding Unit: 691  
 Arrived Hosp: 07/04/2021 08:45:45  
 Initial Priority: Priority 2  
 Final Priority: Priority 2

Crew Members

Agency Identifier	Crew Member	Crew Member Level	Crew Member Response Role
[691]	KEEFER, ERIN (0003796)	Paramedic; ALS	Primary Patient Caregiver-Transport; Primary Patient Caregiver-At Scene
[691]	NICHOLS, SARAH (0022693)	EMT; BLS	Driver/Pilot-Response; Driver/Pilot-Transport

PATIENT'S CURRENT MEDICATIONS

Patient Medications

Agency Identifier	Medication	Dosage	Unit	Route	Current Medication Comments
[691]	Perphenazine				
[691]	Depakote				
[691]	Fluoxetine				
[691]	Diphenhydramine				
[691]	Norvasc				
[691]	Lipitor				
[691]	Tums				
[691]	Amitriptyline				
[691]	PriLOSEC				

ALLERGIES

Medication Allergies

Agency Identifier	Medication Allergies	Medication Allergy Comments
[691]	No Known Drug Allergy	

EMS Call Sign: 691

Incident #: 2116376

Unit Notified: 07/04/2021  
 07:49:28

PCR#: 95d6d0d00e8d  
 4cb3840549b1e  
 170e0d1

Date: 07/31/2023  
 Generated: 23:15  
 Last Incident: 09/02/2021  
 Update: 02:22:23

EMS Agency Name: Washington County EMS  
 EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
 Patient Name: Crosby DOC#407784, Corey Date of Birth: 03/18/1970

**Environment/Food Allergies**

Agency Identifier	Environmental/Food Allergies	Environment Allergy Comments
[691]	Other Food (disorder)	

**MEDICAL HISTORY**

Date/Time of Symptom Onset: 07/03/2021 19:00:00

Agency Identifier	Complaint Type	Complaint	Duration	Time Units
[691]	Chief	chest tightness	12 Hours	Hours

Medical History: Hypertension, Cardiac, Manic/Depressive (Bi-Polar), Psych/Behavior  
 Other Medical History: allergy: onion, mayo, chicken  
 Advance Directives: None

**TREATMENT (Medications/Procedures/Vitals/EKG/GCS)**

**Medications**

Agency Identifier	Time	Crew	Medication	Route	Dosage	Response	PTA	Comments
[691]	08:32:12	KEEFER, ERIN (0003796)	Nitroglycerin	Sublingual (Under Tongue)	0.4 MG	Unchanged	No	Import Event for Medication CodeMarker Nitroglycerin

**Procedures**

Agency Identifier	Time	Crew	Name	Location	Size of Equipment	Attempts	Response	Success	Comments
[691]	08:13:00	KEEFER, ERIN (0003796)	Assessment			1	Unchanged	Yes	
[691]	08:14:48	KEEFER, ERIN (0003796)	ECG Leads On			1	Unchanged	Yes	Import Event 'Leads On'
[691]	08:16:36	KEEFER, ERIN (0003796)	12 Lead ECG			1	Unchanged	Yes	Import Event 'Twelve Lead'
[691]	08:28:00	KEEFER, ERIN (0003796)	Venous Access - Extremity	Hand-Right	20	1	Unchanged	Yes	

EMS Call Sign: 691

Incident #: 2116376

Unit Notified: 07/04/2021 07:49:28

PCR#: 95d6d0d00e8d  
 4cb3840549b1a  
 170e0d1

Date 07/31/2023  
 Generated: 23:15  
 Last Incident: 09/02/2021  
 Update: 02:22:23

EMS Agency Name: Washington County EMS  
 EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d

Patient Name: Crosby.DOC#407784, Corey Date of Birth: 03/18/1970

**Vitals**

Agency Identifier	Time	BP	Limb	Puls	Rhyt	Effor	SpO2	ETCO	Face	Arm	Speech	Stroke	PTA	Blood	Blood	Cardiac	Cardiac
				am	hm	Resp	Qual	2	Pain	(Stroke)	(Stroke)	Scale		Glucose	Glucose	Rhythm	Rhythm - Other
[691]	08:14:33	133/91	Arm Right	86	Regul	16	al	98	At Room					Sitting			
[691]	08:24:31	146/94	Arm Left	87	Regul	16	al	98	At Room					Semi-Fowlers		Normal Sinus Rhythm (NSR)	
[691]	08:29:34	133/89	Arm Left	81	Regul	16	al	98	At Room					Semi-Fowlers		Normal Sinus Rhythm (NSR)	
[691]	08:35:27	119/58	Arm Left	85	Regul	16	al	95	At Room					Semi-Fowlers		Normal Sinus Rhythm (NSR)	
[691]	08:39:53	131/97	Arm Left	89	Regul	16	al	96	At Room					Semi-Fowlers		Normal Sinus Rhythm (NSR)	
[691]	08:44:50	124/83	Arm Left	84	Regul	16	al	95	At Room					Semi-Fowlers		Normal Sinus Rhythm (NSR)	

**EKG**

Agency Identifier	Time	Lead	Interpretation	Ectopy	Cause For Change	Comments
[691]	08:13:21					Import Event 'Power On'
[691]	08:14:48					Import Event 'Leads On'
[691]	08:16:36					Import Event 'Twelve Lead'

**GCS**

Agency Identifier	Time	Eye	Motor	Verbal	Score	Qualifier	Total Glasgow Coma Score
[691]	08:14:33	Spontaneously - 4	Verbal Command - Obeys - 6	Oriented & Converses - 5	Initial GCS has legitimate values without interventions such as intubation and sedation		15
[691]	08:24:31						
[691]	08:29:34						
[691]	08:35:27						
[691]	08:39:58						
[691]	08:44:50	Spontaneously - 4	Verbal Command - Obeys - 6	Oriented & Converses - 5	Initial GCS has legitimate values without interventions such as intubation and sedation		15

**ASSESSMENT**

EMS Call Sign: 691

Incident #: 2116376

Unit Notified: 07/04/2021 07:49:28

PCR#: 95d6d0d00e8d4cb3840549b1a170e0d1

Date: 07/31/2023  
 Generated: 23:15  
 Last Incident: 09/02/2021  
 Update: 02:22:23

EMS Agency Name: Washington County EMS  
 EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
 Patient Name: Crosby, DOC#407784, Corey Date of Birth: 03/18/1970

**Medical / Injury / Burn Assessment**

Agency Identifier

Time

[691]

08:15:00

**Assessment Summary**

[691]

07/04/2021 08:15:00

**Detailed Findings**

Location	Description	Details
Skin	Capillary Refill < 2 seconds Color - Pink Dry Normal Warm	
Chest/Lungs	Pain	

**Normal Findings**

Mental Status; Neurological;

Not Done

**NARRATIVE**

**Narrative:** Dispatched ALS EMERGENCY for chest pain. 51 year old african american male sitting on a chair inside the prison facility, complaining of chest tightness. States he began having chest tightness 12 hours ago, with mild relief from self admin of tylenol. No injuries or strenuous activities, and no recent illness. Staff admin 324mg ASA, and pepto for possible reflux with no relief. AOx3, patent airway, non labored breathing, strong/regular pulse, warm/dry/pink skin. Vitals assessed. 4-lead showing NSR. 12-lead showing NSR, no elevation, no ectopy. Patient walks away with prison staff for strip/search. Placed onto the stretcher, and into the ambulance without incident. IV established. Admin 0.4mg nitro. Hx, meds, allergies obtained. Patient complains of a headache after nitro admin. No further changes en route to the hospital, remains stable. Successful consult with MMC ER, priority 2, no orders received. Care transferred to ER RN.

E EK

**JURISDICTIONAL NOTES**

Write any additional notes here:

**EKG ATTACHMENT**

EMS Call Sign: 691

Date 07/31/2023

Incident #: 2116376

Unit Notified: 07/04/2021  
07:49:28

PCR#: 95d6d0d00e8d  
4cb3840549b1a  
170e0d1

Generated: 23:15  
Last Incident: 09/02/2021  
Update: 02:22:23

EMS Agency Name: Washington County EMS  
EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d

Patient Name: Crosby DOC#407784, Corey

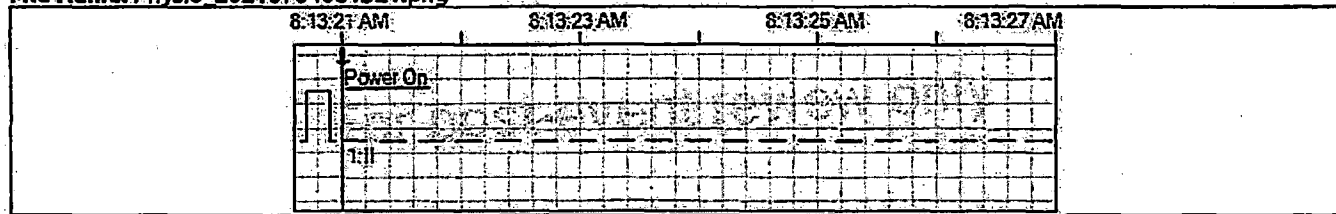
Date of Birth: 03/18/1970

Agency Identifier:

[691]

Time: 07/04/2021 08:13:21

File Name: Physio\_20210704081321.png

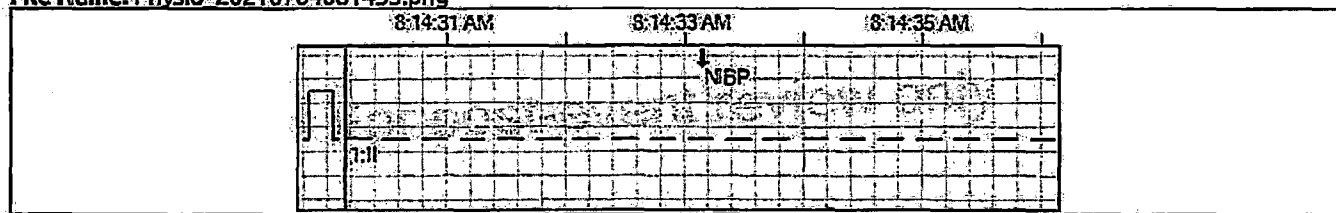


Agency Identifier:

[691]

Time: 07/04/2021 08:14:33

File Name: Physio\_20210704081433.png



Agency Identifier:

[691]

Time: 07/04/2021 08:14:48

File Name: Physio\_20210704081448.png

Name:		Initial Rhythm	8:14:48 AM	SpO2-PR	95-87
ID:	070421081322			SpCO	6
Patient ID:				SpMet	-
Incident ID:					
Location:					
Age: 51	Sex: M				
7/4/2021					

Initial Rhythm

25mm/sec  
EGG 1-30Hz - Paddles 2.5-30Hz

MEDIC 691 BOONSBORO 3313494-011 LP1549229130

EMS Call Sign: 691

Incident #: 2116376

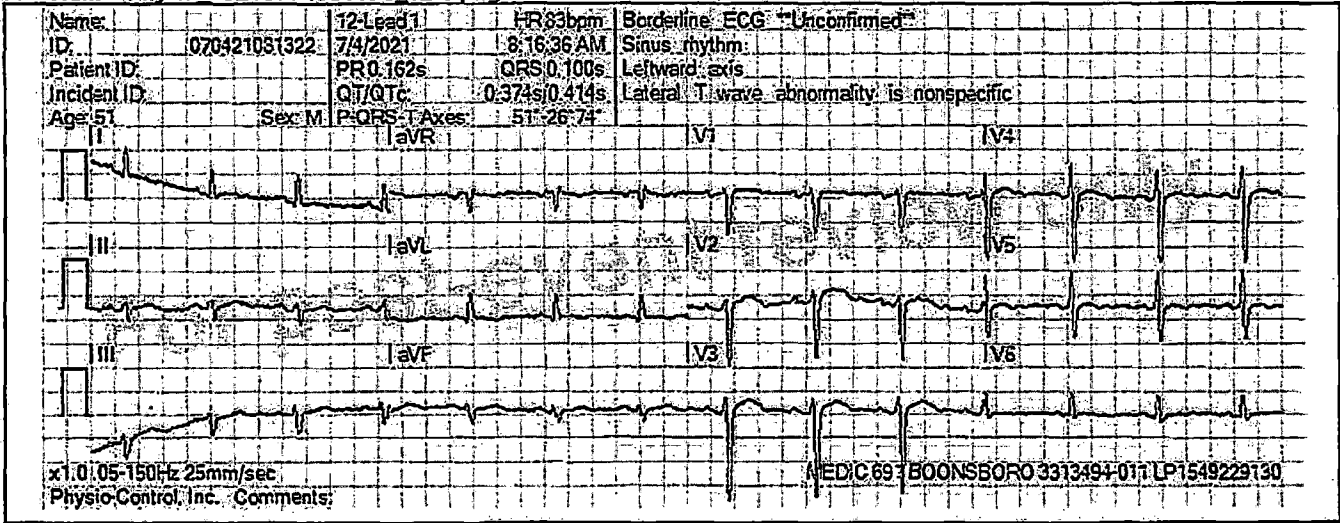
Unit Notified: 07/04/2021  
07:49:28

PCR#: 95d6d0d00e8d  
4cb3840549b1a  
170e0d1

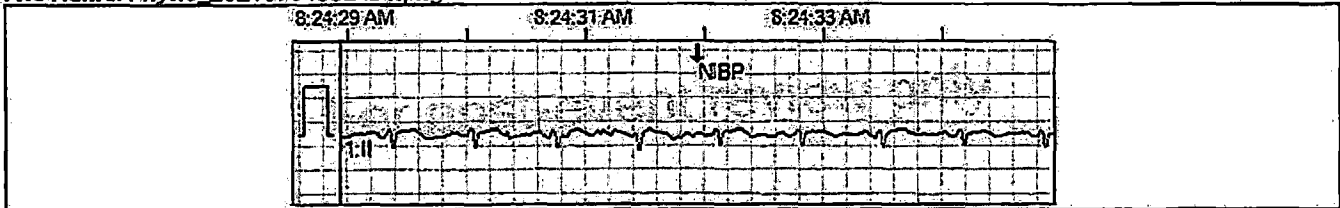
Date 07/31/2023  
Generated: 23:15  
Last Incident 09/02/2021  
Update: 02:22:23

EMS Agency Name: Washington County EMS  
 EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
 Patient Name: Crosby DOC#407784, Corey Date of Birth: 03/18/1970

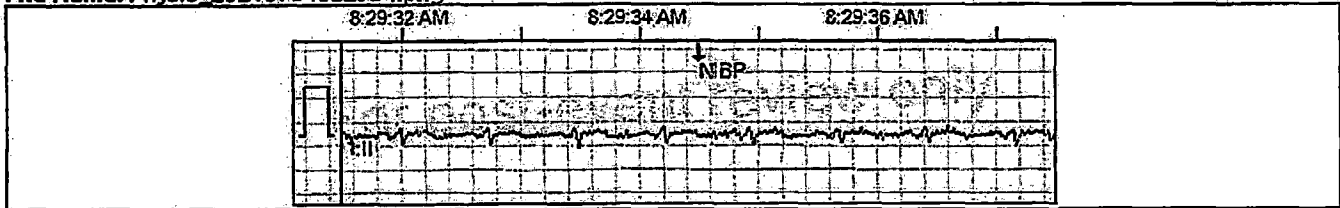
Agency Identifier:  
 [691]  
 Time: 07/04/2021 08:16:36  
 File Name: Physio\_20210704081636\_12ld.png



Agency Identifier:  
 [691]  
 Time: 07/04/2021 08:24:31  
 File Name: Physio\_20210704082431.png



Agency Identifier:  
 [691]  
 Time: 07/04/2021 08:29:34  
 File Name: Physio\_20210704082934.png



EMS Call Sign: 691

Incident #: 2116376

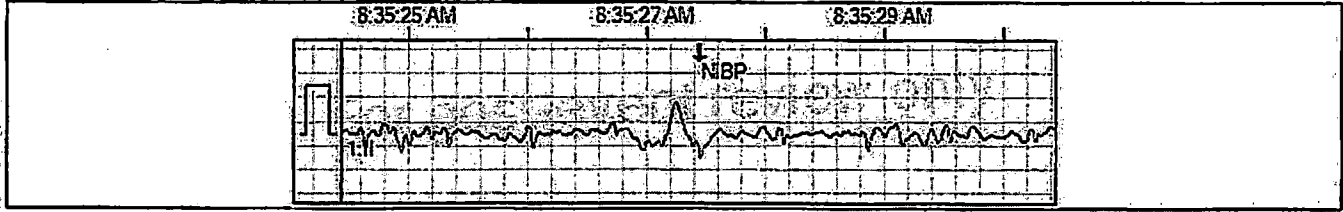
Unit Notified: 07/04/2021  
 07:49:28

PCR#: 95d6d0d00e8d  
 4cb3840549b1a  
 170e0d1

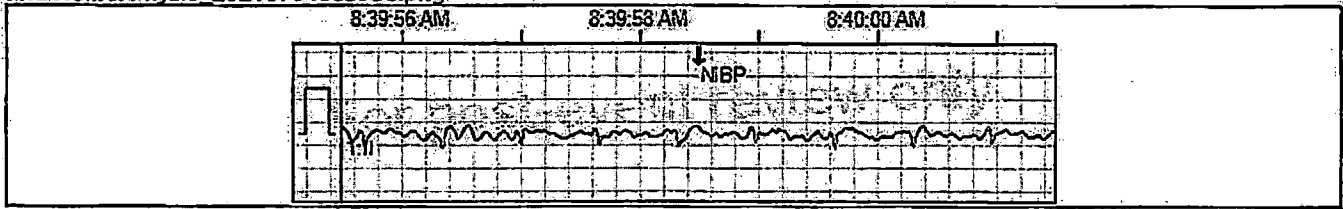
Date 07/31/2023  
 Generated: 23:15  
 Last Incident 09/02/2021  
 Update: 02:22:23

EMS Agency Name: Washington County EMS  
EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
Patient Name: Crosby, DOC#407784, Corey  
Date of Birth: 03/18/1970

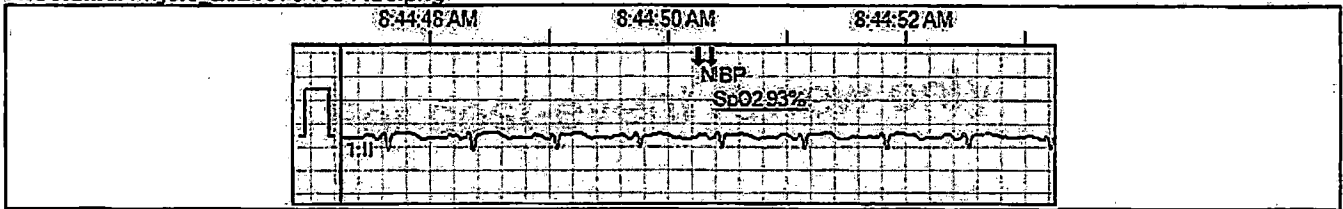
Agency Identifier:  
[691]  
Time: 07/04/2021 08:35:27  
File Name: Physio\_20210704083527.png



Agency Identifier:  
[691]  
Time: 07/04/2021 08:39:58  
File Name: Physio\_20210704083958.png



Agency Identifier:  
[691]  
Time: 07/04/2021 08:44:50  
File Name: Physio\_20210704084450.png



EMS Call Sign: 691

Incident #: 2116376

Unit Notified: 07/04/2021  
07:49:28

PCR#: 95d6d0d00e8d  
4cb3840549b1a  
170e0d1

Date: 07/31/2023  
Generated: 23:15  
Last Incident: 09/02/2021  
Update: 02:22:23



EMS Agency Name: Washington County EMS  
EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
Patient Name: Crosby, DOC#407784, Corey Date of Birth: 03/18/1970



**MD: Signature Report**

Department of Emergency Services  
16232 Elliott Parkway  
Williamsport, MD 21795  
Fax: (240) 313-2900  
Work: (240) 313-4367  
Work: (301) 733-1112  
Fax: (301) 739-6015

**SIGNATURES/SIGNATURES**

Language: English

Type of Person Signing: Healthcare Provider

Signature Reason: Transfer of Patient Care

Date/Time of Signature: 07/04/2021 08:49:58

Signature Last Name: fierros,m

Signature First Name: steven

Signature Graphic:

A handwritten signature in black ink, appearing to read "S. Fierros", written over a white rectangular background.

Signature Status: Signed

Language: English

Type of Person Signing: EMS Primary Care Provider (for this event)

Signature Reason: Report Author

Paragraph Text: I acknowledge that I have provided the above assessments/treatments for this patient.

Date/Time of Signature: 07/04/2021 08:54:13

Signature Last Name: KEEFER

Signature First Name: ERIN

Signature Graphic:

A handwritten signature in black ink, appearing to read "Erin Keefer", written over a white rectangular background.

Signature Status: Signed

PCR#: 95d6d0d00e8d4cb3840549b1a17  
0e0d1

Incident #: 2116376

Date: 08/01/2023  
Generated: 00:44

EMS Agency Name: Washington County EMS  
EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d

Patient Name: Crosby.DOC#407784, Corey Date of Birth: 03/18/1970

Language: English

Type of Person Signing: Patient

Signature Reason: HIPAA acknowledgement/Release; Authorization/Release for Billing

**Paragraph Text:**

Our Notice of Privacy Practice provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy. You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by this agreement. By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment, or health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

Washington County EMS has chosen to participate in the Chesapeake Regional Information System for our Patients (CRISP), a regional health information exchange serving Maryland and DC. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may "opt out" and disable access to your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax or through their website at [www.crisphealth.org](http://www.crisphealth.org). Public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers.

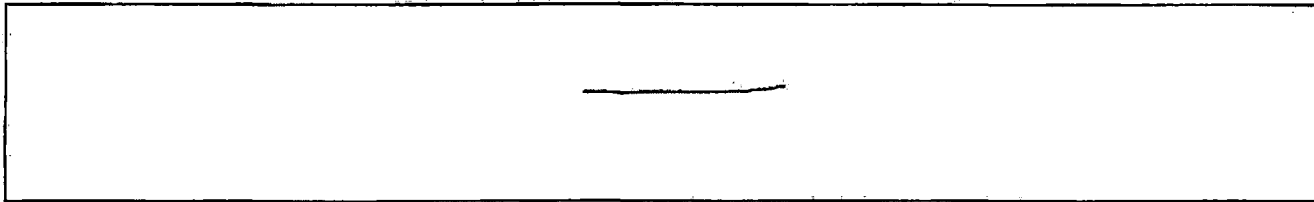
I authorize the submission of a claim for payment to Medicare, Medicaid, or any other payor for any services provided to me by the transporting company of the Washington County Emergency Medical Services (Transporting EMS Company), in the past, or in the future, until such time as I revoke this authorization in writing. I understand that I am financially responsible for the services and supplies provided to me by the Transporting EMS Company, regardless of my insurance coverage, and in some cases, may be responsible for an amount in addition to that which was paid by my insurance. I agree to immediately remit to the Transporting EMS Company any payments that I receive directly from insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to the Transporting EMS Company. I authorize the Transporting EMS Company to appeal payment denials or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical information or other relevant documentation about me to release such information to the Transporting EMS Company and its billing agents, the Centers for Medicare and Medicaid Services, and/or any other payors or insurers, and their respective agents or contractors, as may be necessary to determine these or other benefits payable for any services provided to me by the Transporting EMS Company, now, in the past, or in the future.

Date/Time of Signature: 07/04/2021 08:54:42

Signature Last Name: Crosby.DOC#407784

Signature First Name: Corey

Signature Graphic:



Signature Status: Not Signed - In Law Enforcement Custody

Language: English

Type of Person Signing: EMS Crew Member (Other)

PCR#: 95d6d0d00e8d4cb3840549b1a17  
0e0d1

Incident #: 2116376

Date: 08/01/2023  
Generated: 00:44

EMS Agency Name: Washington County EMS

EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d

Patient Name: Crosby, DOC#407784, Corey

Date of Birth: 03/18/1970


Signature Reason: Witness

Date/Time of Signature: 07/04/2021 08:55:15

Signature Last Name: NICHOLS

Signature First Name: SARAH

Signature Graphic:

A rectangular box containing a handwritten signature in black ink. The signature appears to be 'S. Nichols' written in a cursive style.

Signature Status: Signed

PCR#: 95d6d0d00e8d4cb3840549b1a17  
0e0d1

Date: 08/01/2023  
Generated: 00:44

Incident #: 2116376



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

YESCARE
PO BOX 34168
C/O CORRECTCARE INTEGRATED HEALTH
LEXINGTON, KY 40588

CARRIER

Form with multiple sections: 1. INSURANCE TYPE (YESCARE, MEDICAID, etc.), 2. PATIENT'S NAME (RICHBURG, LERON), 3. PATIENT'S BIRTH DATE (06-29-82), 4. INSURED'S NAME (RICHBURG, LERON), 5. PATIENT'S ADDRESS (18800 ROXBURY RD, HAGERSTOWN, MD), 6. PATIENT RELATIONSHIP TO INSURED (Self), 7. INSURED'S ADDRESS (18800 ROXBURY RD, HAGERSTOWN, MD), 8. RESERVED FOR NUCC USE, 9. OTHER INSURED'S NAME, 10. IS PATIENT'S CONDITION RELATED TO (EMPLOYMENT, ACCIDENTS), 11. INSURED'S POLICY GROUP OR FECA NUMBER, 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE, 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE, 14. DATE OF CURRENT ILLNESS, 15. OTHER DATE, 16. DATES PATIENT UNABLE TO WORK, 17. NAME OF REFERRING PROVIDER, 18. HOSPITALIZATION DATES, 19. ADDITIONAL CLAIM INFORMATION, 20. OUTSIDE LAB CHARGES, 21. DIAGNOSIS OR NATURE OF ILLNESS (R07.9), 22. RESUBMISSION CODE, 23. PRIOR AUTHORIZATION NUMBER, 24. TABLE OF SERVICES (DATE, PLACE, PROCEDURE, CHARGES, PROVIDER), 25. FSA NUMBER, 26. ACCOUNT NO., 27. ACCEPT ASSIGNMENT?, 28. TOTAL CHARGES, 29. AMOUNT PAID, 30. Rsvd for NUCC use, 31. SIGNATURE OF PHYSICIAN OR SUPPLIER, 32. SERVICE FACILITY LOCATION INFORMATION, 33. BILLING PROVIDER INFO & PAYER.

SECOND FOLD

FIRST FOLD

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

## Patient Account Summary (Account Number) Report

Date: 8/1/2023 Time: 12:20:02 AM

BOONSBORO AMB & RESCUE

PO BOX 7

BOONSBORO, MD 21713

Account Number: PAT-00008893

Account Name: RICHBURG, LERON

Bill #	Transaction Type	Date	Transaction Description	Debit/ Credit	Posted By	Payment Number	Balance
16544		07/06/2021	RICHBURG, LERON				
16544	IC	07/07/2021	First Bill Commercial	\$1,109.80	TAM		\$1,109.80
16544	WB	04/08/2022	PAST TIMELY FILING	(\$1,109.80)	KA		\$0.00
16544	AB	04/27/2022	BAD DEBT ADJUSTMENT	\$1,109.80	KA		\$1,109.80
16544	SG	07/31/2023	Reprinted Bill	\$0.00	MK		\$1,109.80
5253		03/05/2021	RICHBURG, LERON				
5253	IC	03/08/2021	First Bill Commercial	\$1,099.60	TAM		\$1,099.60
5253	PC	04/29/2021	CORIZON HEALTH PYMT	(\$896.13)	TAM	VCC	\$203.47
5253	CC	04/29/2021	COMMERCL C/A	(\$203.47)	TAM		\$0.00
<b>Total Balance:</b>							<b>\$1,109.80</b>

EMS Agency Name: Washington County EMS  
 EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
 Patient Name: Richburg DOC#419727, Leron Date of Birth: 03/19/1981



**MD: MIEMSS Approved Short Form**

Department of Emergency Services  
 16232 Elliott Parkway  
 Williamsport, MD 21795  
 Fax: (240) 313-2900  
 Work: (240) 313-4367  
 Work: (301) 733-1112  
 Fax: (301) 739-6015

**PATIENT INFORMATION**

Name: Richburg DOC#419727, Leron  
 Age: 40 Years - D.O.B.: 03/19/1981  
 Gender: Male Weight: 220lbs  
 99.8 kg  
 Address: 18800 ROXBURY RD  
 Hagerstown (PO Box), MD 21746

**CALL INFORMATION**

Agency Name: Washington County EMS  
 Incident Number: 2116544  
 Responding Unit: 691  
 Arrived Hosp: 07/06/2021 02:11:50  
 Initial Priority: Priority 2  
 Final Priority: Priority 2

Crew Members

Crew Member	Crew Member Level	Crew Member Response Role
NICHOLS, SARAH (0022693)	EMT; BLS	Driver/Pilot-Response; Driver/Pilot-Transport
MCKNIGHT, CASEY (0004851)	Paramedic; ALS	Primary Patient Caregiver-At Scene; Primary Patient Caregiver-Transport

**PATIENT'S CURRENT MEDICATIONS**

Patient Medications

Medication	Dosage	Unit	Route	Current Medication Comments
Omeprazole				
Amlodipine				
Amitriptyline				
Mobic				

**ALLERGIES**

Medication Allergies

Medication Allergies	Medication Allergy Comments
Ibuprofen	

**MEDICAL HISTORY**

Date/Time of Symptom Onset: 07/05/2021 07:00:00

Complaint

Complaint Type	Complaint	Duration	Time Units
Chief	Chest Discomfort		

Medical History: Hypertension, Cardiac, Gastric Reflux, GI/GUI

EMS Call Sign: 691

Date: 08/01/2023

Incident #: 2116544

Unit Notified: 07/06/2021 01:18:31

PCR#: c8740d1c87bc4  
 bc1a49761011e  
 34fb85

Generated: 00:19  
 Last Incident: 09/03/2021  
 Update: 02:29:42

EMS Agency Name: Washington County EMS  
 EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d

Patient Name: Richburg, DOC#419727, Leron Date of Birth: 03/19/1981

Other Medical History: Chest Pain W/ HX of tachycardia

Advance Directives: None

**TREATMENT (Medications / Procedures / Vitals / EKG / GCS)**

**Procedures**

Time	Crew	Name	Location	Size of Equipment	Attempts	Response	Success	Comments
01:41:13	MCKNIGHT, CASEY (0004851)	ECG Leads On			1	Unchanged	Yes	Import Event 'Leads On'
01:44:19	MCKNIGHT, CASEY (0004851)	12 Lead ECG			1	Unchanged	Yes	Import Event 'Twelve Lead'
01:56:00	MCKNIGHT, CASEY (0004851)	Venous Access -Extremity	Hand-Right	20	2	Unchanged	Yes	Failed attempt X1

**Vitals**

Time	BP	Limb	Pulse	Rhythm	Effort	SpO2	ETCO2	Face Pain	Arm (Stroke)	Speech (Stroke)	Stroke Scale	PTA	Pl. Position	Blood Glucose Level	Blood Glucose Other	Cardiac Rhythm	Cardiac Rhythm - Other
01:40:30	131/82	Arm Left	131	Regul ar	16	95	At Room Air						Fowlers			Sinus Tachycardia	
01:57:24	157/87	Arm Left	122	Regul ar	16	99	At Room Air	Normal	Normal	Normal	Negative		Fowlers			Sinus Tachycardia	
02:07:23	135/94	Arm Right	107	Regul ar	16	99	At Room Air	Normal	Normal	Normal	Negative		Fowlers				

**EKG**

Time	Lead	Interpretation	Ectopy	Cause for Change	Comments
01:38:44					Import Event 'Power On'
01:41:13					Import Event 'Leads On'
01:44:19					Import Event 'Twelve Lead'

**GCS**

Time	Eye	Motor	Verbal	Score Qualifier	Total Glasgow Coma Score
01:40:30	Spontaneously - 4	Verbal - Command - Obeys - 6	Oriented & Converses - 5	Initial GCS has legitimate values without interventions such as intubation and sedation	15
01:57:24	Spontaneously - 4	Verbal - Command - Obeys - 6	Oriented & Converses - 5	Initial GCS has legitimate values without interventions such as intubation and sedation	15
02:07:23	Spontaneously - 4	Verbal - Command - Obeys - 6	Oriented & Converses - 5	Initial GCS has legitimate values without interventions such as intubation and sedation	15

**ASSESSMENT**

**Medical / Injury / Burn Assessment**

Time

01:39:00

EMS Call Sign: 691

Incident #: 2116544

Unit Notified: 07/06/2021 01:18:31

PCR#: c8740d1c87bc4bc1a49761011e34fb85

Date 08/01/2023  
 Generated: 00:19  
 Last Incident: 09/03/2021  
 Update: 02:29:42

EMS Agency Name: Washington County EMS  
EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d

Patient Name: Richburg DOC#419727, Leron

Date of Birth: 03/19/1981

Assessment Summary

07/06/2021 01:39:00

Detailed Findings

Location	Description	Details
----------	-------------	---------

Normal Findings

Skin; Mental Status; Neurological;

Not Done

NARRATIVE

EMS Call Sign: 691

Incident #: 2116544

Unit Notified: 07/06/2021  
01:18:31

PCR#: c8740d1c87bc4  
bc1a49761011e  
34f585

Date 08/01/2023  
Generated: 00:19  
Last Incident: 09/03/2021  
Update: 02:29:42



EMS Agency Name: Washington County EMS

EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d

Patient Name: Richburg DOC#419727, Leron

Date of Birth: 03/19/1981

Narrative: [07/06/21 01:17:03 10314] ProQA Medical: 4 Commandments (2nd Party): 40-year-old, Male, Conscious, Breathing. Chief Complaint Text: Chest Pain / Chest Discomfort (Non-Traumatic) Caller Statement (2nd Party): CHEST PAIN ABNORMAL EKG [07/06/21 01:17:47 10314] ProQA Medical: Dispatch Code: 10C01 (Abnormal breathing) CAD Response: Charlie - He is completely alert (responding appropriately). - He is not breathing normally. - He does not have any difficulty speaking between breaths. - He is not changing color. - He is not clammy. - He has not had a heart attack or angina (heart pains) before. - He took a prescribed medication in the past 12 hrs: ROUTINE [07/06/21 01:18:16 10314] ProQA Medical: Interrogation is complete for E211870003.

Dispatched ALS HOT for a chest pain patient at MCTC. Upon arrival, EMS had to wait to be searched and granted access into the facility. Once completed, EMS was greeted and escorted by staff who reported that the pt had been complaining of chest discomfort since 0700hrs the previous day. Nursing staff advised that the pt had an abnormal EKG and 325mg of ASA had been administered. The facility EKG showed abnormal tachycardia, however was sinus in nature w/ no ST changes noted upon evaluation. The pt who was noted to be conscious, alert and oriented X4, sitting upright w/o signs of discomfort stated that this happened to him a few months ago, nothing was found and he was supposed to wear a halter monitor for which had yet to be done. The pt had to wait to be stripped and searched by CO staff, however when completed he was placed onto the EMS stretcher where he was secured and prepped for transport. Other than cardiac discomfort, the pt denied any other pain or complaints.

#### ASSESSMENT

Conscious, alert and oriented X4

Airway patent

Breathing- normal- non labored

Lung fields- equal and clear bilaterally

Circulation- radial pulses noted to be strong and regular

Skin- warm/pink/dry- afebrile- not diaphoretic

Pupils- E/R 2mm

NO LOC

NEG STROKE SCALE

DCAPBTLs

The pt had complaints of chest discomfort that felt like a pressure that would move from the center of chest upwards since 0700hrs. He denied any other pain or complaints to include arm pain, back pain, jaw pain, shortness of breath, nausea, vomiting, dizziness, headache, blurred vision, abdominal pain, urinary or bowel complications, recent illness, injury or syncope. Further external assessment was unremarkable and the pt stated an incident like this had just happened a few months prior w/ no result found.

#### ACTION

Baseline and trending vitals

HR- strong and regular

Spo2- 95-100%RA

Bp- HTN noted w/ HX of such

3 Lead- ST

12 Lead- ST w/ NO ST changes or STEMI indicators noted.

IV-20g right hand

324mg ASA admin prior to EMS arrival.

During transport, the pt remained CAO X4, conversing and in a position of comfort. The pt was closely monitored and re-assessed for any changes. MMC-ER was alerted for a P2 R/O check up after chest discomfort and unspecified tachycardia w/ no orders requested/received. Upon arrival at MMC-ER, the pt was placed into ER bed 5 where care and report was released. No further incident.

#### JURISDICTIONAL NOTES:

Write any additional notes here:

EMS Call Sign: 691

Incident #: 2116544

Unit Notified: 07/06/2021  
01:18:31

PCR#: c8740d1c87bc4  
bc1a49761011e  
34fb85

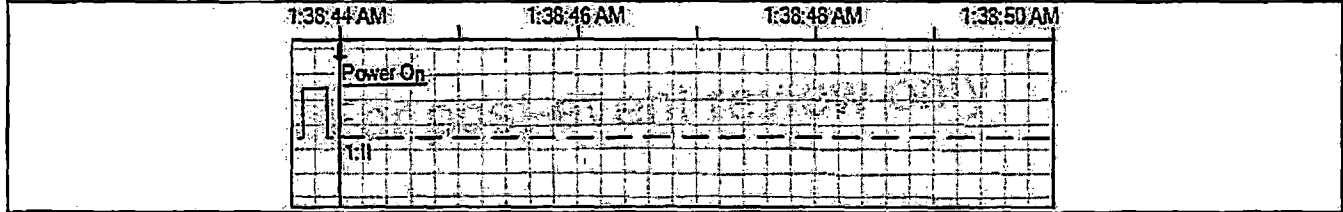
Date: 08/01/2023  
Generated: 00:19  
Last Incident: 09/03/2021  
Update: 02:29:42

EMS Agency Name: Washington County EMS  
 EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
 Patient Name: Richburg, DOC#419727, Leron Date of Birth: 03/19/1981

ECG/ARRHYTHMIA

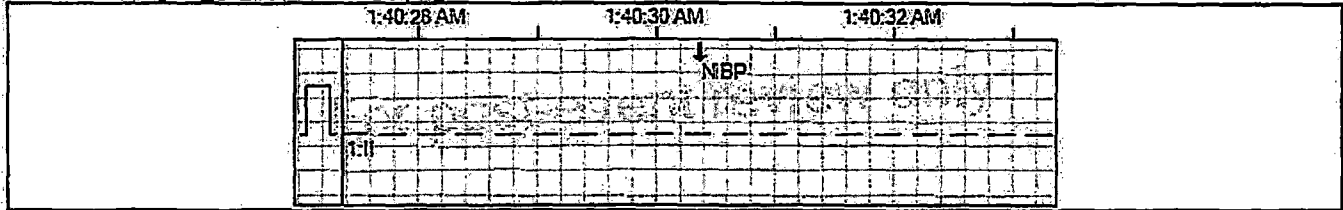
Time: 07/06/2021 01:38:44

File Name: Physio\_20210706013844.png



Time: 07/06/2021 01:40:30

File Name: Physio\_20210706014030.png



Time: 07/06/2021 01:41:13

File Name: Physio\_20210706014113.png

Name:		Initial Rhythm	1:41:13 AM	SpO2-PR	---
ID:	070621013945			SpCO	---
Patient ID:				SpMet	---
Incident ID:					
Location:					
Age: 40	Sex: M				
7/6/2021					

Initial Rhythm

25mm/sec  
 ECG 1-30Hz; Paddles 2.5-30Hz  
 MEDIC 691, BOONSBORO 3313494-011 LP1549229130

EMS Call Sign: 691

Incident #: 2116544

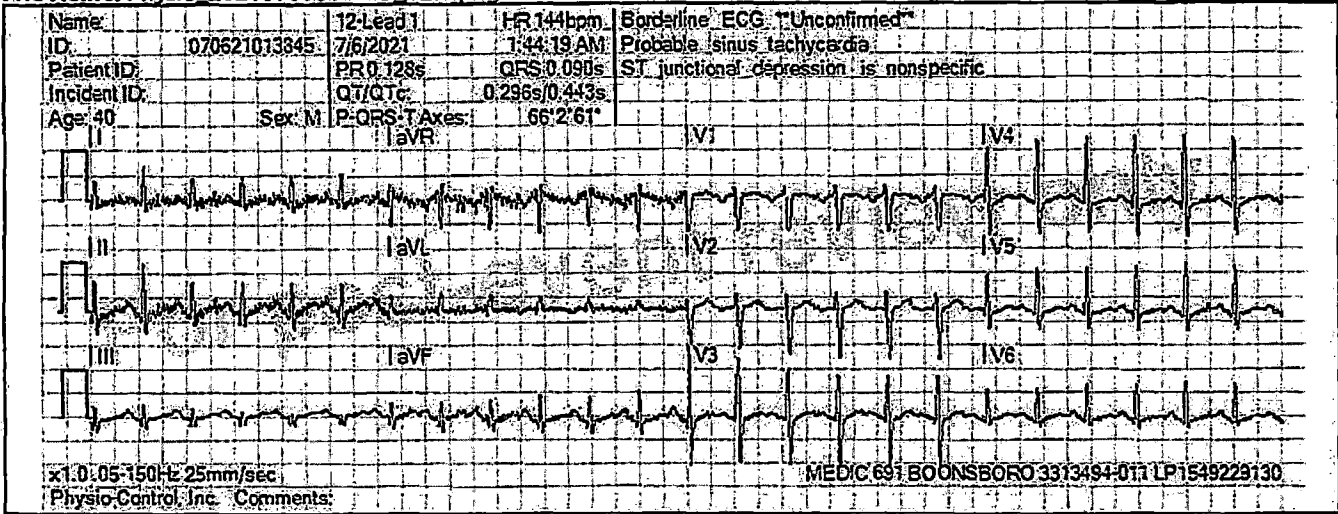
Unit Notified: 07/06/2021  
 01:18:31

PCR#: c8740d1c87bc4  
 bc1a49761011e  
 34fb85

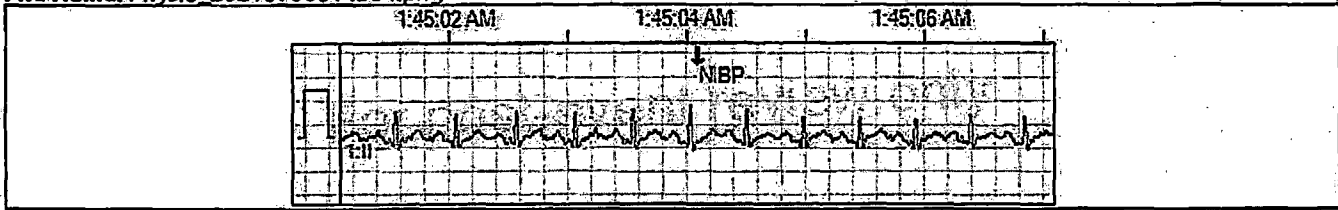
Date: 08/01/2023  
 Generated: 00:19  
 Last Incident: 09/03/2021  
 Update: 02:29:42

EMS Agency Name: Washington County EMS  
EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
Patient Name: Richburg DOC#419727, Leron Date of Birth: 03/19/1981

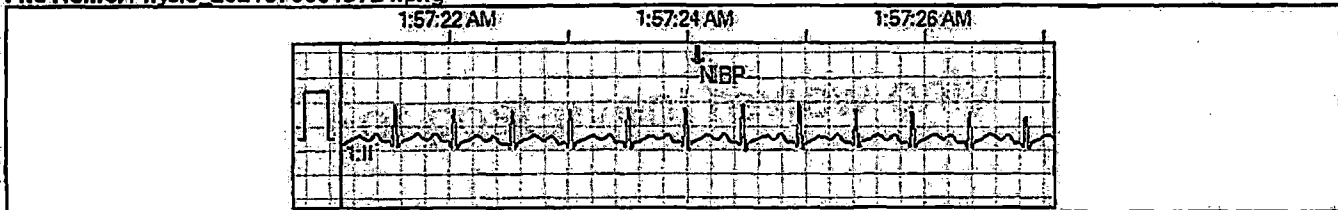
Time: 07/06/2021 01:44:19  
File Name: Physio\_20210706014419\_12ld.png



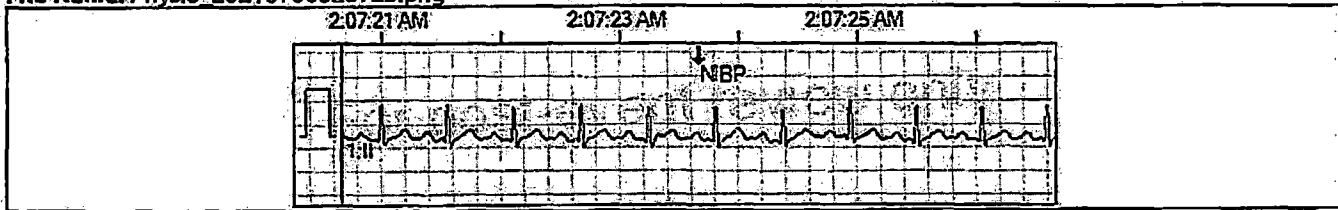
Time: 07/06/2021 01:45:04  
File Name: Physio\_20210706014504.png



Time: 07/06/2021 01:57:24  
File Name: Physio\_20210706015724.png



Time: 07/06/2021 02:07:23  
File Name: Physio\_20210706020723.png



EMS Call Sign: 691

Date: 08/01/2023  
Generated: 00:19

Incident #: 2116544

Unit Notified: 07/06/2021  
01:18:31

PCR#: c8740d1c87bc4  
bc1a49761011e  
34fb85

Last Incident: 09/03/2021  
Update: 02:29:42

EMS Agency Name: Washington County EMS  
EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
Patient Name: Richburg, DOC#419727, Leron Date of Birth: 03/19/1981



Department of Emergency Services  
16232 Elliott Parkway  
Williamsport, MD 21795  
Fax: (240) 313-2900  
Work: (240) 313-4367  
Work: (301) 733-1112  
Fax: (301) 739-6015

MD: Signature Report

SIGNATURES / SIGNATURES

Language: English

Type of Person Signing: Nurse

Signature Reason: HIPAA acknowledgement/Release; Authorization/Release for Billing

Date/Time of Signature: 07/06/2021 02:16:33

Signature Last Name: zimmerman RN

Signature First Name: jill

Signature Graphic:

Signature Status: Signed

Language: English

Type of Person Signing: EMS Primary Care Provider (for this event)

Signature Reason: Report Author

Paragraph Text: I acknowledge that I have provided the above assessments/treatments for this patient.

Date/Time of Signature: 07/06/2021 02:17:46

Signature Last Name: MCKNIGHT

Signature First Name: CASEY

Signature Graphic:

Signature Status: Signed

PCR#: e8740d1c87bc4bc1a49761011e3  
4fb85

Incident #: 2116544

Date 08/01/2023  
Generated: 00:45

EMS Agency Name: Washington County EMS  
EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
Patient Name: Richburg DOC#419727, Leron  
Date of Birth: 03/19/1981

Language: English

Type of Person Signing: Patient

Signature Reason:

HIPAA acknowledgement/Release; Authorization/Release for Billing; Patient/Medical Necessity Unable to Sign

Paragraph Text:

Our Notice of Privacy Practice provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy. You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by this agreement. By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment, or health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

Washington County EMS has chosen to participate in the Chesapeake Regional Information System for our Patients (CRISP), a regional health information exchange serving Maryland and DC. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may "opt out" and disable access to your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax or through their website at [www.crisphealth.org](http://www.crisphealth.org). Public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers.

I authorize the submission of a claim for payment to Medicare, Medicaid, or any other payor for any services provided to me by the transporting company of the Washington County Emergency Medical Services (Transporting EMS Company), in the past, or in the future, until such time as I revoke this authorization in writing. I understand that I am financially responsible for the services and supplies provided to me by the Transporting EMS Company, regardless of my insurance coverage, and in some cases, may be responsible for an amount in addition to that which was paid by my insurance. I agree to immediately remit to the Transporting EMS Company any payments that I receive directly from insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to the Transporting EMS Company. I authorize the Transporting EMS Company to appeal payment denials or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical information or other relevant documentation about me to release such information to the Transporting EMS Company and its billing agents, the Centers for Medicare and Medicaid Services, and/or any other payors or insurers, and their respective agents or contractors, as may be necessary to determine these or other benefits payable for any services provided to me by the Transporting EMS Company, now, in the past, or in the future.

Date/Time of Signature: 07/06/2021 02:18:11

Signature Last Name: Richburg DOC#419727

Signature First Name: Leron

Signature Status: Not Signed - In Law Enforcement Custody

---

Language: English

Type of Person Signing: EMS Crew Member (Other)

Signature Reason: Witness

Date/Time of Signature: 07/06/2021 02:18:22

Signature Last Name: NICHOLS

Signature First Name: SARAH

Signature Graphic:

PCR#: c8740d1c87bc4bc1a49761011e3  
4fb85

Date 08/01/2023  
Generated: 00:45


Incident #: 2116544

EMS Agency Name: Washington County EMS

EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d

Patient Name: Richburg, DOC#419727, Leron

Date of Birth: 03/19/1981



Signature Status: Signed

PCR#: c8740d1c87bc4bc1a49761011e3  
4fb85

Date: 08/01/2023  
Generated: 00:45

Incident #: 2116544



YESCARE  
 PO BOX 34168  
 C/O CORRECTCARE INTEGRATED HEALTH  
 LEXINGTON, KY 40588

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

<input type="checkbox"/> PICA <span style="float: right;"><input type="checkbox"/> PICA</span>														
1. <input checked="" type="checkbox"/> YESCARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input checked="" type="checkbox"/> OTHER <small>(Medicare #) (Medicaid #) (ID#/DoD#) (Member ID#) (ID#) (ID#)</small>					1a. INSURED'S I.D. NUMBER (For Program in Item 1) <b>DOC # 348977</b>									
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) <b>GARDNER EUGENE E</b>					3. PATIENT'S BIRTH DATE MM DD YY <b>12 13 55</b> SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		4. INSURED'S NAME (Last Name, First Name, Middle Initial) <b>GARDNER EUGENE E</b>							
5. PATIENT'S ADDRESS (No., Street) <b>18800 ROXBURY RD</b>					6. PATIENT RELATIONSHIP TO INSURED <input type="checkbox"/> Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other		7. INSURED'S ADDRESS (No., Street) <b>18800 ROXBURY RD</b>							
CITY <b>HAGERSTOWN</b> STATE <b>MD</b>			8. RESERVED FOR NUCC USE		CITY <b>HAGERSTOWN</b> STATE <b>MD</b>			ZIP CODE <b>21746</b> TELEPHONE (Include Area Code) <b>(301) 733-2800</b>						
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)					10. IS PATIENT'S CONDITION RELATED TO:		11. INSURED'S POLICY GROUP OR FECA NUMBER							
a. OTHER INSURED'S POLICY OR GROUP NUMBER					a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		a. INSURED'S DATE OF BIRTH MM DD YY <b>12 13 1955</b> SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F							
b. RESERVED FOR NUCC USE					b. AUTO ACCIDENT? PLACE (State) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. OTHER CLAIM ID (Designated by NUCC)							
c. RESERVED FOR NUCC USE					c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		c. INSURANCE PLAN NAME OR PROGRAM NAME							
d. INSURANCE PLAN NAME OR PROGRAM NAME					10d. CLAIM CODES (Designated by NUCC)		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>If yes, complete Items 9, 9a and 9d.</i>							
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.				
SIGNED _____ DATE _____										SIGNED _____				
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL					15. OTHER DATE MM DD YY QUAL					16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY				
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE					17a. NPI					18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY				
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)					17b. NPI					20. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO S CHARGES <b>0.00</b>				
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below. (24E) <b>R07.9</b> ICD 10d										22. RESUBMISSION CODE ORIGINAL REF. NO.				
A. _____ B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____										23. PRIOR AUTHORIZATION NUMBER <b>21746</b>				
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)			E. DIAGNOSIS POINTER	F. S CHARGES	G. DAYS OR UNITS	H. PAY PER	I. ID QUAL	J. RENDERING PROVIDER ID #		
1 07 07 21 07 07 21		41	A0427	SH			A	950 00	1		1063442739			
2 07 07 21 07 07 21		41	A0425	SH			A	117 30	6.9		1063442739			
3											NPI			
4											NPI			
5											NPI			
6											NPI			
25. FICA NUMBER <b>621259616</b>		SSN EIN <input checked="" type="checkbox"/>	26. PAYROLL COUNT NO. <b>186675</b>		27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL <b>1067.30</b>		29. AMOUNT <b>0.00</b>		30. Rsvd for NUCC use <b>800.280.5974</b>			
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS (I, <b>BILLING ADMIN</b> , do hereby certify that the reverse apply to this bill and are made a part thereof.) <b>BILLING ADMIN</b>					32. SERVICE FACILITY LOCATION INFORMATION <b>18800 ROXBURY RD</b> <b>HAGERSTOWN, MD 21746</b> <b>TO: MERITUS MEDICAL CENTER - 21742</b>			33. BILLING PROVIDER INFO & PH # <b>BOONSBORO AMB &amp; (RESQUE)</b> <b>PO BOX 7</b> <b>BOONSBORO, MD 21713</b> <b>1063442739</b>						
SIGNED _____					DATE <b>07/12/21</b>			SIGNED _____						

CARRIER  
PATIENT AND INSURED INFORMATION  
PHYSICIAN OR SUPPLIER INFORMATION

SECOND FOLD

FIRST FOLD



**Patient Account Summary (Account Number) Report**

Date: 8/1/2023 Time: 12:24:37 AM

BOONSBORO AMB & RESCUE

PO BOX 7

BOONSBORO, MD 21713

Account Number: PAT-00008293

Account Name: GARDNER, EUGENEE

Bill #	Transaction Type	Date	Transaction Description	Debit/Credit	Posted By	Payment Number	Balance
1220		01/16/2020	GARDNER, EUGENE E				
1220	1C	01/17/2020	First Bill Commercial	\$1,109.80	TAM		\$1,109.80
1220	PC	02/19/2020	CORIZON HEALTH PYMT	(\$933.75)	TAM	VCC	\$176.05
1220	CC	02/19/2020	COMMERCL C/A	(\$176.05)	TAM		\$0.00
16667B		07/07/2021	GARDNER, EUGENE E				
16667B	1C	07/12/2021	First Bill Commercial	\$1,067.30	TAM		\$1,067.30
16667B	WB	04/08/2022	PAST TIMELY FILING	(\$1,067.30)	KA		\$0.00
16667B	AB	04/27/2022	BAD DEBT ADJUSTMENT	\$1,067.30	KA		\$1,067.30
16667B	SG	07/31/2023	Reprinted Bill	\$0.00	MK		\$1,067.30
20631A		08/17/2021	GARDNER, EUGENE E				
20631A	1C	09/02/2021	First Bill Commercial	\$1,118.30	TAM		\$1,118.30
20631A	PC	01/20/2022	CORIZON HEALTH PYMT	(\$913.04)	KA	771858	\$205.26
20631A	CC	01/20/2022	COMMERCL C/A	(\$205.26)	KA		\$0.00
29138		12/17/2019	GARDNER, EUGENE				
29138	1C	12/18/2019	First Bill Commercial	\$1,109.80	TAM		\$1,109.80
29138	PC	02/19/2020	CORIZON HEALTH PYMT	(\$925.34)	TAM	VCC	\$184.46
29138	CC	02/19/2020	COMMERCL C/A	(\$184.46)	TAM		\$0.00

Total Balance: \$1,067.30

EMS Agency Name: Washington County EMS  
 EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
 Patient Name: Gardner DOC#348977, Eugene Date of Birth: 12/13/1955



**MD: MIEMSS Approved Short Form**

Department of Emergency Services  
 16232 Elliott Parkway  
 Williamsport, MD 21795  
 Fax: (240) 313-2900  
 Work: (240) 313-4367  
 Work: (301) 733-1112  
 Fax: (301) 739-6015

**PATIENT INFORMATION**

Name: Gardner DOC#348977, Eugene  
 Age: 65 Years - D.O.B.: 12/13/1955  
 Gender: Male Weight: 220lbs  
 99.8 kg  
 Address: 18800 ROXBURY RD  
 Hagerstown (PO Box), MD 21746

**CALL INFORMATION**

Agency Name: Washington County EMS  
 Incident Number: 2116667  
 Responding Unit: 692  
 Arrived Hosp: 07/07/2021 11:37:57  
 Initial Priority: Priority 2  
 Final Priority: Priority 2

Crew Members

Crew Member	Crew Member Level	Crew Member Response Role
COCHRAN, LACEY (0003835)	Paramedic; ALS	Primary Patient Caregiver-At Scene ; Primary Patient Caregiver-Transport
VIDAL, HENRY (0150106)	EMT; BLS	Driver/Pilot-Response ; Driver/Pilot-Transport

**PATIENT'S CURRENT MEDICATIONS**

Patient Medications

Medication	Dosage	Unit	Route	Current Medication Comments
Aspirin				
atorvastatin				
Lisinopril				
Baclofen				
meloxicam				
Clopidogrel				
Amitriptyline				
Terazosin				

**ALLERGIES**

Medication Allergies

Medication Allergies	Medication Allergy Comments
Sulfa (Sulfonamides)	
Phenylalanine	

Environment/Food Allergies

Environmental/Food Allergies	Environment Allergy Comments
No Known Allergies (situation)	

EMS Call Sign: 692

Incident #: 2116667

Unit Notified: 07/07/2021  
 10:30:34

PCR#: c85be356df164  
 459a707225f07  
 ba1683

Date 08/01/2023  
 Generated: 00:24  
 Last Incident: 09/06/2021  
 Update: 02:29:31

EMS Agency Name: Washington County EMS  
 EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
 Patient Name: Gardner DOC#348977, Eugene Date of Birth: 12/13/1955

**MEDICAL HISTORY**

Date/Time of Symptom Onset: 07/06/2021 18:00:00

Complaint Type	Complaint	Duration	Time Units
Chief	chest pain		

Medical History: Stroke/CVA, Neuro  
 Advance Directives: Not Applicable

**TREATMENT (Medications/Procedures/Vitals/EKG/ECG)**

**Procedures**

Time	Crew	Name	Location	Size of Equipment	Attempts	Response	Success	Comments
10:48:11	COCHRAN, LACEY (0003835)	ECG Leads On			1	Unchanged	Yes	sinus
10:49:11	COCHRAN, LACEY (0003835)	12 Lead ECG			1	Unchanged	Yes	III and AVF show elevation no reciprocal changes
10:50:00	COCHRAN, LACEY (0003835)	Venous Access -Extremity			1	Unchanged	Yes	
11:11:21	COCHRAN, LACEY (0003835)	12 Lead ECG			1	Unchanged	Yes	Repeat same as 1
11:16:39	COCHRAN, LACEY (0003835)	12 Lead ECG			1	Unchanged	Yes	V4R
11:23:01	COCHRAN, LACEY (0003835)	12 Lead ECG			1	Unchanged	Yes	v4R
11:23:48	COCHRAN, LACEY (0003835)	12 Lead ECG			1	Unchanged	Yes	elevation in III and AVF no reciprocal
11:29:31	COCHRAN, LACEY (0003835)	12 Lead ECG			1	Unchanged	Yes	Same

**Vitals**

Time	BP	Limb	Puls e	Rhyt hm	Effo. Resp	SpO2	ETCO2	Face Pain	Arm (Stroke)	Speech (Stroke)	Stroke Scale	PL PTA	Blood Glucose Level	Blood Glucose Other	Cardiac Rhythm	Cardiac Rhythm - Other
10:46:50	150/90	Arm Right	108	Regul ar	18	99						Sitting			Normal Sinus Rhythm (NSR)	
10:51:50			99													
10:54:34	141/103		106													
10:59:59	145/94		107													

EMS Call Sign: 692

Incident #: 2116667

Unit Notified: 07/07/2021 10:30:34

PCR#: c85ba356df164 459a707225f07 ba1683

Date 08/01/2023  
 Generated: 00:24  
 Last Incident 09/06/2021  
 Update: 02:29:31

EMS Agency Name: Washington County EMS  
 EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d

Patient Name: Gardner DOC#348977, Eugene Date of Birth: 12/13/1955

11:12:18 154/101	Arm, Right	96	Regul18 ar	Norm al	At Room Air	Sitting	Normal Sinus Rhythm (NSR)
11:16:43 175/90	Arm, Right	91	Regul18 ar	Norm al	At Room Air	Semi-Fowlers	Normal Sinus Rhythm (NSR)
11:22:24 157/95		99		96			
11:27:14 145/77		94		95			
11:32:14 141/89		92		95			
11:37:06 147/88		93		94			
11:42:15 123/86	Arm, Right	91	Regul18 ar	Norm al	At Room Air	Semi-Fowlers	Normal Sinus Rhythm (NSR)

**EKG**

Time	Lead	Interpretation	Ectopy	Cause for Change	Comments
10:46:50					Import Event 'Power On'
10:48:11					Import Event 'Leads On'
10:49:11					Import Event 'Twelve Lead'
11:11:21					Import Event 'Twelve Lead'
11:16:39					Import Event 'Twelve Lead'
11:23:01					Import Event 'Twelve Lead'
11:23:48					Import Event 'Twelve Lead'
11:29:31					Import Event 'Twelve Lead'

**GCS**

Time	Eye	Motor	Verbal	Score Qualifier	Total Glasgow Coma Score
10:46:50	Spontaneously - 4	Verbal Command - Obeys - 6	Oriented & Converses - 5		15
11:12:18	Spontaneously - 4	Verbal Command - Obeys - 6	Oriented & Converses - 5		15
11:16:43	Spontaneously - 4	Verbal Command - Obeys - 6	Oriented & Converses - 5		15
11:42:15	Spontaneously - 4	Verbal Command - Obeys - 6	Oriented & Converses - 5		15

**ASSESSMENT**

**Medical / Injury / Burn Assessment**

**Time**

11:35:45

**Assessment Summary**

07/07/2021 11:35:45

**Detailed Findings**

Location	Description	Details
Skin	Capillary Refill <2 seconds Normal Warm	
Mental Status	Oriented-Event	

EMS Call Sign: 692

Incident #: 2116667

Unit Notified: 07/07/2021 10:30:34

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459a707225f07  
ba1683

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EMS Agency Name: Washington County EMS  
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Patient Name: Gardner DOC#348977, Eugene Date of Birth: 12/13/1955

Oriented-Person  
Oriented-Place  
Oriented-Time

Normal Findings

Not Done

**NARRATIVE**

Narrative: [07/07/21 10:29:37 7254] ProQA Medical: 4 Commandments (2nd Party): 66-year-old, Male, Conscious, Breathing. Chief Complaint Text: Chest Pain / Chest Discomfort (Non-Traumatic) Caller Statement (2nd Party): MALE WITH CHEST PAIN - ABNORMAL EKG [07/07/21 10:30:11 7254] ProQA Medical: Dispatch Code: 10C03 (Breathing normally 35) CAD Response: Charlie - He is completely alert (responding appropriately). - He is breathing normally. - He is not changing color. - He is not clammy. - He has not had a heart attack or angina (heart pains) before. - He did not take any drugs (medications) in the past 12hrs. [07/07/21 10:30:38 7254] ProQA Medical: Interrogation is complete for E211880029.

Dispatched for chest pain  
Responded P692

On scene with one male stating that he began with chest pain last night and describes it as a crushing pain 10/10 substernal with no radiation. Facility had given us 12-lead that they had obtained. Patient was placed on our 12-lead and monitor-transmitted. Patient sinus on the monitor, 12-lead obtained and shows elevation in III and AVF, no reciprocal changes. Staff stated that they had given 324mg of aspirin and 1 nitro-after clarification from the doctor they had stated that they did not give any nitroglycerin only aspirin. Patient states that he has no hx of nitroglycerin usage before. Attempted 20G IV while awaiting transport officers-unsuccessful. Nitro administration was held off due to inability to establish an IV. Patient was monitored and once transport arrived patient was disconnected. Once patient was done being searched he was assisted to the stretcher and reattached to equipment. Patient was secured and transported to the ambulance.

In the ambulance, patient vitals were monitored with no changes. Remained on cardiac monitor with repeat 12-leads. 12-lead 3 is V4R-no STEMI indicators. Patient was transported P2 to MMC. Reassessed for venous access-poor venous access and unable to establish. Patient was monitored enroute to the hospital. 12-leads were transmitted. Patient had no other complaints and denies shortness of breathing, nausea/vomiting, headache, blurred vision/visual changes or LOC. Notified MMC of the incoming patient.

At the hospital, patient was transported via stretcher to room where he was moved from the stretcher to the bed. RN was briefed and care was transferred at bedside.

**JURISDICTIONAL NOTES**

Write any additional notes here:

**EKG ATTACHMENT**

EMS Call Sign: 692

Incident #: 2116667

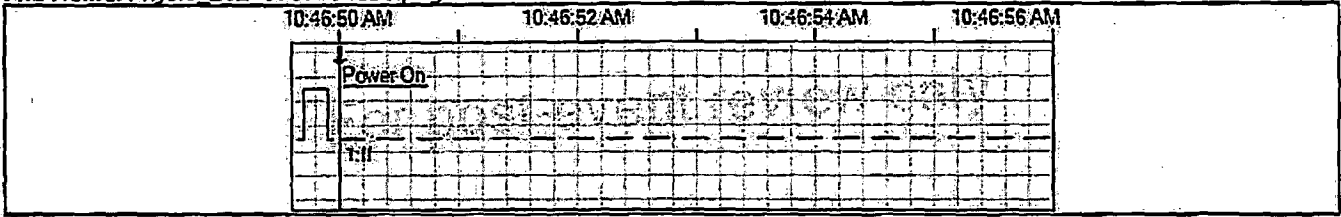
Unit Notified: 07/07/2021  
10:30:34

PCR#: c85be356df164  
459a707225f07  
ba1683

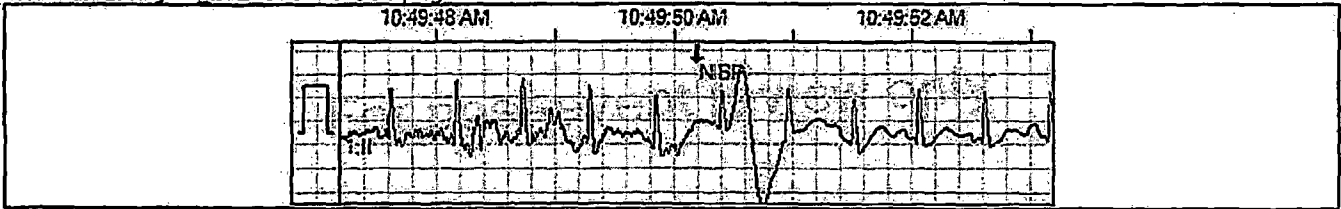
Date 08/01/2023  
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Last Incident 09/06/2021  
Update: 02:29:31

EMS Agency Name: Washington County EMS  
 EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
 Patient Name: Gardner DOC#348977, Eugene Date of Birth: 12/13/1955

Time: 07/07/2021 10:46:50  
 File Name: Physio\_20210707104650.png



Time: 07/07/2021 10:46:50  
 File Name: Physio\_20210707104950.png



Time: 07/07/2021 10:48:11  
 File Name: Physio\_20210707104811.png

Name: GARDNER EUGENE	Initial Rhythm	10:48:11 AM	SpO2-PR
ID: 070721104649			SpCO
Patient ID: 12-13-55			SpMe
Incident ID: V4RRIGHT			
Location:			
Age: 66	Sex: M		
7/7/2021			

Initial Rhythm

25mmsec  
 ECG 1-30Hz; Paddles 2.5-30Hz

MEDIC 692 BOONSBORO 3313494-011 LP1549229174

EMS Call Sign: 692

Incident #: 2116667

Unit Notified: 07/07/2021  
 10:30:34

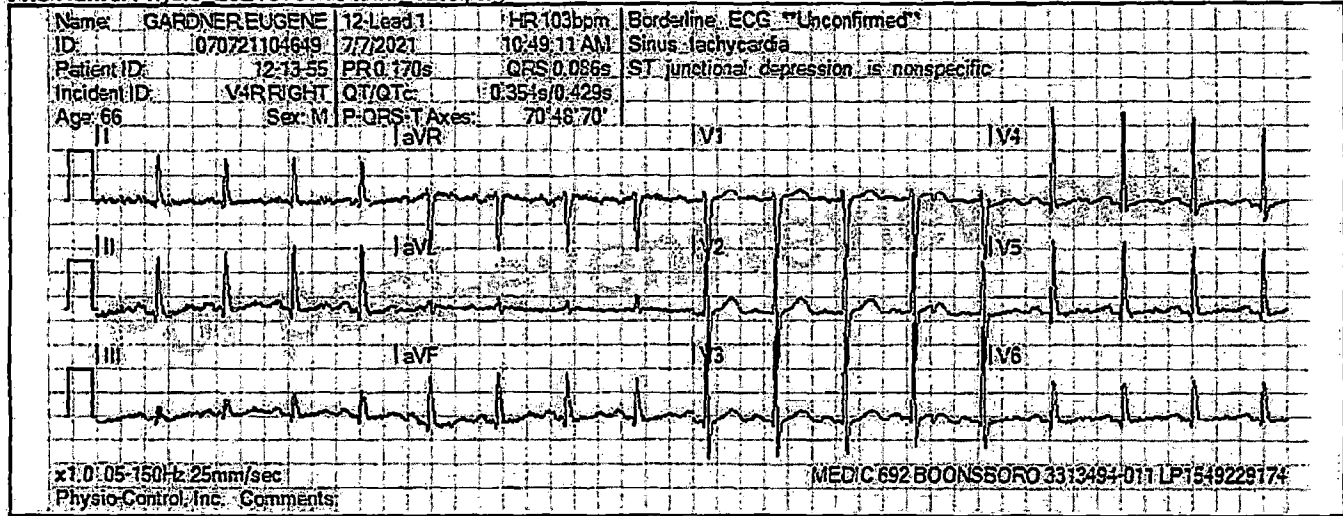
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 459a707225f07  
 ba1683

Date 08/01/2023  
 Generated: 00:24  
 Last Incident 09/06/2021  
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EMS Agency Name: Washington County EMS  
 EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
 Patient Name: Gardner DOC#348977, Eugene Date of Birth: 12/13/1955

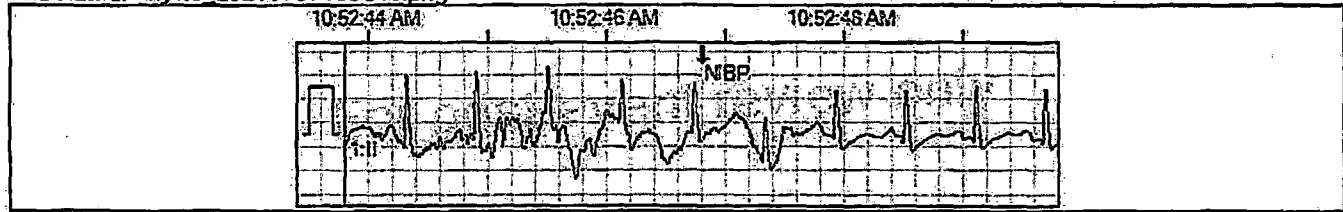
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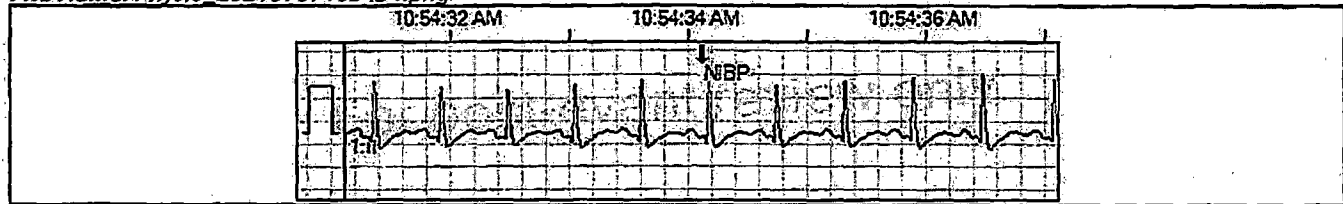
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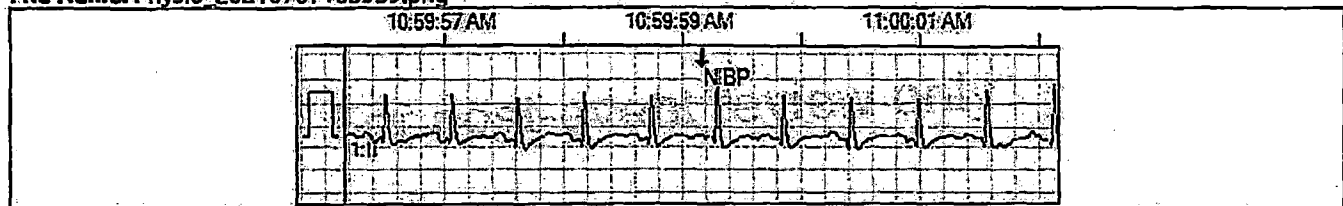
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Time: 07/07/2021 10:59:59

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EMS Call Sign: 692

Incident #: 2116667

Unit Notified: 07/07/2021  
 10:30:34

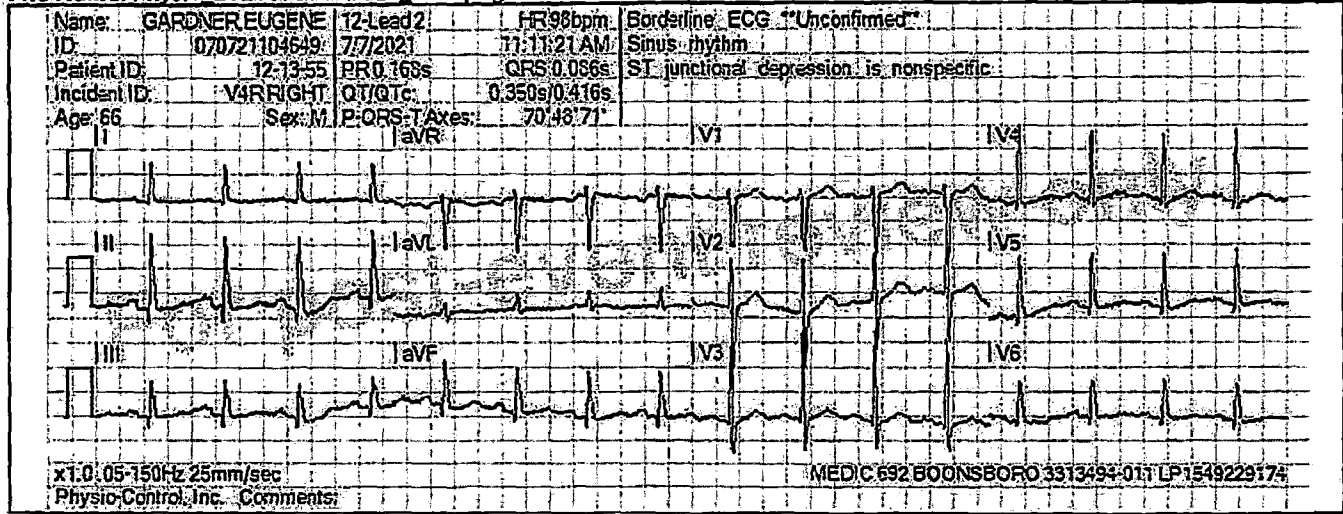
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 459a707225f07  
 ba1683

Date 08/01/2023  
 Generated: 00:24  
 Last Incident: 09/06/2021  
 Update: 02:29:31

EMS Agency Name: Washington County EMS  
 EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
 Patient Name: Gardner DOC#348977, Eugene Date of Birth: 12/13/1955

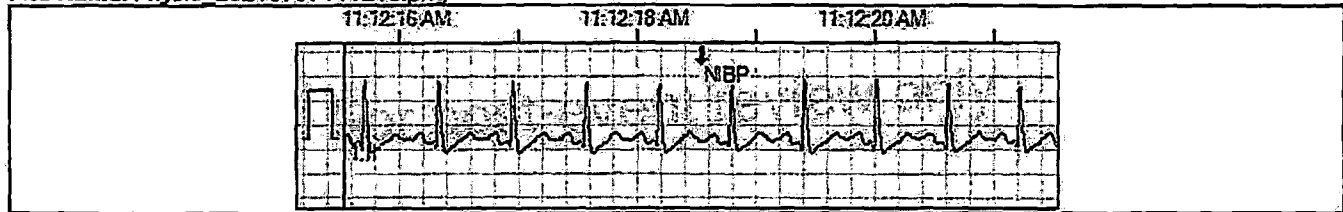
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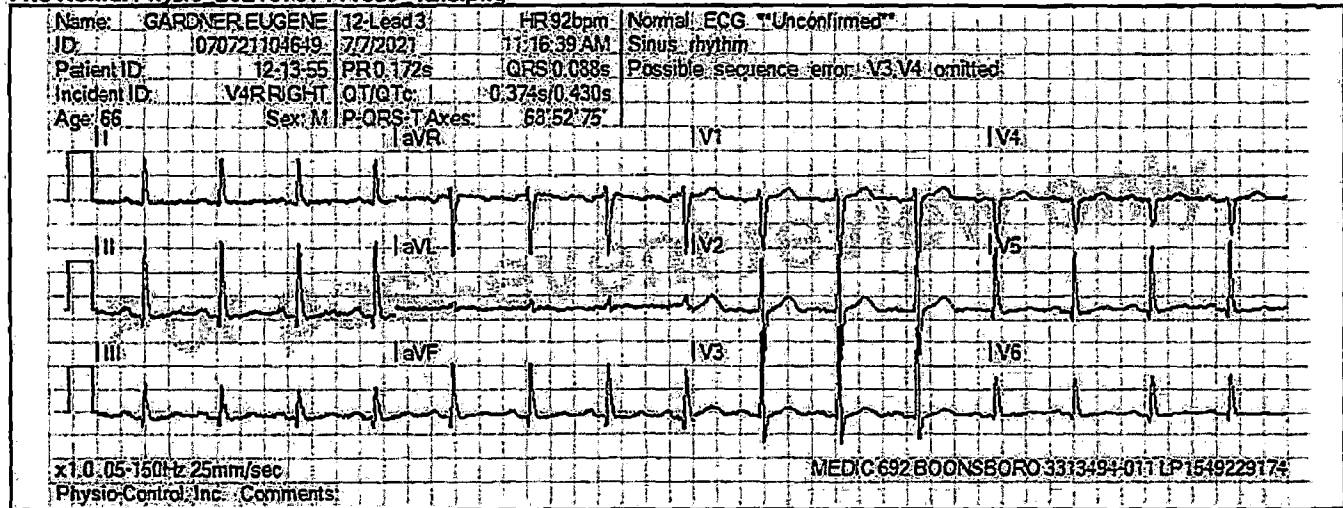
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Time: 07/07/2021 11:16:39

File Name: Physio\_20210707111639\_12ld.png



EMS Call Sign: 692

Incident #: 2116667

Unit Notified: 07/07/2021  
 10:30:34

PCR#: c85be356df164  
 459a707225f07  
 ba1683

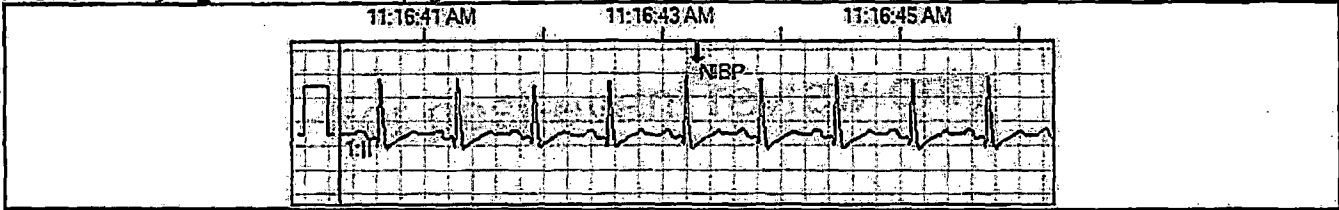
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 Generated: 00:24  
 Last Incident 09/06/2021  
 Update: 02:29:31



EMS Agency Name: Washington County EMS  
 EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
 Patient Name: Gardner DOC#348977, Eugene Date of Birth: 12/13/1955

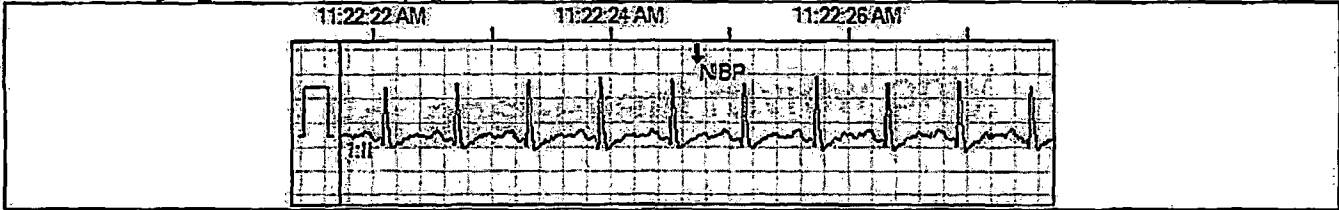
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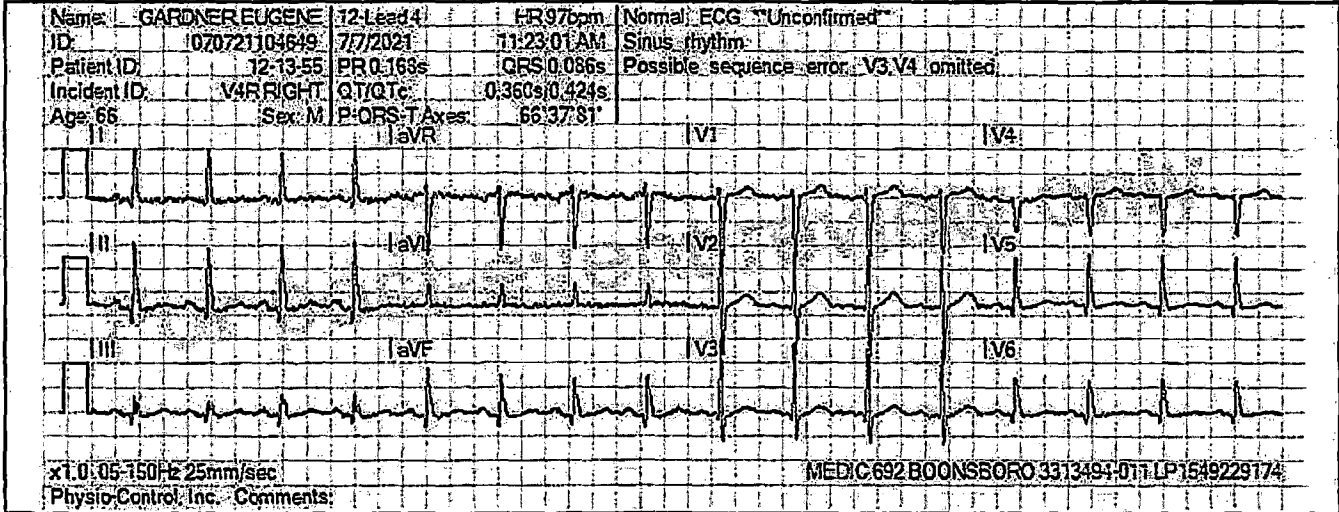
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Time: 07/07/2021 11:23:01

File Name: Physio\_20210707112301\_12ld.png



EMS Call Sign: 692

Incident #: 2116667

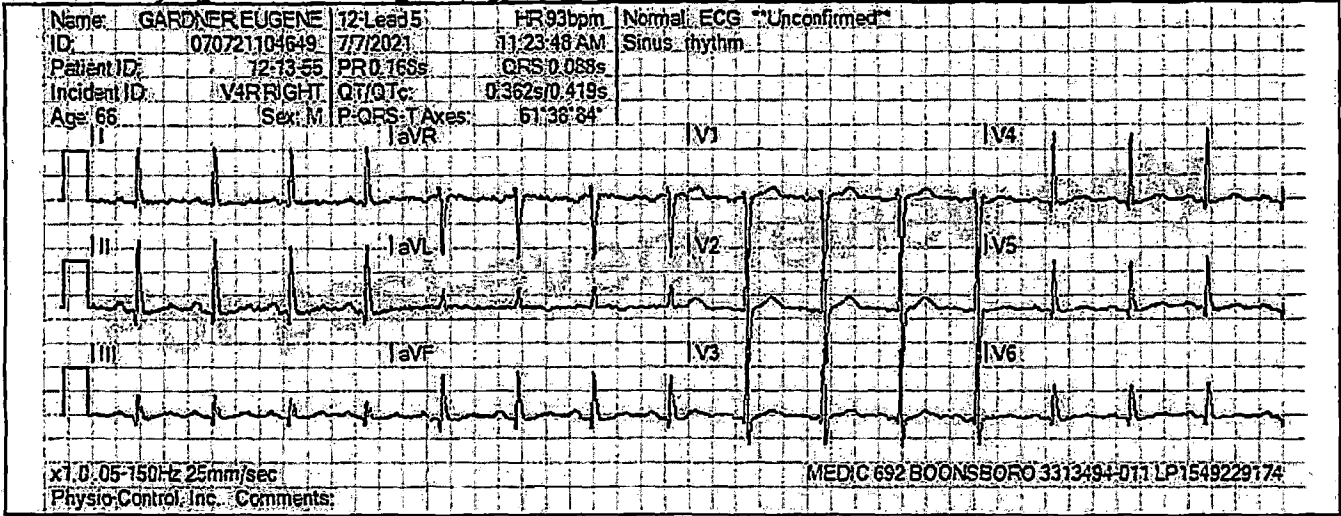
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10:30:34

PCR#: c85be356df164  
459a707225f07  
ba1683

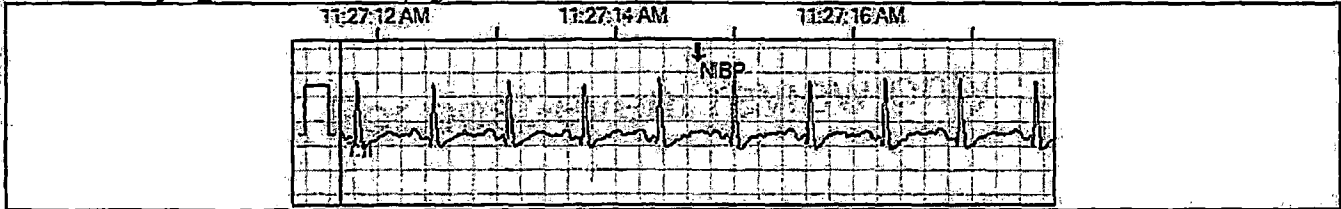
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Last Incident: 09/06/2021  
Update: 02:29:31

EMS Agency Name: Washington County EMS  
 EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
 Patient Name: Gardner DOC#348977, Eugene Date of Birth: 12/13/1955

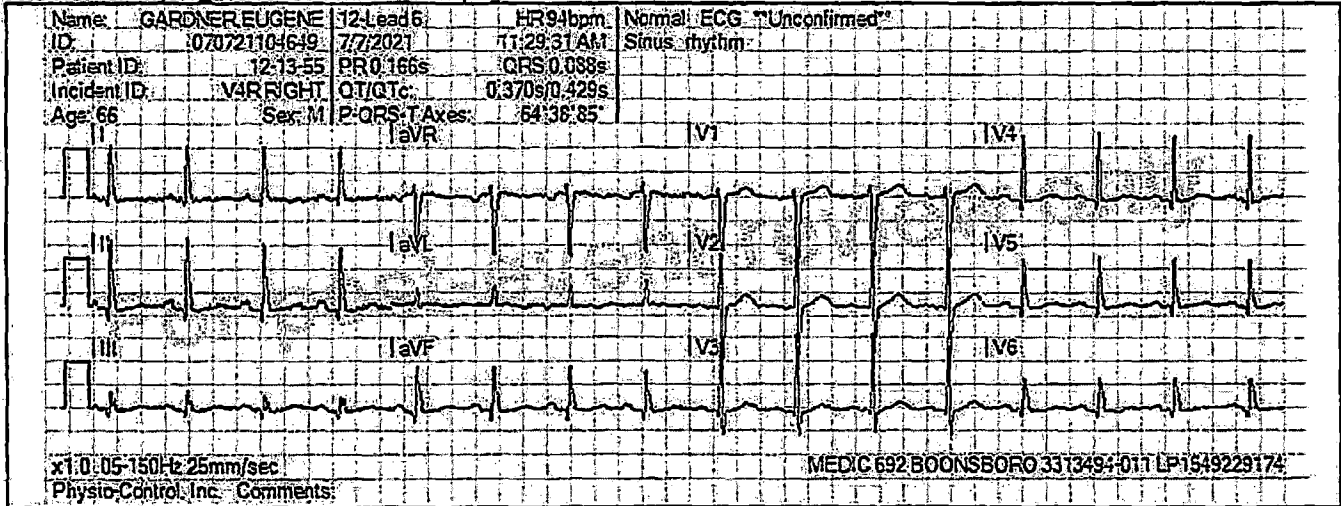
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Time: 07/07/2021 11:29:31  
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EMS Call Sign: 692

Incident #: 2116667

Unit Notified: 07/07/2021  
 10:30:34

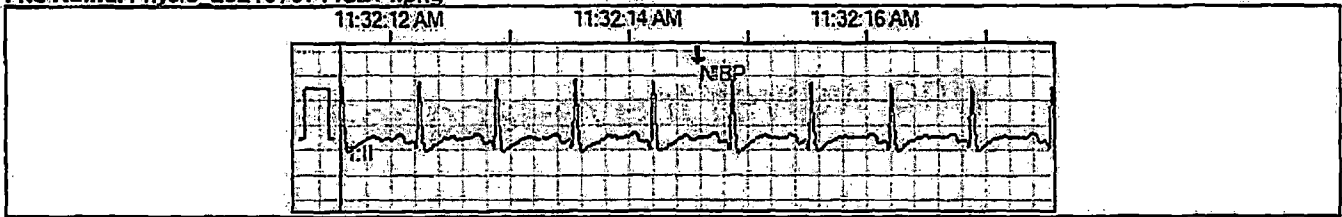
PCR#: c85be356df164  
 459a707225f07  
 ba1683

Date 08/01/2023  
 Generated: 00:24  
 Last Incident 09/06/2021  
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EMS Agency Name: Washington County EMS  
EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
Patient Name: Gardner DOC#348977, Eugene  
Date of Birth: 12/13/1955

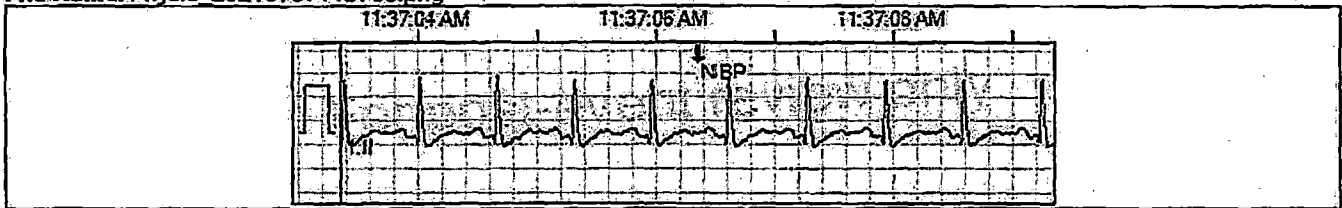
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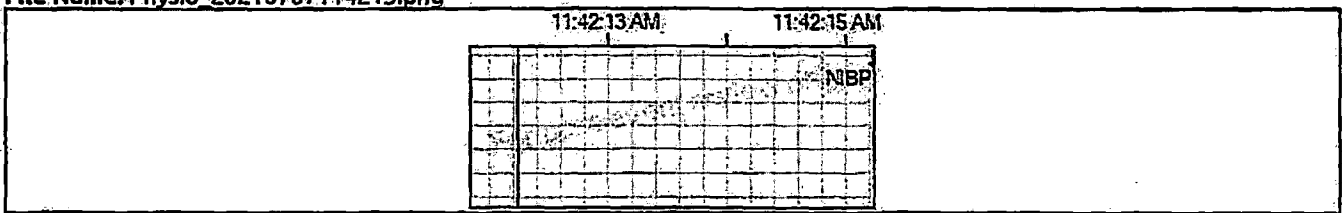
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Time: 07/07/2021 11:42:15

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EMS Call Sign: 692

Incident #: 2116667

Unit Notified: 07/07/2021  
10:30:34

PCR#: c85be356df164  
459a707225f07  
ba1683

Date: 08/01/2023  
Generated: 00:24  
Last Incident: 09/06/2021  
Update: 02:29:31

EMS Agency Name: Washington County EMS  
EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
Patient Name: Gardner, DOC#348977, Eugene Date of Birth: 12/13/1955



**MD: Signature Report**

Department of Emergency Services  
16232 Elliott Parkway  
Williamsport, MD 21795  
Fax: (240) 313-2900  
Work: (240) 313-4367  
Work: (301) 733-1112  
Fax: (301) 739-6015

SIGNATURES/SIGNATURES

Language: English

Type of Person Signing: Nurse

Signature Reason: Transfer of Patient Care

**Paragraph Text:**

The patient named on this form was received by this facility at the date and time indicated above. My signature is not an acceptance of financial responsibility for the services rendered to this patient.

Date/Time of Signature: 07/07/2021 11:47:09

Signature Last Name: chassagne

Signature First Name: Emily

Signature Graphic:

A handwritten signature in black ink, appearing to read "Emily Chassagne", written within a rectangular box.

Signature Status: Signed

Language: English

Type of Person Signing: EMS Primary Care Provider (for this event)

Signature Reason: Report Author

Paragraph Text: I acknowledge that I have provided the above assessments/treatments for this patient.

Date/Time of Signature: 07/07/2021 11:47:30

Signature Last Name: COCHRAN

Signature First Name: LACEY

Signature Graphic:

PCR#: c85be356df164459a707225f07b  
a1683

Date: 08/01/2023  
Generated: 00:49

Incident #: 2116667

EMS Agency Name: Washington County EMS  
EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
Patient Name: Gardner DOC#348977, Eugene Date of Birth: 12/13/1955



Signature Status: Signed

Language: English

Type of Person Signing: EMS Crew Member (Other)

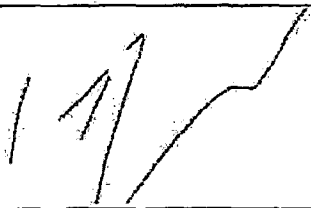
Signature Reason: Witness

Date/Time of Signature: 07/07/2021 11:47:38

Signature Last Name: VIDAL

Signature First Name: HENRY

Signature Graphic:



Signature Status: Signed

Language: English

Type of Person Signing: Patient

Signature Reason: HIPAA acknowledgement/Release; Authorization/Release for Billing; Permission to Treat

**Paragraph Text:**

Our Notice of Privacy Practice provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy. You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by this agreement. By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment, or health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

Washington County EMS has chosen to participate in the Chesapeake Regional Information System for our Patients (CRISP), a regional health information exchange serving Maryland and DC. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may "opt out" and disable access to your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax or through their website at [www.crisphealth.org](http://www.crisphealth.org). Public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers.

I authorize the submission of a claim for payment to Medicare, Medicaid, or any other payor for any services provided to me by

PCR#: c85be356df164459a707225f07b  
a1683

Date: 08/01/2023  
Generated: 00:49

Incident #: 2116667

EMS Agency Name: Washington County EMS

EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d

Patient Name: Gardner DOC#348977, Eugene

Date of Birth: 12/13/1955

the transporting company of the Washington County Emergency Medical Services (Transporting EMS Company), in the past, or in the future, until such time as I revoke this authorization in writing. I understand that I am financially responsible for the services and supplies provided to me by the Transporting EMS Company, regardless of my insurance coverage, and in some cases, may be responsible for an amount in addition to that which was paid by my insurance. I agree to immediately remit to the Transporting EMS Company any payments that I receive directly from insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to the Transporting EMS Company. I authorize the Transporting EMS Company to appeal payment denials or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical information or other relevant documentation about me to release such information to the Transporting EMS Company and its billing agents, the Centers for Medicare and Medicaid Services, and/or any other payors or insurers, and their respective agents or contractors, as may be necessary to determine these or other benefits payable for any services provided to me by the Transporting EMS Company, now, in the past, or in the future.

Date/Time of Signature: 07/07/2021 11:52:41

Signature Last Name: Gardner DOC#348977

Signature First Name: Eugene

Signature Status: Not Signed - Physical Impairment of Extremities

PCR#: c85be356df164459a707225f07b  
a1683

Date: 08/01/2023  
Generated: 00:49

Incident #: 2116667



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

YESCARE
PO BOX 34168
C/O CORRECTCARE INTEGRATED HEALTH
LEXINGTON, KY 40588

Form with multiple sections: 1. INSURER (YESCARE), 2. PATIENT'S NAME (HORSEY ANTHONY L), 3. PATIENT'S BIRTH DATE (05 21 90), 4. INSURED'S NAME (HORSEY ANTHONY L), 5. PATIENT'S ADDRESS (18601 ROXBURY RD), 6. PATIENT RELATIONSHIP (Self), 7. INSURED'S ADDRESS (18601 ROXBURY RD), 8. RESERVED FOR NUCC USE, 9. OTHER INSURED'S NAME, 10. IS PATIENT'S CONDITION RELATED TO, 11. INSURED'S POLICY GROUP OR FECA NUMBER, 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE, 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE, 14. DATE OF CURRENT ILLNESS, 15. OTHER DATE, 16. DATES PATIENT UNABLE TO WORK, 17. NAME OF REFERRING PROVIDER, 18. HOSPITALIZATION DATES, 19. ADDITIONAL CLAIM INFORMATION, 20. OUTSIDE LAB CHARGES, 21. DIAGNOSIS (S21.339A), 22. RESUBMISSION CODE, 23. PRIOR AUTHORIZATION NUMBER, 24. TABLE OF SERVICE DATES, PROCEDURES, SERVICES, OR SUPPLIES, 25. FEIN, SSN, ACCOUNT NO., ACCEPT ASSIGNMENT, 26. TOTAL CHARGES, AMOUNT PAID, 27. SIGNATURE OF PHYSICIAN OR SUPPLIER (LORESA MELOTT), 28. SERVICE FACILITY LOCATION INFORMATION (HAGERSTOWN, MD), 29. BILLING PROVIDER INFO (BOONSBORO AMB & RESCUE).

SECOND FOLD

FIRST FOLD

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

**Patient Account Summary (Account Number) Report**

Date: 8/1/2023 Time: 12:23:04 AM

BOONSBORO AMB & RESCUE

PO BOX 7

BOONSBORO, MD 21713

Account Number: PAT-00009062

Account Name: HORSEY, ANTHONYL

Bill #	Transaction Type	Date	Transaction Description	Debit/Credit	Posted By	Payment Number	Balance
16723		07/07/2021	HORSEY, ANTHONYL				
16723	IC	07/12/2021	First Bill Commercial	\$1,067.30	TAM		\$1,067.30
16723	WB	04/08/2022	PAST TIMELY FILING	(\$1,067.30)	KA		\$0.00
16723	AB	04/27/2022	BAD DEBT ADJUSTMENT	\$1,067.30	KA		\$1,067.30
16723	SG	07/31/2023	Reprinted Bill	\$0.00	MK		\$1,067.30
<b>Total Balance:</b>							<b>\$1,067.30</b>



EMS Agency Name: Washington County EMS  
 EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
 Patient Name: Horsey DOC#480759, Anthony Date of Birth: 05/21/1990

Department of Emergency Services  
 16232 Elliott Parkway  
 Williamsport, MD 21795  
 Fax: (240) 313-2900  
 Work: (240) 313-4367  
 Work: (301) 733-1112  
 Fax: (301) 739-6015



**MD: MIEMSS Approved Short Form**

**PATIENT INFORMATION**

Name: Horsey DOC#480759, Anthony  
 Age: 31 Years - D.O.B.: 05/21/1990  
 Gender: Male Weight: 180lbs  
 81.6 kg  
 Address: 18601 ROXBURY RD  
 Hagerstown (PO Box), MD 21740

**CALL INFORMATION**

Agency Name: Washington County EMS  
 Incident Number: 2116723  
 Responding Unit: 692  
 Arrived Hosp: 07/07/2021 20:15:03  
 Trauma Category: B - Penetrating injuries to head, neck, torso, and extremities proximal to elbow or knee Not Applicable  
 Initial Priority: Priority 1  
 Final Priority: Priority 1

Crew Members

Crew Member	Crew Member Level	Crew Member Response Role
REJONIS, CHRISTIAN (0003952)	Paramedic; ALS	Other Patient Caregiver-At Scene
COCHRAN, LACEY (0003835)	Paramedic; ALS	Primary Patient Caregiver-At Scene; Primary Patient Caregiver-Transport
VIDAL, HENRY (0150106)	EMT; BLS	Driver/Pilot-Response; Driver/Pilot-Transport

**PATIENT'S CURRENT MEDICATIONS**

Patient Medications

Medication	Dosage	Unit	Route	Current Medication Comments
None Reported				

**ALLERGIES**

Medication Allergies

Medication Allergies	Medication Allergy Comments
No Known Drug Allergy	

Environment/Food Allergies

Environmental/Food Allergies	Environment Allergy Comments
No Known Allergies (situation)	

**MEDICAL HISTORY**

Date/Time of: 07/07/2021 19:00:00  
 Symptom Onset:

Complaint

Complaint Type	Complaint	Duration	Time Units
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EMS Call Sign: 692

Date: 08/01/2023

Incident #: 2116723

Unit Notified: 07/07/2021  
 19:21:31

PCR#: 84a299b398cd4  
 541bdb7d94c2e  
 5af5a2

Generated: 00:22  
 Last Incident: 09/06/2021  
 Update: 02:29:30

EMS Agency Name: Washington County EMS  
 EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d

Patient Name: Horsey DOC#480759, Anthony Date of Birth: 05/21/1990

Chief Stabbing Left pectoralis approx 1.5 inch laceration 45 Minutes Minutes

Medical History: None Reported / Denies PMH  
 Advance Directives: Not Applicable

TREATMENT (Medications/Procedures/Vitals/EKG/GCS)

Medications

Time	Crew	Medication	Route	Dosage	Response	PTA	Comments
19:57:00	COCHRAN, LACEY (0003835)	Lactated Ringer	Intravenous (IV)	150 ML	Unchanged	No	

Procedures

Time	Crew	Name	Location	Size of Equipment	Attempts	Response	Success	Comments
19:51:00	COCHRAN, LACEY (0003835)	Wound Care			1	Improved	Yes	
19:53:36	COCHRAN, LACEY (0003835)	ECG Leads On			1	Unchanged	Yes	sinus rhythm brady
19:57:00	COCHRAN, LACEY (0003835)	Venous Access - Extremity	Antecubital-Left	20G	1	Unchanged	No	
19:57:39	REJONIS, CHRISTIAN (0003952)	Venous Access - Extremity	Antecubital-Right	16G	1	Unchanged	Yes	Import Event for Procedure Code Marker IV Access

Vitals

Time	BP	Limb	Pulse	Rhythm	Effort	SpO2	ETCO2	Face	Arm	Speech	Stroke	PTA	PE Position	Blood Glucose Level	Blood Glucose Other	Cardiac Rhythm	Cardiac Rhythm - Other
19:44:44	127/72	Arm, Right	62	Regular	Normal	100	At Room Air	Pain	(Stroke)	(Stroke)	(Stroke)		Fowlers			Sinus Bradycardia	
19:49:44			51			100											
19:55:05	129/102		52			100											
20:00:24	117/66	Arm, Right	51	Regular	Normal	99	At Room Air						Fowlers			Sinus Bradycardia	
20:05:24			53			96											
20:07:40	157/83		57			100											
20:12:42	134/84	Arm, Right	57	Regular	Normal	98	At Room Air						Left Lateral Recumbent			Sinus Bradycardia	

EKG

Time	Lead	Interpretation	Ectopy	Cause for Change	Comments
19:43:08					Import Event 'Power On'
19:53:36					Import Event 'Leads On'
19:59:05					Import Event 'Print Strip'

GCS

Time	Eye	Motor	Verbal	Score Qualifier	Total Glasgow Coma Score
19:44:44	Spontaneously -4	Verbal Command - Obey -6	Oriented & Converses -5		15

EMS Call Sign: 692

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PCR#: 84a299b398cd4 541bdb7d94c2e 5af5a2

Date: 08/01/2023  
 Generated: 00:22  
 Last Incident: 09/06/2021  
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EMS Agency Name: Washington County EMS  
 EMS Agency Number: e3a01ba9-5bab-45b2-b5f9-fb4e2b5e403d  
 Patient Name: Horsey DOC#480759, Anthony Date of Birth: 05/21/1990

20:00:24	Spontaneously	Verbal Command -	Oriented & Converses	15
	- 4	Obeys - 6	- 5	
20:12:42	Spontaneously	Verbal Command -	Oriented & Converses	15
	- 4	Obeys - 6	- 5	

**ASSESSMENT**

**Medical / Injury / Burn Assessment**

Time

19:42:00

**Assessment Summary**

07/07/2021 19:42:00

**Detailed Findings**

Location	Description	Details
Skin	Capillary Refill < 2 seconds Flushed Cold	
Mental Status	Oriented-Person Oriented-Event Oriented-Place	

**Normal Findings**

--

**Not Done**

--

**NARRATIVE**

EMS Call Sign: 692

Incident #: 2116723

Unit Notified: 07/07/2021  
19:21:31

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541bdb7d94c2e-  
5af5a2

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Patient Name: Horsey DOC#480759, Anthony Date of Birth: 05/21/1990

Narrative: [07/07/21 19:18:34 91330] ProQA Medical: Urgent Message: in the dispensary [07/07/21 19:18:40 91330] ProQA Medical: 4 Commandments (2nd Party): 31-year-old, Male, Conscious, Breathing. Chief Complaint Text: Stabbing Caller Statement (2nd Party): altercation between two inmates and one inmate has a stab wound in left chest [07/07/21 19:19:17 91330] ProQA Medical: Dispatch Code: 27D03 (Not alert) Suffix: S (Stab) CAD Response: Delta - The assailant is gone: in their cell in cuffs - He has been stabbed. - This happened now (less than 6hrs ago). - There is some bleeding, not serious. - He is not completely alert (not responding appropriately). [07/07/21 19:19:30 91330] ProQA Medical: - The wound is in a CENTRAL location. - There is a single wound. [07/07/21 19:19:33 91330] ProQA Medical: Interrogation is complete for E211880076.

Dispatched for stabbing  
Responded P692

On scene upgrading staffing to 3.

On scene one male sitting up right, CAOx4, normal in color, skin is flushed and cool to the touch. Patient appears to be breathing adequately and unlabored. Patient has NRB on by the facility. Patient had left side laceration on the pectoral muscle approx 1.5 inches in length, guard had been holding pressure prior to our arrival. Lung sounds assessed and find the left to be diminished and right clear. Small nic at the top of the left shoulder, no other major hemorrhage or lacerations noted. Occlusive dressing was placed over the sucking chest wound. Patient was moved from the chair to the stretcher after being searched by security. On the stretcher patient was secured, vitals were assessed. Patient normotensive, bradycardic, eupenic and SPO2 remained in stable ranges on room air. Patient was sinus brady on the monitor at a rate of 58. Patient was transported to ambulance.

In the ambulance, patient was monitored with no changes. Established a 16G IV in the right AC. LR was hung by gravity. Chest seal works as appropriate. Began transport of P1 Bravo to MMC. Patient complains of shortness of breathing however denies all other complaints. Patient has isolated laceration to the left chest. Obtained medical hx, allergies and medications. Notified MMC of the incoming trauma patient via med radio.

At the hospital, patient was transported via stretcher to room 1 where he was moved via sheet. RN was briefed and care was transferred at bedside to Doctor Bjork.

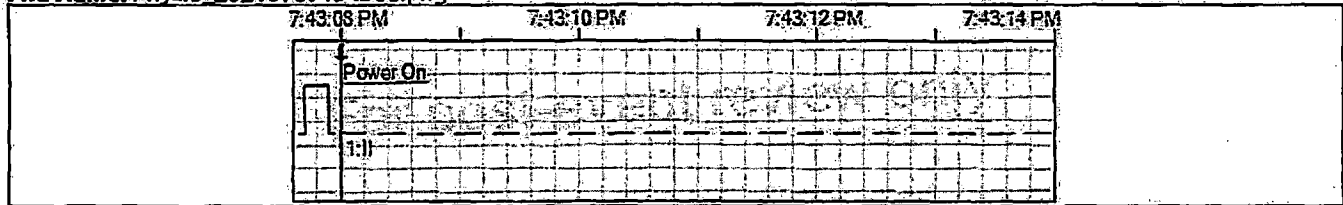
JURISDICTIONAL NOTES

Write any additional notes here:

EKG ATTACHMENT

Time: 07/07/2021 19:43:08

File Name: Physio\_20210707194308.png



EMS Call Sign: 692

Incident #: 2116723

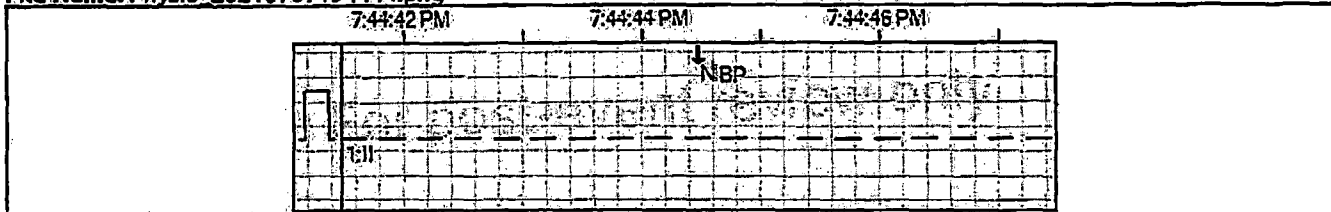
Unit Notified: 07/07/2021  
19:21:31

PCR#: 84a299b398cd4  
541bdb7d94c2e  
5af5a2

Date: 08/01/2023  
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 EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
 Patient Name: Horsey DOC#480759, Anthony Date of Birth: 05/21/1990

Time: 07/07/2021 19:44:44  
 File Name: Physio\_20210707194444.png



Time: 07/07/2021 19:49:44  
 File Name: Physio\_20210707195336 (1).png

Name:		Initial Rhythm:	7:53:36 PM	SpO2-PR:	100-51
ID:	070721194309			SpCO:	--
Patient ID:				SpMet:	--
Incident ID:					
Location:					
Age:		Sex:			
7/7/2021					

Initial Rhythm

25mm/sec  
 ECG: 1-30Hz; Paddles 2.5-30Hz

MEDIC 692 BOONSBORO 331349-011 LP1549229174

EMS Call Sign: 692

Incident #: 2116723

Unit Notified: 07/07/2021  
 19:21:31

PCR#: 84a299b398cd4  
 541bdb7d94c2e  
 5af5a2

Date: 08/01/2023  
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EMS Agency Name: Washington County EMS  
EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
Patient Name: Horsey, DOC#480759, Anthony  
Date of Birth: 05/21/1990

Time: 07/07/2021 19:53:36

File Name: Physio\_20210707195336.png

Name:	Initial Rhythm:	7:53:36 PM	SpO2-PR:	100-51
ID: 070721194309			SpCO:	--
Patient ID:			SpMet:	--
Incident ID:				
Location:				
Age: 77/2021	Sex:			

Initial Rhythm

II x1.0  
VI Lead Off x1.0  
CO2 Filter Linz Off  
CO2 (mmHg)  
Physio-Control, Inc.  
25mm/sec  
ECG 1-30Hz; Paddles 25-30Hz  
MEDIC 69280QNSBORO 3313494-011 LP1549229174

Time: 07/07/2021 19:55:05

File Name: Physio\_20210707195505.png

7:55:03 PM 7:55:05 PM 7:55:07 PM  
NBP  
1:11

EMS Call Sign: 692

Incident #: 2116723

Unit Notified: 07/07/2021  
19:21:31

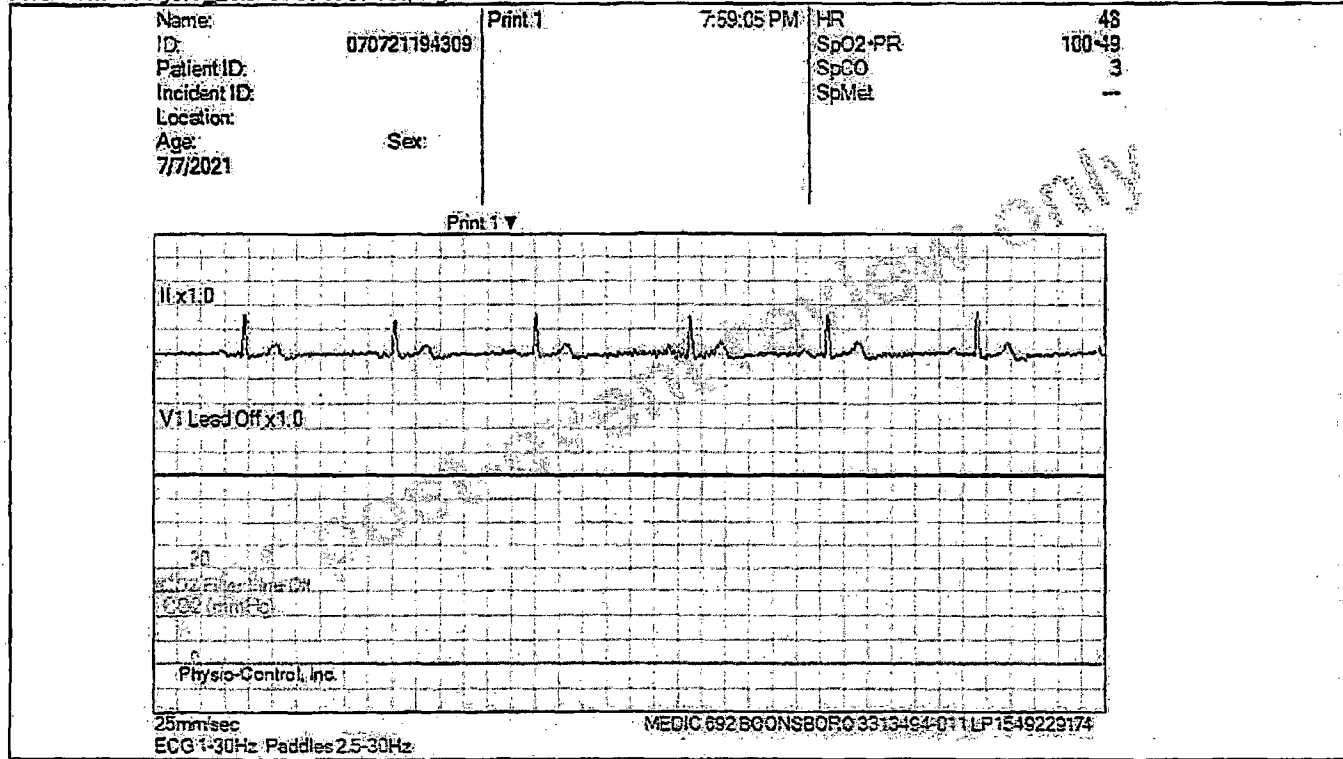
PCR#: 84a299b398cd4  
541bdb7d94c2e  
5af5a2

Date 08/01/2023  
Generated: 00:22  
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EMS Agency Name: Washington County EMS  
 EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
 Patient Name: Horsey DOC#480759, Anthony Date of Birth: 05/21/1990

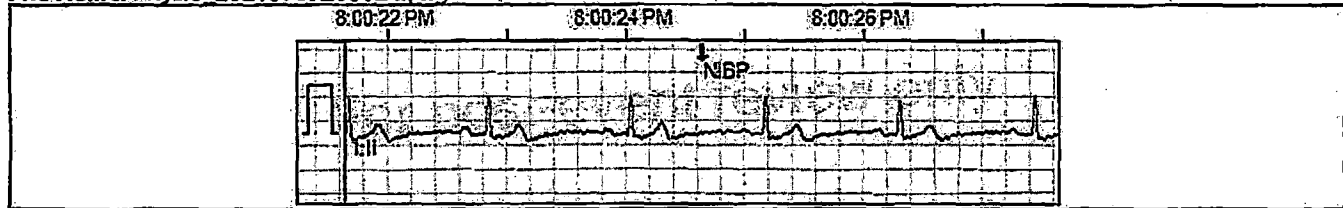
Time: 07/07/2021 19:59:05

File Name: Physio\_20210707195905.png



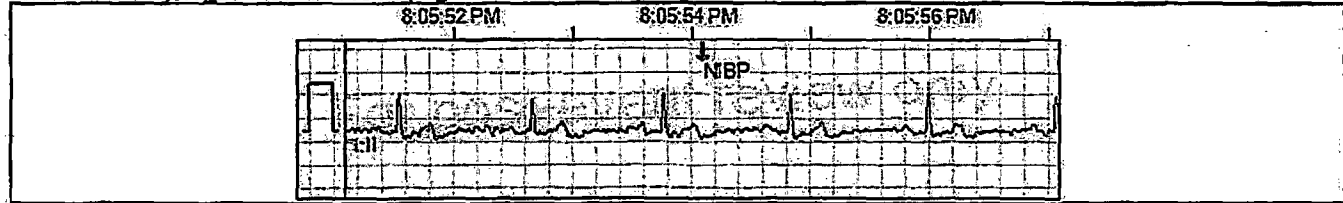
Time: 07/07/2021 20:00:24

File Name: Physio\_20210707200024.png



Time: 07/07/2021 20:05:24

File Name: Physio\_20210707200554.png



EMS Call Sign: 692

Incident #: 2116723

Unit Notified: 07/07/2021  
 19:21:31

PCR#: 84a299b398cd4  
 541bdb7d94c2e  
 5af5a2

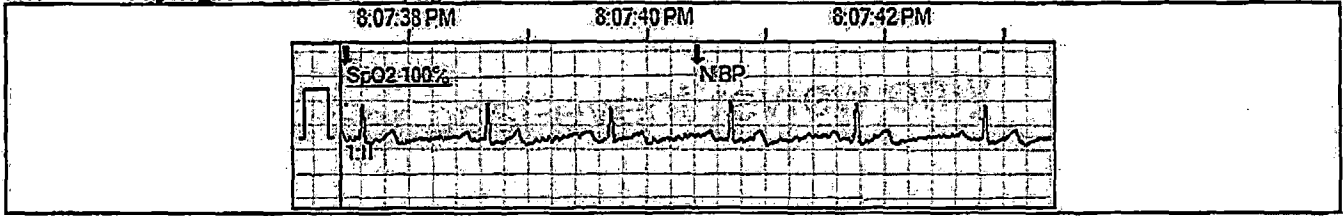
Date: 08/01/2023  
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Patient Name: Horsey, DOC#480759, Anthony Date of Birth: 05/21/1990

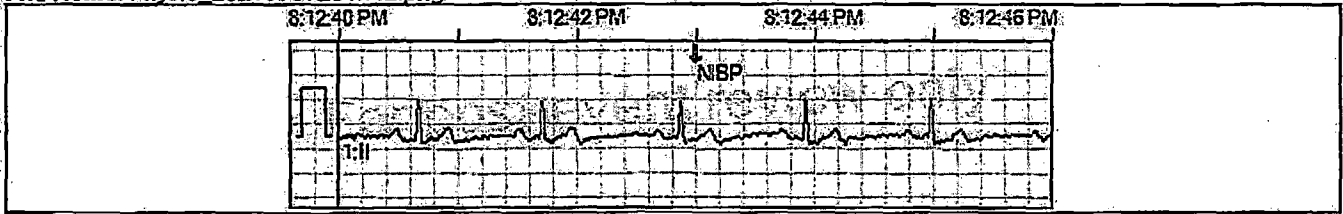
Time: 07/07/2021 20:07:40

File Name: Physio\_20210707200740.png



Time: 07/07/2021 20:12:42

File Name: Physio\_20210707201242.png



EMS Call Sign: 692

Incident #: 2116723

Unit Notified: 07/07/2021  
19:21:31

PCR#: 84a299b398cd4  
541bdb7d94c2e  
5af5a2

Date: 08/01/2023  
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EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
Patient Name: Horsey DOC#480759, Anthony Date of Birth: 05/21/1990



MD: Signature Report

Department of Emergency Services  
16232 Elliott Parkway  
Williamsport, MD 21795  
Fax: (240) 313-2900  
Work: (240) 313-4367  
Work: (301) 733-1112  
Fax: (301) 739-6015

SIGNATURES/SIGNATURES

Language: English

Type of Person Signing: Nurse

Signature Reason: Transfer of Patient Care

Paragraph Text:

The patient named on this form was received by this facility at the date and time indicated above. My signature is not an acceptance of financial responsibility for the services rendered to this patient.

Date/Time of Signature: 07/07/2021 20:17:00

Signature Last Name: Baker RN

Signature First Name: Haley

Signature Graphic:

Signature Status: Signed

Language: English

Type of Person Signing: Patient

Signature Reason: HIPAA acknowledgement/Release; Authorization/Release for Billing; Permission to Treat

Paragraph Text:

Our Notice of Privacy Practice provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy. You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by this agreement. By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment, or health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

Washington County EMS has chosen to participate in the Chesapeake Regional Information System for our Patients (CRISP), a regional health information exchange serving Maryland and DC. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may "opt out" and disable access to your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax or through their website at [www.crisphealth.org](http://www.crisphealth.org). Public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers.

PCR#: 84a299b398cd4541bdb7d94c2e5  
af5a2

Date 08/01/2023  
Generated: 00:46

Incident #: 2116723

EMS Agency Name: Washington County EMS  
EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
Patient Name: Horsey DOC#480759, Anthony Date of Birth: 05/21/1990

I authorize the submission of a claim for payment to Medicare, Medicaid, or any other payor for any services provided to me by the transporting company of the Washington County Emergency Medical Services (Transporting EMS Company), in the past, or in the future, until such time as I revoke this authorization in writing. I understand that I am financially responsible for the services and supplies provided to me by the Transporting EMS Company, regardless of my insurance coverage, and in some cases, may be responsible for an amount in addition to that which was paid by my insurance. I agree to immediately remit to the Transporting EMS Company any payments that I receive directly from insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to the Transporting EMS Company. I authorize the Transporting EMS Company to appeal payment denials or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical information or other relevant documentation about me to release such information to the Transporting EMS Company and its billing agents, the Centers for Medicare and Medicaid Services, and/or any other payors or insurers, and their respective agents or contractors, as may be necessary to determine these or other benefits payable for any services provided to me by the Transporting EMS Company, now, in the past, or in the future.

Date/Time of Signature: 07/07/2021 20:29:49

Signature Last Name: Horsey DOC#480759

Signature First Name: Anthony

Signature Status: Not Signed - Due to Distress Level

---

Language: English

Type of Person Signing: EMS Primary Care Provider (for this event)

Signature Reason: Report Author

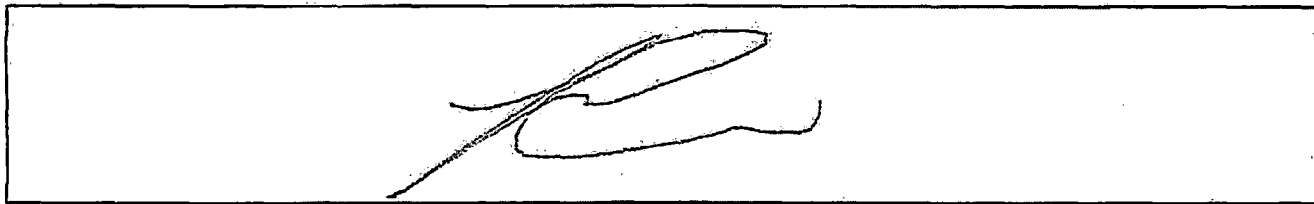
Paragraph Text: I acknowledge that I have provided the above assessments/treatments for this patient.

Date/Time of Signature: 07/07/2021 20:30:26

Signature Last Name: COCHRAN

Signature First Name: LACEY

Signature Graphic:



Signature Status: Signed

---

Language: English

Type of Person Signing: EMS Crew Member (Other)

Signature Reason: Witness

Date/Time of Signature: 07/07/2021 20:30:36

Signature Last Name: VIDAL

PCR#: 84a299b398cd4541bdb7d94c2e5  
af5a2

Date 08/01/2023  
Generated: 00:46

Incident #: 2116723

EMS Agency Name: Washington County EMS

EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d

Patient Name: Horsey DOC#480759, Anthony

Date of Birth: 05/21/1990

Signature First Name: HENRY

Signature Graphic:

A rectangular box containing a handwritten signature in black ink. The signature appears to be the name 'HENRY' written in a stylized, cursive script.

Signature Status: Signed

PCR#: 84a299b398cd4541bdb7d94c2e5  
af5a2

Date: 08/01/2023  
Generated: 00:46

Incident #: 2116723



# HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

YESCARE  
PO BOX 34168  
C/O CORRECTCARE INTEGRATED HEALTH  
LEXINGTON, KY 40588

CARRIER  
PATIENT AND INSURED INFORMATION  
PHYSICIAN OR SUPPLIER INFORMATION

PICA <input type="checkbox"/>										PICA <input type="checkbox"/>																																																																																																																																																																																													
<input checked="" type="checkbox"/> MEDICARE <input type="checkbox"/> (Medicare #)										<input type="checkbox"/> MEDICAID <input type="checkbox"/> (Medicaid #)										<input type="checkbox"/> TRICARE <input type="checkbox"/> (ID#/DoD#)										<input type="checkbox"/> CHAMPVA <input type="checkbox"/> (Member ID#)										<input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> (ID#)										<input type="checkbox"/> FECA <input type="checkbox"/> BLK LUNG <input type="checkbox"/> (ID#)										<input checked="" type="checkbox"/> OTHER <input type="checkbox"/> (ID#)										1a. INSURED'S I.D. NUMBER (For Program in Item 1a) <b>DOC # 481739</b>																																																																																																																																	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) <b>GOINES WAYNE N</b>																				3. PATIENT'S BIRTH DATE MM DD YY <b>04 27 78</b>										SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>										4. INSURED'S NAME (Last Name, First Name, Middle Initial) <b>GOINES WAYNE N</b>																																																																																																																																																															
5. PATIENT'S ADDRESS (No., Street) <b>18800 ROXBURY RD</b>																				6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>										7. INSURED'S ADDRESS (No., Street) <b>18800 ROXBURY RD</b>																																																																																																																																																																									
CITY <b>HAGERSTOWN</b>										STATE <b>MD</b>										CITY <b>HAGERSTOWN</b>										STATE <b>MD</b>																																																																																																																																																																									
ZIP CODE <b>21746</b>										TELEPHONE (Include Area Code) <b>(301) 733-2800</b>										ZIP CODE <b>21746</b>										TELEPHONE (Include Area Code) <b>301 )733-2800</b>																																																																																																																																																																									
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)																				10. IS PATIENT'S CONDITION RELATED TO:																				11. INSURED'S POLICY GROUP OR FECA NUMBER																																																																																																																																																															
a. OTHER INSURED'S POLICY OR GROUP NUMBER:																				a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																				a. INSURED'S DATE OF BIRTH MM DD YY <b>04 27 1978</b>																																																																																																																																																															
b. RESERVED FOR NUCC USE																				b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																				b. OTHER CLAIM ID (Designated by NUCC)																																																																																																																																																															
c. RESERVED FOR NUCC USE																				c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																				c. INSURANCE PLAN NAME OR PROGRAM NAME																																																																																																																																																															
d. INSURANCE PLAN NAME OR PROGRAM NAME																				10d. CLAIM CODES (Designated by NUCC)																				d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>If yes, complete items 9, 9a and 9d.</i>																																																																																																																																																															
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.  SIGNED _____ DATE _____																				13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.  SIGNED _____ DATE _____																																																																																																																																																																																			
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL _____										15. OTHER DATE MM DD YY QUAL _____										16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY																																																																																																																																																																																			
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. _____ 17b. NPI _____										18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY										20. OUTSIDE LAB? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES <b>0.00</b>																																																																																																																																																																																			
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)																				22. RESUBMISSION CODE: _____ ORIGINAL REF. NO. _____																																																																																																																																																																																			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E) <b>M54.9</b>																				23. PRIOR AUTHORIZATION NUMBER <b>21746</b>																																																																																																																																																																																			
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY																				B. PLACE OF SERVICE																				C. EMG																				D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER																				E. DIAGNOSIS POINTER																				F. \$ CHARGES																				G. Days or Units																				H. EPSCT REF																				I. ID. QUAL																				J. RENDERING PROVIDER ID. #																			
1 07 11 21 07 11 21 41										A0429 SH A										700.00										1										1063442739																																																																																																																																																															
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25. FB2-1259616 NUMBER										SSN EIX <input checked="" type="checkbox"/>										26. P17023A ACCOUNT NO.										<input checked="" type="checkbox"/> ACCEPT ASSIGNMENT? (For gov. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO										28. TOTAL CHG <b>810.50</b>										29. AMOUNT <b>0.00</b>										30. Rsvd for NUCC use																																																																																																																																											
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS (If FOR SALE, MEDICAL or other apply to this bill and are made a part thereof.) <b>BILLING ADMIN</b>																				32. SERVICE FACILITY LOCATION INFORMATION <b>18800 ROXBURY RD HAGERSTOWN, MD 21746 TO: MERITUS MEDICAL CENTER - 21742</b>																				33. BILLING PROVIDER INFO & PH # <b>BOONSBORO AMB &amp; RESCUE PO BOX 7 BOONSBORO, MD 21713 1063442739</b>																																																																																																																																																															
SIGNED _____										DATE <b>07/13/21</b>										SIGNED _____										DATE _____																																																																																																																																																																									

# Patient Account Summary (Account Number) Report

Date: 8/1/2023 Time: 12:30:33 AM

BOONSBORO AMB & RESCUE

PO BOX 7

BOONSBORO, MD 21713

Account Number: PAT-00009069

Account Name: GOINES, WAYNEN

Bill #	Transaction Type	Date	Transaction Description	Debit/Credit	Posted By	Payment Number	Balance
17023A		07/11/2021	GOINES, WAYNEN				
17023A	1C	07/13/2021	First Bill Commercial	\$810.50	TAM		\$810.50
17023A	WB	04/08/2022	PAST TIMELY FILING	(\$810.50)	KA		\$0.00
17023A	AB	04/27/2022	BAD DEBT ADJUSTMENT	\$810.50	KA		\$810.50
17023A	SG	07/31/2023	Reprinted Bill	\$0.00	MK		\$810.50
Total Balance:							\$810.50

EMS Agency Name: Washington County EMS  
 EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
 Patient Name: Goines DOC#481739, Wayne Date of Birth: 04/27/1978



**MD: MIEMSS Approved Short Form**

Department of Emergency Services  
 16232 Elliott Parkway  
 Williamsport, MD 21795  
 Fax: (240) 313-2900  
 Work: (240) 313-4367  
 Work: (301) 733-1112  
 Fax: (301) 739-6015

**PATIENT INFORMATION**

Name: Goines DOC#481739, Wayne  
 Age: 43 Years - D.O.B.: 04/27/1978  
 Gender: Male Weight: 350lbs  
 158.8 kg  
 Address: 18800 ROXBURY RD  
 Hagerstown (PO Box), MD 21746

**CASE INFORMATION**

Agency Name: Washington County EMS  
 Incident Number: 2117023  
 Responding Unit: 691  
 Arrived Hosp: 07/11/2021 06:58:36  
 Initial Priority: Priority 3  
 Final Priority: Priority 3

Crew Members

Crew Member	Crew Member Level	Crew Member Response Role
KEEFER, ERIN (0003796)	Paramedic; ALS	Other Patient Caregiver-At Scene ; Other Patient Caregiver-Transport
Rowland, Melanie (1851835)	EMT; BLS	Driver/Pilot-Transport
Baker, William (1954235)	EMT; BLS	Driver/Pilot-Response ; Primary Patient Caregiver-At Scene ; Primary Patient Caregiver-Transport

**PATIENT'S CURRENT MEDICATIONS**

Patient Medications

Medication	Dosage	Unit	Route	Current Medication Comments
Fish Oils				

**ALLERGIES**

Medication Allergies

Medication Allergies	Medication Allergy Comments
No Known Drug Allergy	

**MEDICAL HISTORY**

Date/Time of Symptom Onset: 07/11/2021 05:30:00

Complaint Type	Complaint	Duration	Time Units
Chief	back pain	1 Hours	Hours

Medical History: None Reported / Denies PMH  
 Advance Directives: Not Applicable

EMS Call Sign: 691

Incident #: 2117023

Unit Notified: 07/11/2021  
 05:56:21

PCR#: cca591636a4a4  
 a4fb88c8e1165  
 ca1f04

Date 08/01/2023  
 Generated: 00:31  
 Last Incident: 09/10/2021  
 Update: 02:34:03

EMS Agency Name: Washington County EMS  
 EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
 Patient Name: Goines DOC#481739; Wayne Date of Birth: 04/27/1978

**TREATMENT (Medications // Procedures // Vitals // ECG // GCS)**

**Vitals**

Time	BP	Limb	Pulse	Rhyt	Effo	SpO2	ETCO	Face	Arm	Speech	Stroke	PTA	Blood	Glucose	Blood	Glucose	Cardiac	Cardiac
06:19:35	115/71	Arm, Left	75	Regul	18	Norm	95	At Room	10	Alr		No	Supine					
06:24:35			71	Regul	18	Norm	94	At Room		Alr		No	Supine					
06:39:35			81	Regul	18	Norm	98	At Room		Alr		No						
06:44:35			82	Regul	18	Norm	99	At Room		Alr		No	Supine					
06:46:11	118/76	Arm, Left	85	Regul	18	Norm	98	At Room		Alr		No	Supine					
06:51:11			79	Regul	18	Norm	99	At Room	10	Alr		No	Supine					
06:56:05	141/108	Arm, Left	91		18	Norm	96	At Room		Alr		No	Supine					

**EKG**

Time	Lead	Interpretation	Ectopy	Cause for Change	Comments
06:16:51					Import Event: Power On

**GCS**

Time	Eye	Motor	Verbal	Score Qualifier	Total Glasgow Coma Score
06:19:35	Spontaneously - 4	Verbal Command - Obeys - 6	Oriented & Converses - 5		15
06:56:05	Spontaneously - 4	Verbal Command - Obeys - 6	Oriented & Converses - 5		15

**ASSESSMENT**

**Medical / Injury / Burn Assessment**

Time

06:20:00

**Assessment Summary**

07/11/2021 06:20:00

Location	Description	Detailed Findings	Details
<b>Normal Findings</b>			
<b>Not Done</b>			

EMS Call Sign: 691

Incident #: 2117023

Unit Notified: 07/11/2021 05:56:21

PCR#: cca591636a4a4a4fb88c8e1165ca1f04

Date 08/01/2023  
 Generated: 00:31  
 Last Incident: 09/10/2021  
 Update: 02:34:03

EMS Agency Name: Washington County EMS  
EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
Patient Name: Goines, DOC#481739, Wayne Date of Birth: 04/27/1978

NARRATIVE

Narrative: M691 dispatched for a male with back pain. The patient is a 43 year old male prisoner at MTCT indicating sudden onset of left lower back pain. The patient indicated that he had been working in the kitchen when he went to lift a large can and felt the sudden pain. The patient has a history of similar pain in 2015. The patient was CAO x3, with normal vital signs. The patient is morbidly obese. The patient denied falling. The prisoner responded to a query of the level of his pain with a grimace. The patient did not indicate any other pain and was able to move both legs and feet.

The patient was able to stand to be prepared for transport and was able to transfer to the stretcher. The patient tolerated the transport to the hospital well. Upon arrival at the hospital the patient was able to slide himself from the stretcher to the hospital bed. Report was given.

[07/11/21 05:55:14 10444] ProQA Medical: 4 Commandments (2nd Party): 43-year-old, Male, Conscious, Breathing. Chief Complaint Text: Back Pain (Non-Traumatic or Non-Recent Trauma) Caller Statement (2nd Party): PINCHED NERVE ON LEFT SIDE OF BACK. CANT WALK. [07/11/21 05:56:08 10444] ProQA Medical: Dispatch Code: 05A01 (NON-TRAUMATIC back pain) CAD Response: Alpha - This started (happened) now (less than 6hrs ago). - It's not known what caused his back pain. - He is not having difficulty breathing. - He does not have chest pain or chest discomfort. - He is completely alert (responding appropriately). - He has not been diagnosed with an aortic aneurysm. [07/11/21 05:56:48 10444] ProQA Medical: Urgent Message: DID HAVE SOMETHING SIMILAR IN 2015. [07/11/21 05:56:49 10444] ProQA Medical: Interrogation is complete for E211920008.

JURISDICTIONAL NOTES

Write any additional notes here:

EKG ATTACHMENT

EMS Call Sign: 691

Incident #: 2117023

Unit Notified: 07/11/2021  
05:56:21

PCR#: cca591636a4a4  
a4fb88c8e1165  
ca1f04

Date 08/01/2023  
Generated: 00:31  
Last Incident: 09/10/2021  
Update: 02:34:03



EMS Agency Name: Washington County EMS

EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d

Patient Name: Goines, DOC#481739, Wayne

Date of Birth: 04/27/1978

Time: 07/11/2021 06:16:51

File Name: Physio\_20210711061651.png

For post-event review only

Time: 07/11/2021 06:19:35

File Name: Physio\_20210711061935.png

For post-event review only

Time: 07/11/2021 06:24:35

File Name: Physio\_20210711062650.png

For post-event review only

Time: 07/11/2021 06:39:35

File Name: Physio\_20210711064407.png

For post-event review only

Time: 07/11/2021 06:44:35

File Name: Physio\_20210711064445.png

For post-event review only

Time: 07/11/2021 06:46:11

File Name: Physio\_20210711064611.png

For post-event review only

Time: 07/11/2021 06:51:11

File Name: Physio\_20210711065445.png

For post-event review only

Time: 07/11/2021 06:56:05

File Name: Physio\_20210711065605.png

For post-event review only

EMS Call Sign: 691

Date 08/01/2023  
Generated: 00:31

**Incident #:** 2117023

**Unit Notified:** 07/11/2021  
05:56:21

**PCR#:** cca591636a4a4  
a4fb88c8e1165  
ca1f04

**Last Incident:** 09/10/2021  
**Update:** 02:34:03

EMS Agency Name: Washington County EMS  
EMS Agency Number: a3a01bae-5bab-45b2-b5f9-fb4e2b5e403d  
Patient Name: Goines DOC#481739, Wayne Date of Birth: 04/27/1978



MD: Signature Report

Department of Emergency Services  
16232 Elliott Parkway  
Williamsport, MD 21795  
Fax: (240) 313-2900  
Work: (240) 313-4367  
Work: (301) 733-1112  
Fax: (301) 739-6015

SIGNATURES/SIGNATURES

Language: English

Type of Person Signing: Nurse

Signature Reason: Transfer of Patient Care

Paragraph Text:

The patient named on this form was received by this facility at the date and time indicated above. My signature is not an acceptance of financial responsibility for the services rendered to this patient.

Date/Time of Signature: 07/11/2021 07:04:00

Signature Last Name: smith

Signature First Name: Ashley

Signature Graphic:

Signature Status: Signed

Language: English

Type of Person Signing: EMS Crew Member (Other)

Signature Reason: Witness

Date/Time of Signature: 07/11/2021 07:07:18

Signature Last Name: KEEFER

Signature First Name: ERIN

Signature Graphic:

PCR#: cca591636a4a4a4fb88c8e1165ca  
1f04

Date 08/01/2023  
Generated: 00:32

Incident #: 2117023

EMS Agency Name: Washington County EMS  
EMS Agency Number: e3a01bac-5b4b-45b2-b5f9-fb4e2b5e403d

Patient Name: Goines DOC#481739, Wayne

Date of Birth: 04/27/1978

Signature Status: Signed

---

Language: English

Type of Person Signing: EMS Primary Care Provider (for this event)

Signature Reason: Report Author

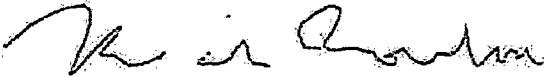
Paragraph Text: I acknowledge that I have provided the above assessments/treatments for this patient.

Date/Time of Signature: 07/11/2021 07:30:15

Signature Last Name: Rowland

Signature First Name: Melanie

Signature Graphic:



Signature Status: Signed

---

Language: English

Type of Person Signing: Patient

Signature Reason: HIPAA acknowledgement/Release; Authorization/Release for Billing

Paragraph Text:

Our Notice of Privacy Practice provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy. You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by this agreement. By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment, or health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

Washington County EMS has chosen to participate in the Chesapeake Regional Information System for our Patients (CRISP), a regional health information exchange serving Maryland and DC. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may "opt out" and disable access to your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax or through their website at [www.crisphealth.org](http://www.crisphealth.org). Public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers.

I authorize the submission of a claim for payment to Medicare, Medicaid, or any other payor for any services provided to me by the transporting company of the Washington County Emergency Medical Services (Transporting EMS Company), in the past, or in the future, until such time as I revoke this authorization in writing. I understand that I am financially responsible for the services and supplies provided to me by the Transporting EMS Company, regardless of my insurance coverage, and in some cases, may be responsible for an amount in addition to that which was paid by my insurance. I agree to immediately remit to the Transporting EMS Company any payments that I receive directly from insurance or any source whatsoever for the services

PCR#: cca591636a4a4a4fb88c8e1165ca  
1f04

Date: 08/01/2023  
Generated: 00:32

Incident #: 2117023

EMS Agency Name: Washington County EMS

EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d

Patient Name: Goines DOC#481739, Wayne

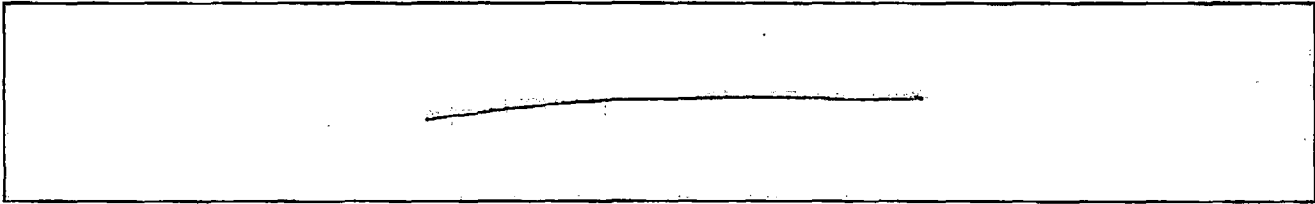
Date of Birth: 04/27/1978

provided to me and I assign all rights to such payments to the Transporting EMS Company. I authorize the Transporting EMS Company to appeal payment denials or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical information or other relevant documentation about me to release such information to the Transporting EMS Company and its billing agents, the Centers for Medicare and Medicaid Services, and/or any other payors or insurers, and their respective agents or contractors, as may be necessary to determine these or other benefits payable for any services provided to me by the Transporting EMS Company, now, in the past, or in the future.

Signature Last Name: Goines DOC#481739

Signature First Name: Wayne

Signature Graphic:



Signature Status: Not Signed - In Law Enforcement Custody

PCR#: cca591636a4a4a4fb88c8e1165ca  
1f04

Date: 08/01/2023  
Generated: 00:32

Incident #: 2117023



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

YESCARE
PO BOX 34168
C/O CORRECTCARE INTEGRATED HEALTH
LEXINGTON, KY 40588

Form with multiple sections: 1. PICA, 2. PATIENT'S NAME (THORNBURG DEMOSTHENES), 3. PATIENT'S BIRTH DATE (03-16-66), 4. INSURED'S NAME (THORNBURG DEMOSTHENES), 5. PATIENT'S ADDRESS (18800 ROXBURY RD, HAGERSTOWN, MD), 6. PATIENT RELATIONSHIP TO INSURED (Self), 7. INSURED'S ADDRESS (18800 ROXBURY RD, HAGERSTOWN, MD), 8. RESERVED FOR NUCC USE, 9. OTHER INSURED'S NAME, 10. IS PATIENT'S CONDITION RELATED TO: (a. EMPLOYMENT?, b. AUTO ACCIDENT?, c. OTHER ACCIDENT?), 11. INSURED'S POLICY, GROUP OR FECA NUMBER, 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE, 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE, 14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP), 15. OTHER DATE, 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION, 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE, 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES, 19. ADDITIONAL CLAIM INFORMATION, 20. OUTSIDE LAB? \$ CHARGES 0.00, 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (R06.00), 22. RESUBMISSION CODE, 23. PRIOR AUTHORIZATION NUMBER (21746), 24. TABLE with columns A-J: DATE(S) OF SERVICE, PLACE OF SERVICE, CPT/HCPCS, MODIFIER, DIAGNOSIS POINTER, \$ CHARGES, DAYS OR UNITS, PROCEDURE CODE, ID, RENDERING PROVIDER ID.#, 25. FINDER'S NUMBER (521259616), 26. ACCOUNT NO. (1893), 27. ACCEPT ASSIGNMENT?, 28. TOTAL (\$086.00), 29. AMOUNT (\$0.00), 30. Rsvd for NUCC use, 31. SIGNATURE OF PHYSICIAN OR SUPPLIER (BILLING ADMIN), 32. SERVICE FACILITY LOCATION INFORMATION (18800 ROXBURY RD, HAGERSTOWN, MD), 33. BILLING PROVIDER INFO & PH.# (BOONSBORO AMB & RESCUE).

SECOND FOLD

FIRST FOLD

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

## Patient Account Summary (Account Number) Report

Date: 8/1/2023 Time: 12:29:55 AM

BOONSBORO AMB & RESCUE

PO BOX 7

BOONSBORO, MD 21713

Account Number: PAT-00008631

Account Name: THORNBERG, DEMOSTHENES

Bill #	Transaction Type	Date	Transaction Description	Debit/Credit	Posted By	Payment Number	Balance
11989		05/19/2021	THORNBERG, DEMOSTHENES				
11989	IC	05/20/2021	First Bill Commercial	\$1,137.00	TAM		\$1,137.00
11989	PC	07/27/2021	CORIZON HEALTH PYMT	(\$929.93)	TAM	VCC	\$207.07
11989	CC	07/27/2021	COMMERCL C/A	(\$207.07)	TAM		\$0.00
16931		07/10/2021	THORNBERG, DEMOSTHENES				
16931	IC	07/12/2021	First Bill Commercial	\$1,086.00	TAM		\$1,086.00
16931	WB	04/08/2022	PAST TIMELY FILING	(\$1,086.00)	KA		\$0.00
16931	AB	04/27/2022	BAD DEBT ADJUSTMENT	\$1,086.00	KA		\$1,086.00
16931	SG	07/31/2023	Reprinted Bill	\$0.00	MK		\$1,086.00
20271A		09/17/2020	THORNBERG, DEMOSTHENES				
20271A	IC	09/17/2020	First Bill Commercial	\$1,099.60	TAM		\$1,099.60
20271A	PC	10/28/2020	CORIZON HEALTH PYMT	(\$924.53)	TAM	VCC	\$175.07
20271A	CC	10/28/2020	COMMERCL C/A	(\$175.07)	TAM		\$0.00
2226364		10/11/2022	THORNBERG, DEMOSTHENES				
2226364	IC	10/14/2022	First Bill Com Electroni	\$1,086.00	KA		\$1,086.00
2226364	JC	10/27/2022	COMMERCIAL BILL REJECTED	\$0.00	KA		\$1,086.00
2226364	OC	10/31/2022	OFFSET Commercial	(\$1,086.00)	GF		\$0.00
2226364	IC	10/31/2022	First Bill Commercial	\$1,086.00	GF		\$1,086.00
2226364	JC	01/18/2023	COMMERCIAL BILL REJECTED	\$0.00	BA		\$1,086.00
2226364	OC	01/20/2023	OFFSET Commercial	(\$1,086.00)	GF		\$0.00
2226364	IC	01/20/2023	First Bill Commercial	\$1,086.00	GF		\$1,086.00
2226364	PC	01/31/2023	YESCARE PYMT	(\$731.31)	BA	310051393	\$354.69
2226364	CC	01/31/2023	COMMERCL C/A	(\$354.69)	BA		\$0.00
2300851		01/09/2023	THORNBERG, DEMOSTHENES				
2300851	IC	02/07/2023	First Bill Com Electroni	\$1,040.10	BA		\$1,040.10
2300851	JC	03/23/2023	COMMERCIAL BILL REJECTED	\$0.00	KA		\$1,040.10
2300851	OC	03/23/2023	OFFSET Commercial	(\$1,040.10)	KA		\$0.00
2300851	IC	03/23/2023	First Bill Com Electroni	\$1,040.10	KA		\$1,040.10
2300851	PC	06/28/2023	CorrectCare Integrat PYMT	(\$787.52)	KA	1307	\$252.58
2300851	CC	06/28/2023	COMMERCL C/A	(\$252.58)	KA		\$0.00
2304447		02/17/2023	THORNBERG, DEMOSTHENES				
2304447	IP	04/02/2023	First Bill Patient	\$0.00	KA		\$0.00
25517		11/18/2020	THORNBERG, DEMOSTHENES				
25517	IC	11/20/2020	First Bill Commercial	\$1,055.40	TAM		\$1,055.40
25517	PC	02/16/2021	CORIZON HEALTH PYMT	(\$884.65)	TAM	VCC	\$170.77

EMS Agency Name: Washington County EMS  
 EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
 Patient Name: Thornberg DOC# 328901, Demosthenes  
 Date of Birth: 03/16/1966



MD: MIEMSS Approved Short Form

Department of Emergency Services  
 16232 Elliott Parkway  
 Williamsport, MD 21795  
 Fax: (240) 313-2900  
 Work: (240) 313-4367  
 Work: (301) 733-1112  
 Fax: (301) 733-6015

PATIENT INFORMATION

Name: Thornberg DOC# 328901, Demosthenes  
 Age: 55 Years - D.O.B.: 03/16/1966  
 Gender: Male  
 Weight: 300lbs  
 136.1 kg  
 Address: 18800 ROXBURY RD  
 MCTC  
 Hagerstown (PO Box), MD 21746

CALL INFORMATION

Agency Name: Washington County EMS  
 Incident Number: 2116931  
 Responding Unit: 692  
 Arrived Hosp: 07/10/2021 05:27:07  
 Initial Priority: Priority 2  
 Final Priority: Priority 2

Crew Members

Crew Member	Crew Member Level	Crew Member Response Role
COFFMAN, NATALIE (0022237)	Paramedic; ALS	Primary Patient Caregiver-At Scene ; Primary Patient Caregiver-Transport
FULLER, RYAN (0168872)	EMT; BLS	Driver/Pilot-Response ; Driver/Pilot-Transport

PATIENT'S CURRENT MEDICATIONS

Patient Medications

Medication	Dosage	Unit	Route	Current Medication Comments
Lisinopril				
Metoprolol				
Xarelto				
Ticagrelor				
Prilosec				
Aspirin				
atorvastatin				
Tums				

ALLERGIES

Medication Allergies

Medication Allergies	Medication Allergy Comments
No Known Drug Allergy	

Environment/Food Allergies

Environmental/Food Allergies	Environment Allergy Comments

EMS Call Sign: 692

Incident #: 2116931

Unit Notified: 07/10/2021  
 04:26:04

PCR#: df3516c112bd4  
 2b18d7402b5d  
 5cb76bc

Date 08/01/2023  
 Generated: 00:28  
 Last Incident: 09/09/2021  
 Update: 02:31:31



EMS Agency Name: Washington County EMS  
 EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
 Patient Name: Thornberg DOC# 328901, Demosthenes  
 Date of Birth: 03/16/1966

No Known Allergies (situation)

**MEDICAL HISTORY**

Date/Time of Symptom Onset: 07/10/2021 04:00:00

Complaint Type	Complaint	Duration	Time Units
Chief	shortness of breath	10 Minutes	Minutes

Medical History: Atrial Fibrillation (A-Fib); Hypercholesterolemia (High Cholesterol), Cardiac; Hypertension, Cardiac; Myocardial Infarction, Cardiac; Stent, Cardiac

Advance Directives: Not Applicable

**TREATMENT (Medications / Procedures / Vitals / EKG / GCS)**

**Procedures**

Time	Crew	Name	Location	Size of Equipment	Attempts	Response	Success	Comments
04:55:38	COFFMAN, NATALIE (0022237)	Venous Access - Extremity	Hand-Right	20	1	Unchanged	Yes	Import Event for Procedure CodeMarker IV Access
04:57:03	COFFMAN, NATALIE (0022237)	ECG Leads On			1	Unchanged	Yes	Import Event 'Leads On'
04:58:19	COFFMAN, NATALIE (0022237)	12 Lead ECG			1	Unchanged	Yes	Import Event 'Twelve Lead'
04:58:50	COFFMAN, NATALIE (0022237)	12 Lead ECG			1	Unchanged	Yes	Import Event 'Twelve Lead'
05:16:14	COFFMAN, NATALIE (0022237)	12 Lead ECG			1	Unchanged	Yes	Import Event 'Twelve Lead'

**Vitals**

Time	BP	Limb	Pulse	Rhythm	Effort	SpO2	SpO2 Qual	ETCO2	Face (Stroke)	Arm (Stroke)	Speech (Stroke)	Stroke Scale	PTA	Position	Blood Glucose Level	Blood Glucose Other	Cardiac Rhythm	Cardiac Rhythm - Other
04:57:34	108/78	Arm, Right	88	20	Normal	98	Low Concentration O2 (1-6 LPM)	0					No	Sitting				
05:06:44	150/100		104	20	Normal	99							No	Semi-Fowlers				
05:11:49	135/101		103	20	Normal	97							No	Semi-Fowlers				
05:17:09	130/90	Arm, Right	93	Regu lar	20	Normal	97	At Room Air					No	Semi-Fowlers			Normal Sinus Rhythm (NSR)	
05:21:49	137/97	Arm, Right	96	Regu lar	20	Normal	95	At Room Air					No	Semi-Fowlers				
05:26:59	138/94	Arm, Right	99	Regu lar	20	Normal	93	At Room Air					No	Semi-Fowlers			Normal Sinus Rhythm (NSR)	

**EKG**

Time	Lead	Interpretation	Ectopy	Cause for Change	Comments
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EMS Call Sign: 692

Date: 08/01/2023

Incident #: 2116931

Unit Notified: 07/10/2021 04:26:04

PCR#: df3516c112bd4 2b18d7402b5d 5cb76bc

Generated: 00:28  
 Last Incident: 09/09/2021  
 Update: 02:31:31

EMS Agency Name: Washington County EMS  
 EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
 Patient Name: Thornberg DOC# 328901, Demosthenes Date of Birth: 03/16/1966

04:55:33 Import Event 'Power On'  
 04:57:03 Import Event 'Leads On'  
 04:58:19 Import Event 'Twelve Lead'  
 04:58:50 Import Event 'Twelve Lead'  
 05:16:14 Import Event 'Twelve Lead'

**GCS**

Time	Eye	Motor	Verbal	Score Qualifier	Total Glasgow Coma Score
04:57:34	Spontaneously - 4	Verbal Command - Obeys - 6	Oriented & Converses - 5	Initial GCS has legitimate values without interventions such as intubation and sedation	15
05:21:49	Spontaneously - 4	Verbal Command - Obeys - 6	Oriented & Converses - 5	Initial GCS has legitimate values without interventions such as intubation and sedation	15

**ASSESSMENT**

**Medical / Injury / Burn Assessment**

Time

05:00:00

**Assessment Summary**

07/10/2021 05:00:00

**Detailed Findings**

Location	Description	Details
Skin	Color - Pink Dry Warm	
Mental Status	Oriented-Time Oriented-Place Oriented-Person Oriented-Event Normal Baseline for Patient	
Chest/Lungs	Breath Sounds-Equal Breath Sounds-Normal-Left Breath Sounds-Normal-Right	

**Normal Findings**

Neurological;

Not Done

EMS Call Sign: 692

Incident #: 2116931

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2b18d7402b5d  
5cb76bc

Date 08/01/2023  
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EMS Agency Name: Washington County EMS  
EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
Patient Name: Thornberg DOC# 328901, Demosthenes  
Date of Birth: 03/16/1966

NARRATIVE

**Narrative:** P692 was dispatched \*ALS HOT\* for an inmate with trouble breathing. P692 responded with 2. AOS to find pt sitting upright in chair fully dressed. Pt is on nasal cannula Oxygen at 2 lpm. C - Pt awoke from sleep to complain of shortness of breath. Pt was brought to the infirmary. Pt was placed on Oxygen which helped with the shortness of breath. H - Pt has a history of MI in May with stents, HTN, high cholesterol. NKDA. Medications are listed within report. Pt was recently changed from 100mg Metoprolol to 25mg. Shortness of breath began after the dosage change. A - Pt is AOx4 with a patent airway. Skins are pink warm and dry with strong radial pulses. GCS=15, Stroke scale is negative. Pt denies any shortness of breath currently and denies any chest pain. Vitals are obtained and pt is placed on cardiac monitor showing A-Fib with no ectopy. A 12-lead is obtained showing A-Fib. A 20 gauge IV with saline lock is established in right hand. Blood glucose is obtained with results of 108. Lungs are clear in all fields. Pt is searched by correctional officers and placed in orange jumpsuit. R - Pt denies any complaints, stating his shortness of breath is better. Pt is removed from Oxygen before being searched. Pt feels the shortness of breath began when he was decreased from his Metoprolol dose. Consult is given en route. T - Pt is transported to MMC ED as a priority 2 pt. Pt is brought to bed 13 upon arrival. Transfer of care and consult is given at bedside to RN. Due to pt being an inmate, pt does not sign HIPAA. P692 is available at 0549.

[07/10/21 04:25:00-10314] ProQA Medical: 4 Commandments (2nd Party): 55-year-old, Male, Conscious, Breathing. Chief Complaint Text: Breathing Problems Caller Statement (2nd Party): AFIB, ABNORMAL EKG TRBL BREATH [07/10/21 04:25:47-10314] ProQA Medical: Dispatch Code: 06C01 (Abnormal breathing) CAD Response: Charlie - He is completely alert (responding appropriately). - He does not have any difficulty speaking between breaths. - He is not changing color. - He is not clammy. - He does not have asthma or other lung problems. [07/10/21 04:26:00-10314] ProQA Medical: Interrogation is complete for E211910019.

JURISDICTIONAL NOTES

Write any additional notes here:

EKG ATTACHMENT

EMS Call Sign: 692

Incident #: 2116931

Unit Notified: 07/10/2021  
04:26:04

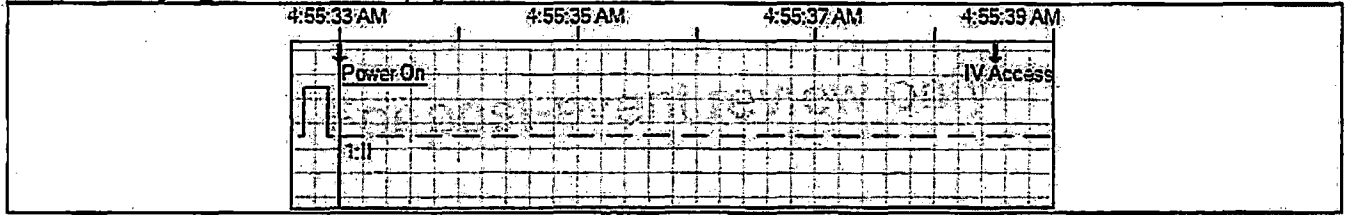
PCR#: df3516c112bd4  
2b18d7402b5d  
5cb76bc

Date: 08/01/2023  
Generated: 00:28  
Last Incident: 09/09/2021  
Update: 02:31:31

EMS Agency Name: Washington County EMS  
EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d

Patient Name: Thornberg DOC# 328901, Demosthenes  
Date of Birth: 03/16/1966

Time: 07/10/2021 04:55:33  
File Name: Physio\_20210710045533.png



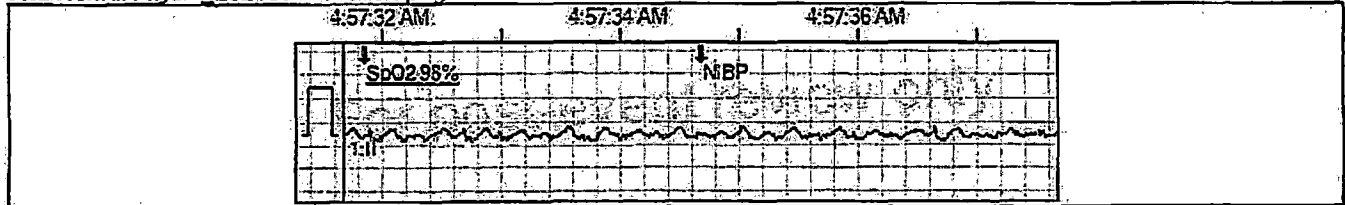
Time: 07/10/2021 04:57:03  
File Name: Physio\_20210710045703.png

Name:		Initial Rhythm	4:57:03 AM	SpO2-PR	98-48
ID:	071021045534			SpCO	2
Patient ID:				SpMet	-
Incident ID:					
Location:					
Age: 55	Sex: M				
7/10/2021					

Initial Rhythm

25mm/sec  
ECG 1-30Hz; Paddles 2.5-30Hz  
MEDIC 692 BCONS BORO 3313494-011 LP1549229174

Time: 07/10/2021 04:57:34  
File Name: Physio\_20210710045734.png



EMS Call Sign: 692

Incident #: 2116931

Unit Notified: 07/10/2021  
04:26:04

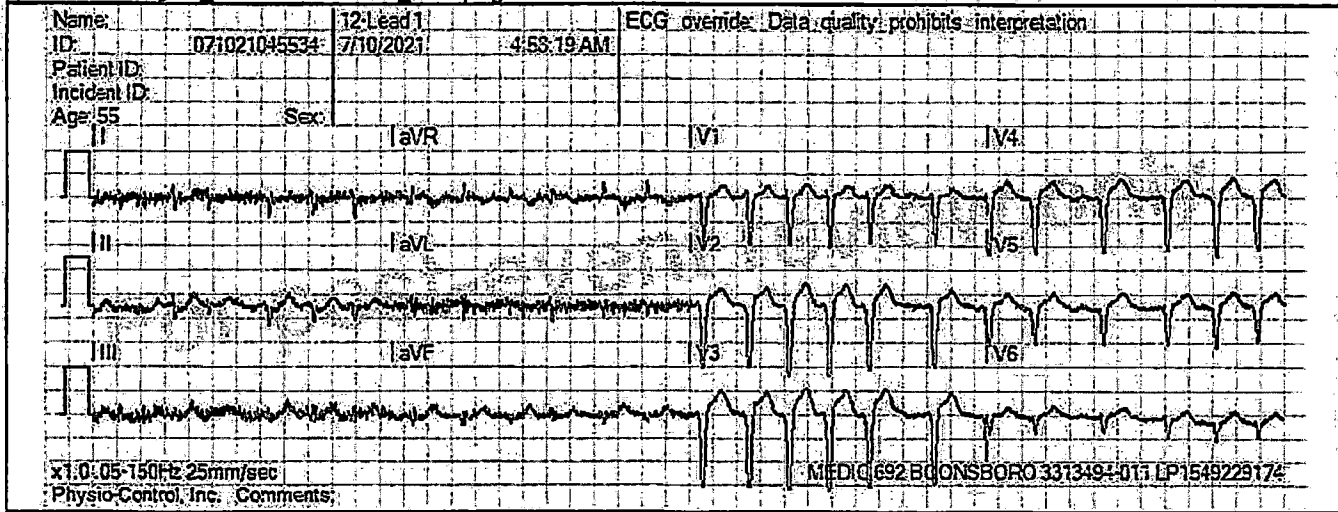
PCR#: df3516c112bd4  
2b18d7402b5d  
5cb76bc

Date 08/01/2023  
Generated: 00:28  
Last Incident: 09/09/2021  
Update: 02:31:31

EMS Agency Name: Washington County EMS  
 EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
 Patient Name: Thornberg DOC# 328901, Demosthenes  
 Date of Birth: 03/16/1966

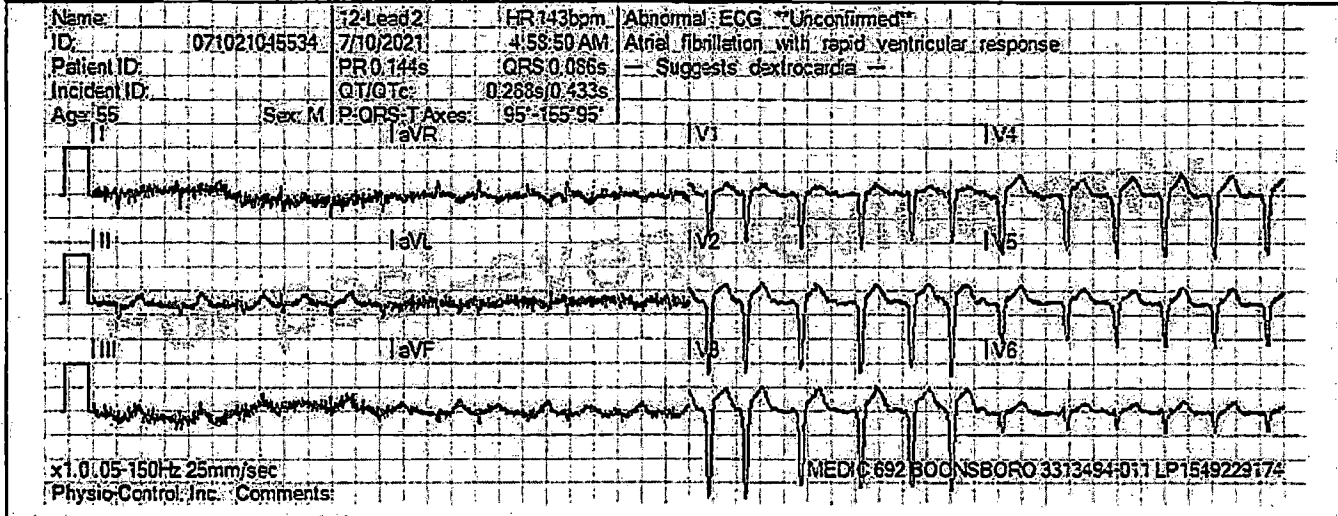
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File Name: Physio\_20210710045819\_12ld.png



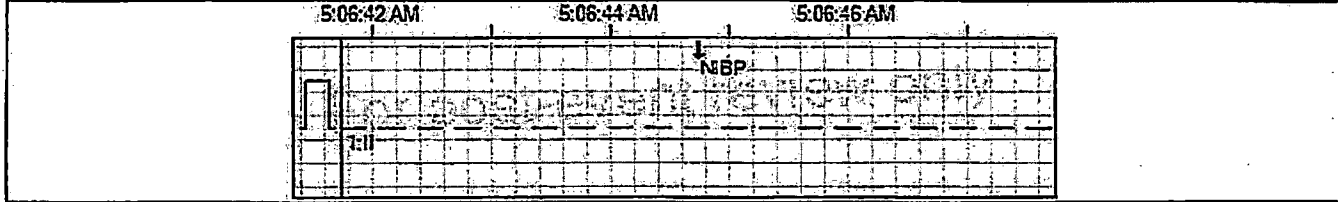
Time: 07/10/2021 04:58:50

File Name: Physio\_20210710045850\_12ld.png



Time: 07/10/2021 05:06:44

File Name: Physio\_20210710050644.png



EMS Call Sign: 692

Incident #: 2116931

Unit Notified: 07/10/2021  
 04:26:04

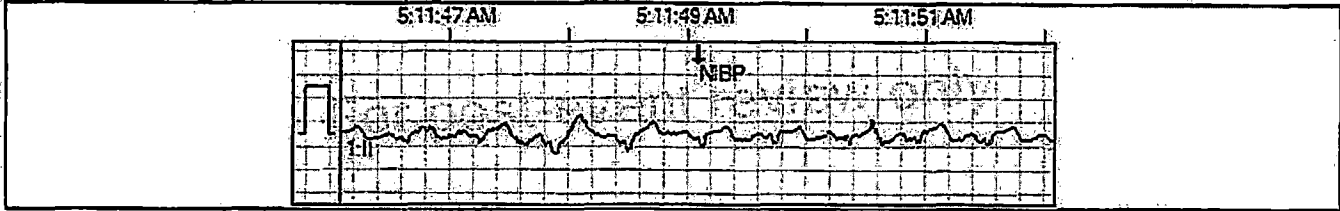
PCR#: df3516c112bd4-  
 2b18d7402b5d  
 5cb76bc

Date: 08/01/2023  
 Generated: 00:28  
 Last Incident: 09/09/2021  
 Update: 02:31:31

EMS Agency Name: Washington County EMS  
 EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
 Patient Name: Thornberg DOC# 328901, Demosthenes  
 Date of Birth: 03/16/1966

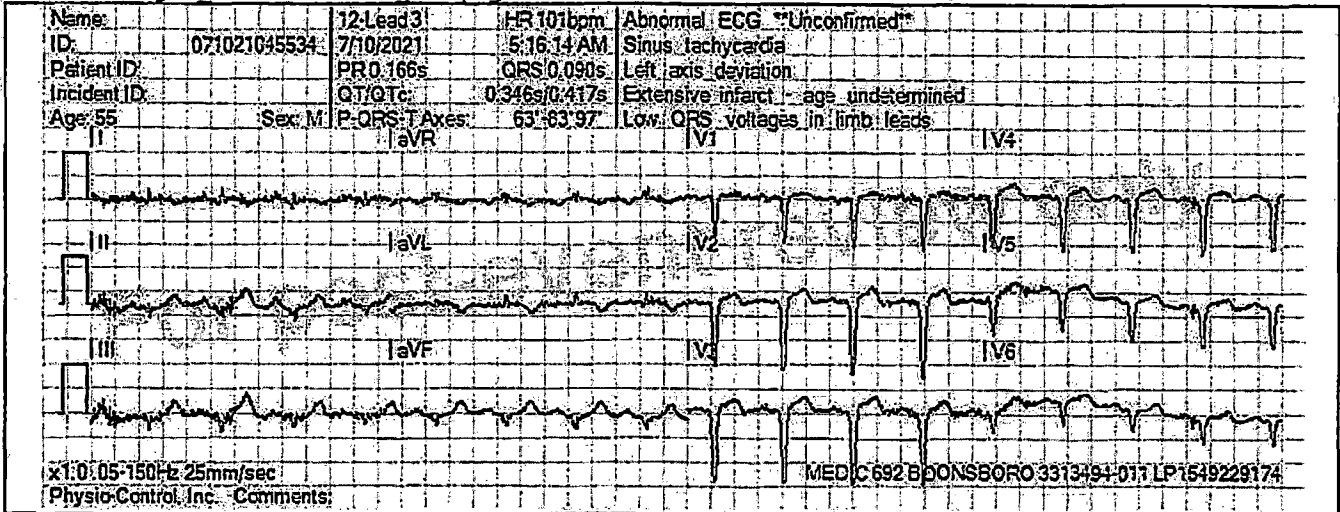
Time: 07/10/2021 05:11:49

File Name: Physio\_20210710051149.png



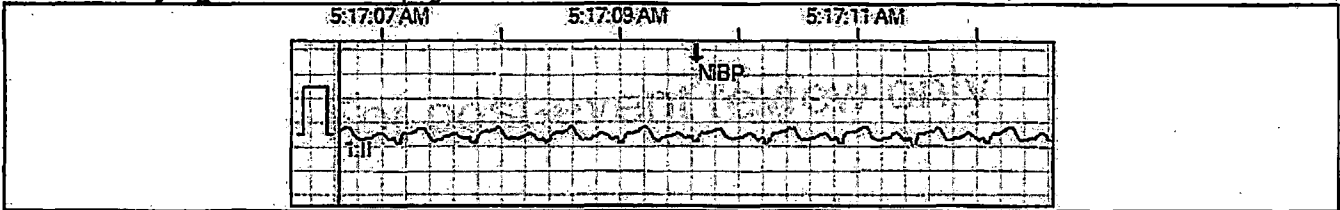
Time: 07/10/2021 05:16:14

File Name: Physio\_20210710051614\_12ld.png



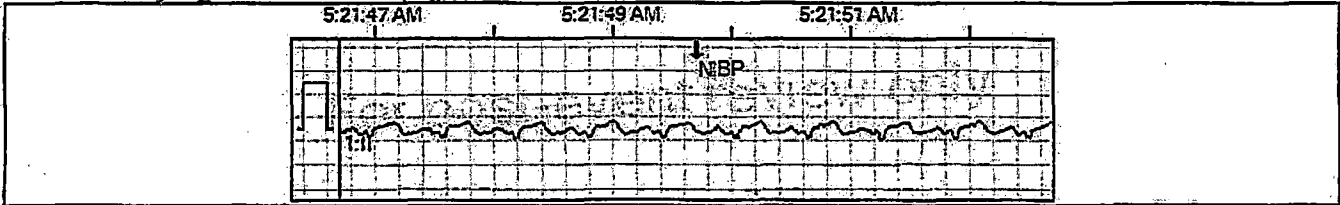
Time: 07/10/2021 05:17:09

File Name: Physio\_20210710051709.png



Time: 07/10/2021 05:21:49

File Name: Physio\_20210710052149.png



EMS Call Sign: 692

Incident #: 2116931

Unit Notified: 07/10/2021  
04:26:04

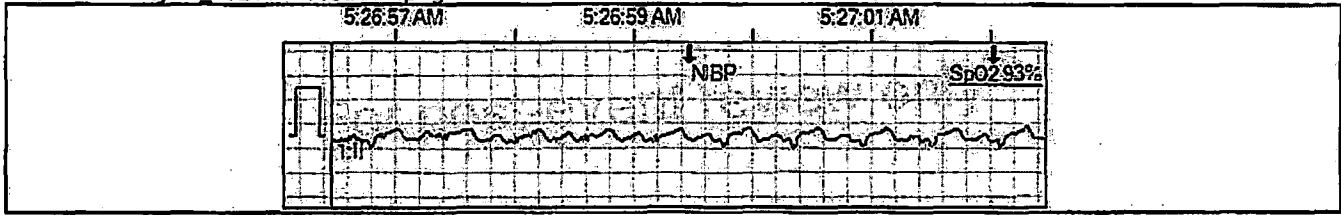
PCR#: df3516c112bd4  
2b18d7402b5d  
5cb76bc

Date 08/01/2023  
Generated: 00:28  
Last Incident 09/09/2021  
Update: 02:31:31

EMS Agency Name: Washington County EMS  
EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
Patient Name: Thornberg DOC# 328901, Demosthenes Date of Birth: 03/16/1966

Time: 07/10/2021 05:26:59

File Name: Physio\_20210710052659.png



EMS Call Sign: 692

Incident #: 2116931

Unit Notified: 07/10/2021  
04:26:04

PCR#: df3516c112bd4  
2b18d7402b5d  
5cb76bc

Date 08/01/2023  
Generated: 00:28  
Last Incident: 09/09/2021  
Update: 02:31:31

EMS Agency Name: Washington County EMS  
EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
Patient Name: Thornberg DOC# 328901, Demosthenes  
Date of Birth: 03/16/1966



**MD: Signature Report**

Department of Emergency Services  
16232 Elliott Parkway  
Williamsport, MD 21795  
Fax: (240) 313-2900  
Work: (240) 313-4367  
Work: (301) 733-1112  
Fax: (301) 739-6015

SIGNATURES/SIGNATURES

Language: English

Type of Person Signing: Patient

Signature Reason: HIPAA acknowledgement/Release; Authorization/Release for Billing

**Paragraph Text:**

Our Notice of Privacy Practice provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy. You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by this agreement. By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment, or health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

Washington County EMS has chosen to participate in the Chesapeake Regional Information System for our Patients (CRISP), a regional health information exchange serving Maryland and DC. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may "opt out" and disable access to your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax or through their website at [www.crisphealth.org](http://www.crisphealth.org). Public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers.

I authorize the submission of a claim for payment to Medicare, Medicaid, or any other payor for any services provided to me by the transporting company of the Washington County Emergency Medical Services (Transporting EMS Company), in the past, or in the future, until such time as I revoke this authorization in writing. I understand that I am financially responsible for the services and supplies provided to me by the Transporting EMS Company, regardless of my insurance coverage, and in some cases, may be responsible for an amount in addition to that which was paid by my insurance. I agree to immediately remit to the Transporting EMS Company any payments that I receive directly from insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to the Transporting EMS Company. I authorize the Transporting EMS Company to appeal payment denials or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical information or other relevant documentation about me to release such information to the Transporting EMS Company and its billing agents, the Centers for Medicare and Medicaid Services, and/or any other payors or insurers, and their respective agents or contractors, as may be necessary to determine these or other benefits payable for any services provided to me by the Transporting EMS Company, now, in the past, or in the future.

Date/Time of Signature: 07/10/2021 05:23:20

Signature Last Name: Thornberg DOC# 328901

Signature First Name: Demosthenes

Signature Graphic:

PCR#: df3516c112bd42b18d7402b5d5c  
b76bc

Date: 08/01/2023  
Generated: 00:34

Incident #: 2116931



EMS Agency Name: Washington County EMS  
EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
Patient Name: Thornberg,DOC# 328901, Demosthienes Date of Birth: 03/16/1966

Not Signed

Signature Status: Not Signed - In Law Enforcement Custody

Language: English

Type of Person Signing: EMS Primary Care Provider (for this event)

Signature Reason: Report Author

Paragraph Text: I acknowledge that I have provided the above assessments/treatments for this patient.

Date/Time of Signature: 07/10/2021 05:23:40

Signature Last Name: COFFMAN

Signature First Name: NATALIE

Signature Graphic:

*Natalie Coffman*

Signature Status: Signed

Language: English

Type of Person Signing: EMS Crew Member (Other)

Signature Reason: Witness

Date/Time of Signature: 07/10/2021 05:24:00

Signature Last Name: FULLER

Signature First Name: RYAN


Signature Graphic:

PCR#: df3516c112bd42b18d7402b5d5c  
b76bc

Date: 08/01/2023  
Generated: 00:34

Incident #: 2116931

EMS Agency Name: Washington County EMS  
EMS Agency Number: e3a01bac-5bab-45b2-b5f9-fb4e2b5e403d  
Patient Name: Thornberg, Demosthenes  
DOC# 328901, Date of Birth: 03/16/1966



Signature Status: Signed

Language: English

Type of Person Signing: Nurse

Signature Reason: Transfer of Patient Care

**Paragraph Text:**

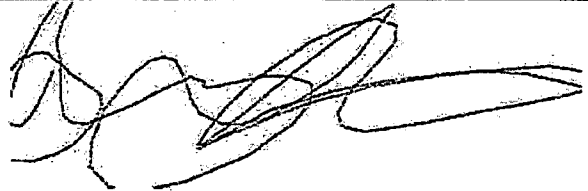
The patient named on this form was received by this facility at the date and time indicated above. My signature is not an acceptance of financial responsibility for the services rendered to this patient.

Date/Time of Signature: 07/10/2021 05:34:49

Signature Last Name: Pestatorie, RN

Signature First Name: Brittaney

Signature Graphic:



Signature Status: Signed

PCR#: df3516c112bd42b18d7402b5d5c  
b76bc

Incident #: 2116931

Date: 08/01/2023  
Generated: 00:34