ADMINISTRATIVE EXPENSE CLAIM FORM

Debtor: Fayette Memorial Hospital Association, Inc., Case No. 18-07762-JJG-11

NOTE: This form should only be used to make a claim for an Administrative Expense arising or accruing from October 10, 2018 through and including April 30, 2019. IT SHOULD NOT BE USED FOR CLAIMS ARISING PRIOR TO OCTOBER 10, 2018.

Name of Creditor (The person or other entity to whom the debtor owes money or property): Midwest Specialty Surgery Center

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Name and address where notices should be sent: Midwest Specialty Surgery Center 6920 Gatwick Dr, Ste 100, Indianapolis, IN 46241

☐ Check box if you have never received any notices from the bankruptcy court in this case.

Name and address where payment should be sent (if different):

☐ Check box if the address differs from the address on the envelope sent to you by the court.

Telephone number:

Last four digits of account or other number by which creditor identifies debtor: 4640

1. Basis for Administrative Claim
- ☐ Goods sold
- ☑ Services performed
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☐ Other

☐ Retiree benefits as defined in 11 U S C. § 1114(a)

☐ Wages, salaries, and compensation (fill out below)
Last four digits of your SS #:
Unpaid compensation for services performed
from ______________ (date) - to ______________ (date)

RECEIVED
JUN 12 2019
... GROUP

2. Date(s) debt was incurred: 07/09/18

3. If court judgment, date obtained:

4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: $ 87,276.00

If all or part of your claim is secured, also complete Item 5 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Please identify the property of the Debtor that secures the claim.

Description of Property: Right Knee Replacement for Employee

Basis for Perfection: ______________

Value of Property: 87,276.00

6. Offsets, Credits and Setoffs:
- ☐ All Payments made on this claim by the Debtor have been credited and deducted from the amount claimed herein
- ☑ This claim is not subject to any setoff or counterclaim.
- ☐ This claim is subject to setoff or counterclaim as follows:

7. This Administrative Proof of Claim:
- ☑ is the first filed proof of claim evidencing the claim asserted herein.
- ☐ amends/supplements a proof of claim ________ filed on ____________ or
- ☐ replaces/suspends a proof of claim filed on ______________.

8. Assignment
- ☐ If the claimant has obtained this claim by Assignment, a copy is attached hereto.

9. Supporting Documentation

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of 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.

Date: 06/11/19

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): Cyrus A. Balch, Cyrus A. Balch

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.

FMHA POC
00195

From:

Midwest Specialty Surgery Center

6920 Gatwick Dr, Ste 100

Indianapolis, IN 46241

To:

BMC Group, Inc.

Attn: FMHA Claims Processing

3732 West 120th St

Hawthorne, CA 90250

Midwest Specialty Surgery Center LLC
Account Inquiry
06/11/2019 04:11PM

Midwest Specialty Surgery Center LLC
6920 Gatwick Dr Suite100
INDIANAPOLIS, IN 46201
Phone: 317-349-4914

MRN: 0004640

BELINDA A. SUGGS
1724 N CO RD 160 E
CONNERSVILLE, IN 47331

06/11/2019

ITEMIZED STATEMENT

Date	Transaction	Amount	Open Amt.
05/21/18	Arthroplasty, Knee, Condyle And Plateau; Medial And Lateral Compartments With Or Without Patella Resurfacing (total Knee Arthroplasty) (27447)	75,000.00	.00
10/03/18	ALLOWED AMOUNT	37,500.00	
10/03/18	Insurance Payment	-34,649.15	
10/03/18	Insurance Credit Adjustment	-40,350.85	
05/21/18	Fluoroscopy (separate Procedure), Up To 1 Hour Physician Or Other Qualified Health Care Professional Time, Other Than 71023 Or 71034 (eg, Cardiac Fluoroscopy) (76000)	1,600.00	.00
10/03/18	ALLOWED AMOUNT	400.00	
10/03/18	Insurance Payment	-400.00	
10/03/18	Insurance Credit Adjustment	-1,200.00	
05/21/18	Injection, Anesthetic Agent; Femoral Nerve, Single (64447)	2,664.00	.00
10/03/18	DENIED - INCLUSIVE	.00	
10/03/18	Insurance Credit Adjustment	-2,664.00	
05/21/18	Ultrasonic Guidance For Needle Placement (eg, Biopsy, Aspiration, Injection, Localization Device), Imaging Supervision And Interpretation (76942)	1,600.00	.00
10/03/18	Insurance Credit Adjustment	-1,600.00	
05/21/18	Lt Knee Implant Kit (L8699)	6,875.00	.00
10/03/18	Insurance Credit Adjustment	-6,875.00	
05/21/18	Lt Knee Supply Kit (99070)	2,740.00	.00
10/03/18	Insurance Credit Adjustment	-2,740.00	
05/21/18	Tranexamic Acid 10ml Vl 10 Ndc 39822-10-0001 (J3490)	347.00	.00
10/03/18	Insurance Credit Adjustment	-347.00	
07/09/18	Arthroplasty, Knee, Condyle And Plateau; Medial And Lateral Compartments With Or Without Patella Resurfacing (total Knee Arthroplasty) (27447)	75,000.00	75,000.00

07/09/18	Injection, Anesthetic Agent; Femoral Nerve, Single (64447)	2,664.00	2,664.00
07/09/18	Ultrasonic Guidance For Needle Placement (eg, Biopsy, Aspiration, Injection, Localization Device), Imaging Supervision And Interpretation (76942)	1,600.00	1,600.00
07/09/18	Right Knee Implant Kit (L8699)	6,875.00	6,875.00
07/09/18	Right Knee Supply Kit (99070)	760.00	760.00
07/09/18	Ndc#00013-1114-10 Tranexamic Acid 100m Amp10x10ml (J3490)	377.00	377.00
		Balance:	87,276.00

1	2	3a PAT. CNTL # / b. MED. REC. #	4 TYPE OF BILL
Midwest Specialty Surgery Center LLC 6920 Gatwick Dr Suite100 INDIANAPOLIS, IN 46241 (317) 3494914 (317) 3494914	Midwest Specialty Surgery Center LLC 6920 Gatwick Dr. INDIANAPOLIS, IN 46241	0004640	831

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH
454917998	070918	070918

8 PATIENT NAME	9 PATIENT ADDRESS
SUGGS, BELINDA A	1724 N CO RD 160 E CONNERSVILLE, IN 47331

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT
06201960	F	070918	10	3	1		01

38
SIHO INSURANCE SERVICES
PO BOX 1787

COLUMBUS IN 47202

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0490	Arthroplasty, knee, cond	27447RT	070918	1	75000 00	
0278	RIGHT KNEE IMPLANT KIT	L8699	070918	1	6875 00	
0279	RIGHT KNEE SUPPLY KIT	99070	070918	1	760 00	
0250	NDC#00013-1114-10 TRANEX	J3490	070918	1	377 00	
0001	PAGE 1 OF 1	CREATION DATE	061119	TOTALS	83012 00	

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI
SIHO Insurance Service		Y	Y	0 00	83012 00	1023373834

58 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
SUGGS, BELINDA A	18	00069497101		FAYHSP

63 TREATMENT AUTHORIZATION CODES | 64 DOCUMENT CONTROL NUMBER | 65 EMPLOYER NAME

66 DX: M1711 M25761
0

69 ADMIT DX: M1711 | 70 PATIENT REASON DX | 71 PPS CODE | 72 ECI

74 PRINCIPAL PROCEDURE CODE / DATE | OTHER PROCEDURE CODE / DATE

	NPI	QUAL	LAST	FIRST
76 ATTENDING	1073755617		Carter	Joshua
77 OPERATING	1073755617		Carter	Joshua
78 OTHER ZZ	1255494720		Jackson	Jeffrey
79 OTHER				

80 REMARKS Patient responsibility based on in network coverage and allowable set by payer

UB-04 CMS-1450 APPROVED OMB NO. 0938-0997 Printed on Recycled Paper NUBC TFP24394689 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

UB-04 NOTICE: THE SUBMITTER OF THIS FORM UNDERSTANDS THAT MISREPRESENTATION OR FALSIFICATION OF ESSENTIAL INFORMATION AS REQUESTED BY THIS FORM, MAY SERVE AS THE BASIS FOR CIVIL MONETARY PENALTIES AND ASSESSMENTS AND MAY UPON CONVICTION INCLUDE FINES AND/OR IMPRISONMENT UNDER FEDERAL AND/OR STATE LAW(S).

Submission of this claim constitutes certification that the billing information as shown on the face hereof is true, accurate and complete. That the submitter did not knowingly or recklessly disregard or misrepresent or conceal material facts. The following certifications or verifications apply where pertinent to this Bill:

1. If third party benefits are indicated, the appropriate assignments by the insured /beneficiary and signature of the patient or parent or a legal guardian covering authorization to release information are on file. Determinations as to the release of medical and financial information should be guided by the patient or the patient's legal representative.
2. If patient occupied a private room or required private nursing for medical necessity, any required certifications are on file.
3. Physician's certifications and re-certifications, if required by contract or Federal regulations, are on file.
4. For Religious Non-Medical facilities, verifications and if necessary re-certifications of the patient's need for services are on file.
5. Signature of patient or his representative on certifications, authorization to release information, and payment request, as required by Federal Law and Regulations (42 USC 1935f, 42 CFR 424.36, 10 USC 1071 through 1086, 32 CFR 199) and any other applicable contract regulations, is on file.
6. The provider of care submitter acknowledges that the bill is in conformance with the Civil Rights Act of 1964 as amended. Records adequately describing services will be maintained and necessary information will be furnished to such governmental agencies as required by applicable law.
7. For Medicare Purposes: If the patient has indicated that other health insurance or a state medical assistance agency will pay part of his/her medical expenses and he/she wants information about his/her claim released to them upon request, necessary authorization is on file. The patient's signature on the provider's request to bill Medicare medical and non-medical information, including employment status, and whether the person has employer group health insurance which is responsible to pay for the services for which this Medicare claim is made.
8. For Medicaid purposes: The submitter understands that because payment and satisfaction of this claim will be from Federal and State funds, any false statements, documents, or concealment of a material fact are subject to prosecution under applicable Federal or State Laws.
9. For TRICARE Purposes:

   (a) The information on the face of this claim is true, accurate and complete to the best of the submitter's knowledge and belief, and services were medically necessary and appropriate for the health of the patient;

   (b) The patient has represented that by a reported residential address outside a military medical treatment facility catchment area he or she does not live within the catchment area of a U.S. military medical treatment facility, or if the patient resides within a catchment area of such a facility, a copy of Non-Availability Statement (DD Form 1251) is on file, or the physician has certified to a medical emergency in any instance where a copy of a Non-Availability Statement is not on file;

   (c) The patient or the patient's parent or guardian has responded directly to the provider's request to identify all health insurance coverage, and that all such coverage is identified on the face of the claim except that coverage which is exclusively supplemental payments to TRICARE-determined benefits;

   (d) The amount billed to TRICARE has been billed after all such coverage have been billed and paid excluding Medicaid, and the amount billed to TRICARE is that remaining claimed against TRICARE benefits;

   (e) The beneficiary's cost share has not been waived by consent or failure to exercise generally accepted billing and collection efforts; and,

   (f) Any hospital-based physician under contract, the cost of whose services are allocated in the charges included in this bill, is not an employee or member of the Uniformed Services. For purposes of this certification, an employee of the Uniformed Services is an employee, appointed in civil service (refer to 5 USC 2105), including part-time or intermittent employees, but excluding contract surgeons or other personal service contracts. Similarly, member of the Uniformed Services does not apply to reserve members of the Uniformed Services not on active duty.

   (g) Based on 42 United States Code 1395cc(a)(1)(j) all providers participating in Medicare must also participate in TRICARE for inpatient hospital services provided pursuant to admissions to hospitals occurring on or after January 1, 1987; and

   (h) If TRICARE benefits are to be paid in a participating status, the submitter of this claim agrees to submit this claim to the appropriate TRICARE claims processor. The provider of care submitter also agrees to accept the TRICARE determined reasonable charge as the total charge for the medical services or supplies listed on the claim form. The provider of care will accept the TRICARE-determined reasonable charge even if it is less than the billed amount, and also agrees to accept the amount paid by TRICARE combined with the cost-share amount and deductible amount, if any, paid by or on behalf of the patient as full payment for the listed medical services or supplies. The provider of care submitter will not attempt to collect from the patient (or his or her parent or guardian) amounts over the TRICARE determined reasonable charge. TRICARE will make any benefits payable directly to the provider of care, if the provider of care is a participating provider.

1 Midwest Specialty Surgery Center LLC
6920 Gatwick Dr Suite100
INDIANAPOLIS,. IN 46201
(317) 3494914 (317) 3494914

2 Midwest Specialty Surgery Center LLC
6920 Gatwick Dr.
INDIANAPOLIS, IN 46241

3a PAT CNTL #
b MED REC # 0004640
4 TYPE OF BILL 831
5 FED TAX NO 454917998
6 STATEMENT COVERS PERIOD FROM 070918 THROUGH 070918
7

8 PATIENT NAME b SUGGS, BELINDA A
9 PATIENT ADDRESS a 1724 N CO RD 160 E b CONNERSVILLE c IN d 47331 e

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES 18–28	29 ACDT STATE	30
06201960	F	070918	10	3	1		01			

31–34 OCCURRENCE CODE / DATE; 35–36 OCCURRENCE SPAN CODE FROM THROUGH; 37

38 SIHO INSURANCE SERVICES
PO BOX 1787

COLUMBUS IN 47202

39–41 VALUE CODES CODE AMOUNT a b c d

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0490	Injection, anesthetic ag	64447RT	070918	1	2664 00		
0402	Ultrasonic guidance for	76942TC	070918	1	1600 00		
0001	PAGE 1 OF 1 CREATION DATE		061119	TOTALS	4264 00		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI
A SIHO Insurance Service		Y	Y	0 00	4264 00	1023373834

57 OTHER PRV ID

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
A SUGGS, BELINDA A	18	00069497101		FAYHSP

63 TREATMENT AUTHORIZATION CODES
64 DOCUMENT CONTROL NUMBER
65 EMPLOYER NAME

66 DX 0 M25561
67
68

69 ADMIT DX M25561
70 PATIENT REASON DX
71 PPS CODE
72 ECI
73

74 PRINCIPAL PROCEDURE CODE DATE; a. b. c. d. e. OTHER PROCEDURE CODE DATE
75

76 ATTENDING NPI 1255494720 QUAL
LAST Jackson FIRST Jeffrey

77 OPERATING NPI 1255494720 QUAL
LAST Jackson FIRST Jeffrey

78 OTHER ZZ NPI 1073755617 QUAL
LAST Carter FIRST Joshua

79 OTHER NPI QUAL
LAST FIRST

80 REMARKS Patient responsibility based on in network coverage and allowable set by payer

81CC a b c d

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SEE http://www.nubc.org/ FOR MORE INFORMATION ON UB-04 DATA ELEMENT AND PRINTING SPECIFICATIONS

ASSIGNMENT OF BENEFITS, ASSIGNMENT OF RIGHTS TO PURSUE ERISA AND OTHER LEGAL AND ADMINISTRATIVE CLAIMS ASSOCIATED WITH MY HEALTH INSURANCE AND /OR HEALTH BENEFIT PLAN (INCLUDING BREACH OF FIDUCIARY DUTY) AND DESIGNATION OF AUTHORIZED REPRESENTATIVE

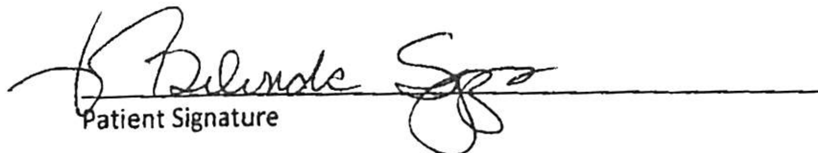
I hereby assign and convey directly to the above-named health care provider, as my designated authorized representative, all medical benefits and/or insurance reimbursement, if any, otherwise payable to me for services, treatments, therapies, and/or medications rendered or provided by the above-named health care provider, regardless of its managed care network participation status. I understand that I am financially responsible for all charges regardless of any applicable insurance or benefit payments. I hereby authorize the above-named health care provider to release all medical information necessary to process my claims. Further, I hereby authorize my plan administrator fiduciary, insurer, and/or attorney to release to the above-named health care provider any and all Plan documents, summary benefit description, insurance policy, and/or settlement information upon written request from the above-named health care provider or its attorneys in order to claim such medical benefits.

In addition to the assignment of the medical benefits and/or insurance reimbursement above, I also assign and/or convey to the above named health care provider any legal or administrative claim or chose an action arising under any group health plan, employee benefits plan, health insurance or tort feasor insurance concerning medical expenses incurred as a result of the medical services, treatments, therapies, and/or medications I receive from the above-named health care provider (including any right to pursue those legal or administrative claims or chose an action). This constitutes an express and knowing assignment of ERISA breach or fiduciary duty claims and other legal and/or administrative claims.

I intend by this assignment and designation of authorized representative to convey to the above-named provider all of my rights to claim (or place a lien on) the medical benefits related to the services, treatments, therapies, and/or mediations provided by the above-named health care provider, including rights to any settlement, insurance or applicable legal or administrative remedies (including damages arising from ERISA breach of fiduciary duty claims). The assignee and/or designated representative (above-named provider) is given the right by me to (1) obtain information regarding the claim to the same extent as me; (2) submit evidence; (3) make statements about facts or law; (4) make any request including providing or receiving notice of appeal proceedings; (5) participate in any administrative and judicial actions and pursue claims or chose in action or right against any liable party, insurance company, employee benefit plan, health care benefit plan, or plan administrator. The above-named provider as my assignee and my designated authorized representative may bring suit against any such health care benefit plan, employee benefit plan, plan administrator or insurance company in my name with derivative standing at provider's expense.

Unless revoked, this assignment is valid for all administrative and judicial reviews under PPACA (health care reform legislation), ERISA, Medicare and applicable federal and state laws. A photocopy of this assignment is to be considered valid, the same as if it was the original.

I HAVE READ AND FULLY UNDERSTAND THIS AGREEMENT.



Patient Signature

7/9/18

Date

SUGGS, BELINDA A
DOB: 06/20/1960 AGE: 58 Y
DR: Carter, Joshua
MRN: 0004640 DOS: ...

Regional Anesthesia *femoral nerve*

Reason for consultation:

☐ After a review of post-operative pain control alternatives, a *adductor canal* block for post-operative pain management was requested by surgeon: *Carter*

Pre-Procedure	☑ Benefits, risks & alternative pain control measures discussed ☑ Site Verified Time out: *12:11* ☑ Right ☐ Left
Patient Preparation	☑ Supine ☐ Prone ☐ Lateral ☑ Oxygen @ *2* L/Min ☑ Pulse Ox/EKG monitors applied ☐ Betadine prep ☐ Duraprep ☑ Chloroprep ☑ Sterile Probe cover
Procedure **START TIME:** *12:12* **STOP TIME:** *12:16*	☑ Versed *2mg IV* Fentanyl *100mcg IV* ☑ Ultrasound guidance ☑ Skin wheal w/Lidocaine *2* % *3* ml ☐ Stimuplex: 2 inch ___ 4 inch ✓ Other ___ ☐ Nerve stimulator twitch elicited to ___ mA ☑ Incremental injections, negative aspiration of blood throughout ☑ Injectate and/or needle visualized adjacent to nerve/plexus w/ ultrasound ☑ Ropivicaine *0.5* % *15* ml ☐ Lidocaine ___ % ___ ml ☐ Other ___
Spinal Anesthesia **START TIME:** ___ **STOP TIME:** ___	☐ Sitting ☐ Lateral ☐ Level ___ Needle ___ Attempts ___ ☐ Atraumatic ☐ Clear CSF ☐ Negative paresthesia ☐ 0.75% Marcaine with 8.25% Dextrose ___ ml ☐ Morphine Sulfate PF ___ ml ☐ Fentanyl ___ ☐ Versed ___ ☐ Other ___
Post Procedure	☑ Tolerated procedure, no apparent complications ☐ Early block onset noted ☑ Ultrasound image attached (see separate form)
Procedure Summary	☑ CPT 76942: Ultrasound guidance for needle placement ☐ CPT 64450: Other peripheral nerve: ___ ☐ CPT 64415: Brachial plexus injection, anesthetic agent, single ☑ CPT 64447: Femoral nerve injection, anesthetic agent, single ☐ CPT 62311-59: Injection single - Lumbar ☐ Other: ___

Comments: *No problems*

[signature]
Anesthesiologist signature

7.9.18 Date

220

SUGGS, BELINDA A
DOB: 06/20/1960 AGE: 58 Y
DR: Carter, Joshua
MRN: 0004640 DOS: 07/09/2018

MIDWEST SPECIALTY SURGERY CENTER

SUGGS, BELINDA A
DOB: 06/20/1960 AGE: 58 Y
DR: Carter, Joshua
MRN: 0004640 DOS: 07/09/2018

OR# 1
WOUND CLASS (I) II III IV ASA: I (II) III IV
FIRE RISK ASSESSMENT: (1) 2 3 (see safe surgery check list)

In OR: 1249
Time out: 1330
Start: 1337
Stop: 1532
PACU: 1535

Allergies: NKDA, tomatoes, potatoes, green beans, tuna, coffee, eggs, environmental
IV Antibiotic: Cefuroxime 1.5 started at: 1307
Anesthesia Type: (GEN) MAC (BLOCK) SPINAL EPIDURAL (LOCAL)

SURGEON: Carter ANESTHESIOLOGIST: Jackson
PRIVATE STAFF: A. McCormick, PA PRIVATE STAFF: K. Wadley, RN
CIRCULATOR: K Hay, RN Initials: KH RELIEF:
SCRUB TECH: S Evans, CST Initials: SE RELIEF:
X-RAY TECH: N/A VENDOR REPS: TJO - Andy

NURSING ASSESSMENT INFO OBTAINED FROM (PATIENT) (CHART) OTHER
CONSENT VERIFIED (YES) NO PATIENT ID VERIFIED (YES) NO
OPERATIVE SITE MARKED (YES) NO NPO (YES) NO
PRE-OP DIAGNOSIS: end stage tricompartmental OA, (R) knees c̄ valgus deformity
PROCEDURE: (R) TKA
POST-OP DIAGNOSIS: Same

MEDS
- [x] Irrigation Gentamicin 160 mg in 1000ml NaCl to: (R) knee
- [x] Irrigation 20 ml Betadine mixed with 1000 ml NaCl to: (R) knee
- [x] Please see attached for (R) knee injection.
- [ ] Exparel 20ml, Toradol 30mg, Marcaine 0.5% w/Epi 25ml, NaCl 20ml site:
- [ ] Epi 1mg/ml, 1ml in 3000ml NaCl for irrigation Site:
- [ ] Marcaine 0.25% w/Epi ____ ml site:
- [ ] Exparel 20ml with 30mg Toradol injected in:
- [x] Cefuroxime 750mg in bone cement
- [ ]

ESU SERIAL #: (AA3812016) AA2512005 (MONOPOLAR) BIPOLAR
SETTINGS: Coag 44 Cut 64 Blend ____ Bipolar ____ Other ____
Pad Site: abdomen Post-op Skin Condition: (WNL) increase to 80/80 per Dr. Carter
Other:

SPONGE AND SHARPS COUNTS

	FIRST		SECOND	
Sponges	KH	SE	KH	SE
Sharps	KH	SE	KH	SE
Counts Correct	(Yes)/No		(Yes)/No	

Surgeon Notified: ☑ Yes ☐ No

Dressing: Telfa Adaptic ABD 4X4 (Burn Dressing) Prineo Exofin Steri-Strips Mastisol Benzoin (Kerlix) (Ace) TED hose Staples Tegaderm Medipore Tape Other:
Drain: Wound Vac Other:

Positioning: (Supine) Prone, Rt. side up, Lt. side up, Beach Chair, Sitting, Stretcher, Lower foot of bed, (Arm boards), Rt Lt (Bil), (Safety Strap), (Lap) (Leg) L, Hana Table, Head donut, Other:

Supports: Axillary Roll, Hip Roll, (Pillow) ↓ head, Bean Bag, Peg Board, Foam, Leg Holder, Shoulder Roll, Hand table, Corn dog, (Knee bump), Uni leg holder, Traction Boots, Groin post-penis, Testicles checked, Other:

Skin Prep: (YES) NO
Site: (R) LE By: KH
Betadine Scrub/SOL/GEL
(ALCOHOL) CHLORAPREP (DURAPREP)
OTHER:

SHAVE PREP: YES NO (NA)
CLIPPER LOCATION:
BY:

Tourniquet: N/A
Unit: (1231805783) 1231805773
Right [X] Left [ ]
Extremity: (Thigh) Calf Upper Arm Forearm
mmHg: 300 Applied by:
Inflate: 1337 350mmHg 135
Deflate: 1343

Implants: NA (See implant sheet)
Explants: (NA)
Disposition: (NA)

Specimen: (NA) Exempt

Culture: (N/A)
Site:

Nursing Note:

Surgeon Signature: [signature] 7/9/18 1505
Nurse Signature: K Hay, RN

MIDWEST SPECIALTY SURGERY CENTER, LLC
6920 GATWICK DRIVE, SUITE 100, INDIANAPOLIS, INDIANA 46241
PHONE: 317-821-0000 FAX: 317-821-0965

OPERATIVE REPORT

PATIENT NAME: Belinda Suggs **MEDICAL RECORD:** 14091

DATE OF SURGERY: 07/09/2018 **DATE OF BIRTH:** 06/20/1960

SURGEON: Dr. Joshua Carter, MD **ASSISTANT:** McCormick

PREOPERATIVE DIAGNOSIS: Right knee end stage degenerative primary osteoarthritis.

POSTOPERATIVE DIAGNOSIS: Right knee end stage degenerative primary osteoarthritis.

PROCEDURE PERFORMED: Right total knee arthroplasty.

ANESTHESIA: General with Adductor Canal Block and Pericapsular injection

ANESTHESIOLOGIST: Jackson **DRAINS:** No

COMPLICATIONS: No

Indications: The patient was found to have increased pain and decreased function that was unable to be managed with conservative efforts. They were thoroughly educated as to the procedure, risks, and possible complications and elected to have total knee replacement.

Narrative: The patient was identified in the preop holding area, surgical site was marked, informed consent was signed. The patient was taken to the operating room. General and regional anesthesia were administered by the anesthesiologist. The Right knee was prepped and draped in the usual sterile fashion and ioban drapes. An appropriate "timeout" was taken to identify the patient, procedure, confirm that preoperative antibiotics, and tranexamic acid had all been administered according to protocols. The incision was made over the anterior aspect of the knee. A standard medial peripatellar approach was made. The medial tibial structures were then dissected subperiosteally from the tibia, including the deep MCL from the proximal tibia. The fat pad was resected and the patella was subluxated. End stage osteoarthritis with grade IV eberuated bone was noted throughout the bony surfaces. Total knee replacement was indicated. The tibial cutting jig was placed on the anterior tibial surface. The tibia was cut perpendicularly to the long axis with approximately 4 degrees of posterior slope. The distal or the tibial cut was then checked with a long extramedullary rod. Next, after assessing appropriate femoral rotation, the femoral sizing guide was then placed on the femur and the holes for the appropriately-sized femoral cutting block were prepared. The anterior and posterior surfaces of the femur were then cut along with the chamfers, and the bony pieces were removed.

Next a lamina spreader was placed on the lateral side of the knee in flexion to allow for removal of the medial meniscus and posterior osteophytes. The medial posterior capsular structures were injected with local anesthetic. The lamina spreader was flipped to the other side to remove the lateral meniscus and posterior osteophytes.

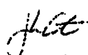
The tibial surface was then exposed and the appropriately sized tibial trial was placed. This was secured while the proximal tibia was prepared for the implant. Trial tibial and femoral components were then placed along with a trial insert and stability was assessed. If the patella was resurfaced, it was prepared with an oscillating saw and the peg holes were drilled. Releases were performed as needed to balance the knee. A periarticular injection was performed at this point for post-operative pain control. The final components were opened and the cement was prepared.

The knee was exposed again, trials were removed, the bony interfaces were irrigated and dried, and the final components were cemented into place. The final insert was also placed. The final components were of TJO Klassic Knee design. The femoral component was sized 3, the tibial component was sized 3, the patella was 31, a 10mm CR lipped polyethylene insert was used.

Attention was then turned to closure. The retinaculum was closed with a running #2 Quill. The subcutaneous tissue was closed with sutures. The skin was closed in a similar fashion with a running subcuticular stitch. Dressings were then applied. The patient tolerated the procedure and was taken to the recovery room in good condition. There were no complications. EBL was 300cc.

The assistance of McCormick, PAC was required for positioning of patient, pre-operative evaluation, accurate retraction,and implantation of the prostheses and closure of the wound.

There is no addendum.



Dr. Joshua Carter, MD

Electronically signed by Carter, Joshua L, MD at 07/09/2018 2:58 PM

Midwest Specialty Surgery Center

Implant Charge Sheet

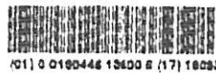
SUGGS, BELINDA A
DOB: 06/20/1960 AGE: 58 Y
DR: Carter, Joshua
MRN: 0004640 DOS: 07/09/2018

Price$

djosurgical REF 600-15-000 LOT 607460
Cobalt™ Bone Cement
Cobalt HV Bone Cement

HV

Use-by: 2019-08-31 PMMA / MMA



(01) 0 0190446 13400 8 (17) 190831 (10) 607460

Encore Medical L.P. 9800 Metric Blvd Austin, TX 78758 USA

The Klassic® Knee System – Femur
REF 5100.03.000 LOT 180427-3 MAT: CoCr
(01)00814703010644
(17)280430(10)180427-3
2028-04-30
STERILE R Rx only
TJO, SLC Utah 84106
3 size
TOTAL JOINT ORTHOPEDICS

Klassic® Knee System – Tibial Baseplate for Primary or Revision
REF 5201.03.000 LOT 180313-8 MAT: Ti6Al4V UHMWPE
(01)00814703012716
(17)280313(10)180313-8
2028-03-13
STERILE R Rx only
TJO, SLC Utah 84106
nonporous 3 size
TOTAL JOINT ORTHOPEDICS

The Klassic® Knee System – Tibial Stem Extension
REF 5600.00.025 LOT 180508-4 MAT: Ti6Al4V
(01)00814703011467
(17)280514(10)180508-4
2028-05-14
STERILE R Rx only
TJO, SLC Utah 84106
25 length mm
TOTAL JOINT ORTHOPEDICS

Klassic® Knee System – Sombrero Patella
REF 5501.02.007 LOT 134582 2028-04-18
(01)00814703011832
(17)280418(10)134582
2 size
7 thickness mm
31 diameter mm
STERILE EO Rx only
TJO, SLC Utah 84106 MAT: UHMWPE
TOTAL JOINT ORTHOPEDICS

The Klassic™ Knee System - Tibial Insert, CR/Congruent size 3
REF 5300.03.010 LOT 170613-1 thickness 10 mm
(01)00814703010828
(17)270614(10)170613-1
90115 Rev. A
2027-06-14
MAT: UHMWPE
STERILE EO Rx only
TJO, SLC Utah 84106
TOTAL JOINT ORTHOPEDICS

Midwest Specialty Surgery Center

SUGGS, BELINDA A
DOB: 06/20/1960 AGE: 58 Y
DR: Carter, Joshua
MRN: 0004640 DOS: 07/09/2018

High Dollar Drugs/Disposables

Exparel 1.3%
Tranexamic Acid
Prineo

Blades
Burrs
Cement (circled)
Fluoro

mixing bowl

TJO INVOICE

TOTAL
JOINT
ORTHOPEDICS

PO# 7114

Date of Surgery:	7/9/18
Patient Name:	Suggs, Belinda A
Patient DOB:	6/20/60
Patient MRN:	0004640
Surgeon:	Carter

Part	Part Number	Price
Femur	5100.03.000	$1,050.00
Tibial Stem Extension	5600.00.025	$200.00
Tibial Insert	5300.03.010	$525.00
Tibial Baseplate	5201.03.000	$875.00
Sombrero Patella	5501.02.007	$100.00

Total: $2,750.00

Total Joint Orthopedics
801-486-6070 (office)
801.486.6117 (fax)
sales@tjoinc.com

RTK

instruments
4100 EAST MILHAM AVENUE, KALAMAZOO, MI 49002
** DO NOT MAIL PAYMENT TO THIS ADDRESS **

SEND PAYMENT TO
STRYKER SALES CORP.
P.O. BOX 70119
CHICAGO, IL 60673-0119

SHIP TO
MIDWEST SPECIALTY SURG CT
6920 GATWICK DR
STE 100
INDIANAPOLIS IN 46241-9506

INVOICE NUMBER 868434A
P.O. NUMBER
ACCOUNT NUMBER 93988

SOLD TO
ATTN: ACCOUNTS PAYABLE
MIDWEST SPECIALTY SURG CT
6920 GATWICK DR
STE 100
INDIANAPOLIS IN 46241-9506

Customer Service (800) 253-321
Gov't Customer Service (844) 795-468
Service/Repairs (888) 311-452
Accounts Receivable (800) 733-238

Please Detach Here and Return with Payment

...E NUMBER	INVOICE DATE	P.O. NUMBER	ACCOUNT NUMBER	OUR ORDER NUMBER	SHIPPED VIA
68434A	12/28/17		93988	485566	BELOW

...ITORY	TERMS	NET DUE	CONTRACT NO.	
50 909	NET 30	1/27/18		PAGE 1

91	99999MHDEB	Heavy Duty Misc Base	190.110	17,300.01

CONSIGNMENT BILLING FOR NOVEMBER 2017
PO per SR David McMahon ph 317 525 0874
EMAILED ORDER
Entered on 2017-12-28 at 13:55:53 by MPAEZ
OR - FOB ORIGIN/SHIPPING POINT

ORDER COMPLETE

togas | mixing bowls

ENTERED

190<u>00</u> per case

CLAIMS FOR SHORT SHIPMENT MUST BE MADE WITHIN 30 DAYS OF RECEIPT. NO MERCHANDISE MAY BE RETURNED TO STRYKER FOR CREDIT WITHOUT OUR EXPRESS PERMISSION IN ADVANCE.

SALES TAX 1,211.00
FREIGHT & HANDLING
INVOICE TOTAL [illegible]

CuraScriptSD

INVOICE

Invoice No.: 6138052
Invoice Date: 2/20/2018

CURASCRIPT SD SPECIALTY DIST
2297 SOUTHWEST BLVD STE. D
GROVE CITY, OH 43123

DEA No.: RP0334540 FED. TAX ID NO. 59-3761140

REMIT TO

PRIORITY HEALTHCARE DIST
DBA CURASCRIPT SD
P.O. BOX 978510
DALLAS, TX 75397-8510

Bill To:

MIDWEST SPECIALITY SURGERY CTR
6920 GATWICK DR STE 100
INDIANAPOLIS, IN 46241
USA

Ship To:

MIDWEST SPECIALITY SURGERY CTR
6920 GATWICK DR STE 100
INDIANAPOLIS, IN 46241
USA

St Permit No: 48002031A 9/30/2018
FOB: SHIPPING POINT PAGE 1

Please Include Inv.# on remit. For questions call 877-703-8266

Customer #	P.O. #	Terms	Order #	Rep. #	State Reg. #	DEA #
66077	6672	NET 30 DAYS	5272587	115	180129751	FM3595850

Ordered	Shipped	Item #	Description	Unit	NDC/UPC	Price	Extension	Tax
8	8	287923 Lot No.	TRANEXAMIC ACID INJ 10ML VL 10 PMXM1716 Exp:11/30/19	EX	39822100001 Pdg#:	$86.70 8331586	$693.60	
						SUBTOTAL:	$693.60	
			This pharmaceutical product was purchased directly from: 1.The manufacturer or 2.An authorized distributor of manufacturer purchased the product directly from the manufacturer			NET DUE DATE:	3/22/18	

Invoice Total $693.60

The prices listed may reflect discounts or other reductions in price, and/or may be subject to subsequent rebates, reductions or adjustments. To the extent required, you must report or reflect such discounts or reductions on cost reports or claims filed with federal or state and you should retain this invoice & other documentation of discounts and make such information available to federal or state health care program officials upon request. Claims for billing errors will not be honored unless reported within 10 days from the date of invoice. Past due invoices are subject to 1.5% interest charges per month which is an annual percentage rate of 18%. FOB: SHIPPING POINT