

WORKERS COMPENSATION

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA

1. MEDICARE MEDICAID TRICARE CHAMPUS (Sponsor's SSN) CHAMPVA (Member ID#) GROUP HEALTH PLAN (SSN or ID) FECA BLK LUNG (SSN) OTHER (ID)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)
FIGUEROA JESSELYN

3. PATIENT'S BIRTH DATE **12/29/1976** SEX F M

4. INSURED'S NAME (Last Name, First Name, Middle Initial)
SUZLON WIND ENERGY C

5. PATIENT'S ADDRESS (No., Street)
111 S 5TH ST APT 307

6. PATIENT RELATIONSHIP TO INSURED
Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)
620 SE 3RD AVE

8. PATIENT STATUS
Single Married Other

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:
a. EMPLOYMENT? (Current or Previous) YES NO
b. AUTO ACCIDENT? YES NO PLACE (State)
c. OTHER ACCIDENT? YES NO

11. INSURED'S POLICY GROUP OR FECA NUMBER

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

13. INSURED'S DATE OF BIRTH **MM DD YY** SEX M F

14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)
06/28/08

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE **MM DD YY**

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
MAKI C

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
FROM **MM DD YY** TO **MM DD YY**

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? YES NO \$ CHARGES **0 00**

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (Relate Items 1,2,3 or 4 to Item 24E by Line)
1. **692 4**

22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A.	B.	C.	D.	E.	F.	G.	H.	I.	J.
DATE(S) OF SERVICE	PLACE OF SERVICE	EMG	PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)	DIAGNOSIS POINTER	\$ CHARGES	DAYS OR UNITS	SPST Family Plan	ID. QUAL.	RENDERING PROVIDER ID. #
1 06 30 08 06 30 08 11			99213	1	96 30 1			1B	410850702
2								NPI	164924695
3								NPI	
4								NPI	
5								NPI	
6								NPI	

25. FEDERAL TAX I.D. NUMBER **410850702** SSN EIN **070408**

26. PATIENT'S ACCOUNT NO. **004418074NFWC**

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE \$ **96 30**

29. AMOUNT PAID \$ **0**

30. BALANCE \$ **0**

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)
C MAKI PA

32. SERVICE FACILITY LOCATION INFORMATION
**MARSHALL MARKET STREET CLI
1420 EAST COLLEGE DRIVE
MARSHALL MN 56258**

33. BILLING PROVIDER INFO & PH. # **(320) 315007**
**AFFILIATED COMMUNITY MED (C)
101 WILLMAR AVE SW
WILLMAR MN 56201**

WORK COMP

JESSELYN FIGUEROA DOB: 12/29/1976
HX: 9159518
DOS: 06/30/2008

S: Jesselyn is a 31 year old female seen today for follow up on allergic dermatitis. She was seen in the ER locally, I believe yesterday, because of an outbreak of a rash which was intensely pruritic. This came on while at work and she grabbed an object that had apparently a lot of fiberglass in it. She had almost immediate reaction of swelling and irritation in the areas in contact with the surface. This includes her forearms, her chest and her face. Her eyes swelled up considerably. She was seen and started on Prednisone, Claritin and was given injection of what I presume to be a corticosteroid. The swelling is markedly better. She went to work today and felt when she got into the building she started having worsening of her symptoms with itching and burning. She was then sent home from work per history provided today.

O: On exam she has moderate swelling of the periorbital areas and mild erythema. No induration. Her extraocular movements are normal and she actually can open her lips pretty well now. This is apparently much better than it was when she was last seen. She has a macular erythema of almost a magenta type color on her forearms. No significant exfoliation or other irritant. She doesn't seem to be particularly uncomfortable with pruritus at this point.

A: Rather severe allergic contact dermatitis which assumably is due to fiberglass. While this is much improved from previous, it still is symptomatic.

P: We discussed again how to take the medications appropriately. I would give her a couple more days off work. It may be an issue for her if there is a lot of fiberglass in this facility but hopefully, after a couple of days off work and the weekend transpires, she will be able to do well. Encouraged her to take her Claritin for a couple of weeks and finish her Prednisone as described. Please see report of work ability.

C.R. Maki, PA-C/lzf-1

Cc: Becky – Work Comp

Electronically signed by:CRAIG MAKI PA-C Jul 1 2008 2:58PM CST

Electronically signed by:Gary Skrien M.D. Jul 2 2008 8:38AM CST

Corporate Address:
Affiliated Community Medical Centers
101 Willmar Ave SW
Willmar MN, 56201
320.231.5000