

IF YOU ARE FORWARDING THIS
CLAIM TO YOUR WORK COMP
INSURANCE COMPANY, PLEASE
SEND THE DR NOTES AND THE HCFA
TO THEM ALSO. THIS WILL EXPEDITE
PAYMENT ON YOUR EMPLOYEE'S
CLAIM.

IF YOU HAVE ANY QUESTIONS,
PLEASE FEEL FREE TO CALL ME AT
507-372-1808

THANK YOU

JANICE

508 Tenth Street
Worthington, MN 56187-2343
(507) 372-2921
1-800-881-1473
Fax (507) 372-5789

Fulda Clinic
201 N. St. Paul Avenue
Fulda, MN 56131-0198
(507) 425-2933

Lakefield Clinic
221 3rd Avenue
Lakefield, MN 56150
(507) 662-5562

Internal Medicine
Keith A. Towne, MD
Robert D. Aby, MD
Richard D. Sudmeier, MD
Gregory J. Clark, MD
Garo S. Khatchikian, MD
Sarkis Bolisajian, MD

Pediatrics
Bassel Bardan, MD
Lisa K. Gerdes, MD
Mark F. Ludes, DO

General Surgery
James D. Harris, MD
Connie L. Morrison, MD
Noune Petrosian, PA-C

Obstetrics and Gynecology
Karl W. Beesch, MD
Firas A. Farra, MD
Suzanne R. Sudmeier, CNM

Family Practice
Sundara C. Nalla, MD
Kristine R. Everding, MD

Psychology
Rolf S. Carlson, PhD

Radiology
CONSULTING RADIOLOGIST
Jim I. Myerly, MD
Robert A. Low, MD
F. James Anderson, DO

www.worthingtonspecialtyclinics.org

Maria Morales De Cornejo
Name Parent

07-26-67

History No.

Date 1/22/08
Doctor ROS Nurse MC Age 49 Ht (A) Wt 142 B/P 119/70 (Reg) Lg.
P 80 Temp Drug Intolerance N/A Smoke NO Pain level today 1-10
Interpreter

MEOS: SAME AS 1/7/08

Patient Name Maria Morales De Cornejo Medical Record 072667-2
Set up appointment to see Dr. RIGGS, Ronald Specialty OT
to be seen at Wgn. on 1-23-08 at 10A.m
(date) (time)

Referring Dr. Sudmeier
Insurance referral needed - Y N
Release information done - Y N

Initials S Rose Date 1-22-08

1/22/08 Maria Morales Decorne MR#07-26-67

S: 49-year-old with type II diabetes. She has been having a lot of pain in her arm on the right for which she has been off work. She does not feel she can go back to work yet. She has been using a sling from time to time on the arm.

O: No tenderness. Decreased range of motion of the shoulder.

Her glycosylated hemoglobin is up. Lipids are satisfactory.

A: 1. Type II diabetes mellitus. 2. Shoulder and arm pain.

P: Do some physical therapy and see again in 3 months.

RDS:sks T:1/23/08 D:1/22/08 Richard D. Sudmeier, M. D.

1/25/08 ROS: W/O fax refill Nexium Rx Prilosec 40mg #30
take one daily (to replace Nexium). Walgreen.
No cost

1/30/08 Doctor ROS Nurse MC Age 49 Ht (A) Wt 142 B/P 130/60 (Reg) Lg.
P 68 Temp Drug Intolerance N/A Smoke NO Pain level today 1-10
Interpreter

MEOS: SAME 1/7/08

1/30/08 Maria Morales Decorne MR#07-26-67

Chief Complaint: Right shoulder pain.

History of Present Illness: She has been having this pain for several weeks. She has been going to physical therapy. Still has pain with movement. Doesn't feel she can go back to work yet. She has been taking Naprosyn with only partial relief.

Plan: Advised to continue with physical therapy and see orthopedics. Off work until February 11th.

RDS:sks T:1/31/08 D:1/30/08 Richard D. Sudmeier, M. D.

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

SUZLON ROTOR 0100
1711 S HWY 75 BLDG F

PIPESTONE MN 56164

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

Form with multiple sections: 1. MEDICARE/MEDICAID/TRICARE/CHAMPVA/OTHER; 2. PATIENT'S NAME; 3. PATIENT'S BIRTH DATE; 4. INSURED'S NAME; 5. PATIENT'S ADDRESS; 6. PATIENT RELATIONSHIP; 7. INSURED'S ADDRESS; 8. PATIENT STATUS; 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. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS; 16. DATES PATIENT UNABLE TO WORK; 17. NAME OF REFERRING PROVIDER; 18. HOSPITALIZATION DATES; 19. RESERVED FOR LOCAL USE; 20. OUTSIDE LAB?; 21. DIAGNOSIS OR NATURE OF ILLNESS; 22. MEDICAID RESUBMISSION CODE; 23. PRIOR AUTHORIZATION NUMBER; 24. A. DATE(S) OF SERVICE; B. PLACE OF SERVICE; C. EMG; D. PROCEDURES, SERVICES, OR SUPPLIES; E. DIAGNOSIS POINTER; F. \$ CHARGES; G. DAYS OR UNITS; H. EPST Family Plan; I. ID. QUAL; J. RENDERING PROVIDER ID. #; 25. FEDERAL TAX I.D. NUMBER; 26. PATIENT'S ACCOUNT NO.; 27. ACCEPT ASSIGNMENT?; 28. TOTAL CHARGE; 29. AMOUNT PAID; 30. BALANCE DUE; 31. SIGNATURE OF PHYSICIAN OR SUPPLIER; 32. SERVICE FACILITY LOCATION INFORMATION; 33. BILLING PROVIDER INFO & PH #.

1/7/08 Doctor RDS Nurse MC Age 49 Ht — (A) Wt 140 B/P 110/72 Reg. Lg. —
 P 69 Temp — Drug Intolerance MGAs Smoke NO Pain level today 1-10 —
 Interpreter JESSICA - Dau.

MEOS: PROPXYPHENE/ACET 100/650mg T/P 8 4-6° DAILY
METFORMIN 1000mg T BID
GLIPIZIDE XL 10mg T DAILY
LOVASTATIN 40mg T DAILY

1/7/08 Maria Morales Decorne MR#07-26-67

S: 49-year-old who complains of pain in the left shoulder. She apparently at work on the 5th picked up something heavy and felt pain in her left posterior shoulder down into her arm. She went to the Emergency Room where she was seen and had an x-ray of the shoulder that was negative. She was given Darvocet and a sling. She still has pain with movement.

O: There is pain on movement of the shoulder with mild tenderness over the trapezius.

A: Shoulder pain -- probable muscle strain.

P: Advised Naprosyn 500 b.i.d. for 10 days. No use of the right arm for a week. Return if not better. ✓

RDS:sks T:1/9/08 D:1/8/08 Richard D. Sudmeier, M. D.

1500

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Maria Morales De Cornejo

07-26-67

Name

Parent

History No.

Date 1/22/08 Doctor RDS Nurse MC Age 49 Ht — (A) Wt 142 B/P 110/70 (Reg.) Lg. —
 P 80 Temp — Drug Intolerance N/A Smoke NO Pain level today 1-10 —
 Interpreter —

MEOS: SAME AS 1/7/08

Patient Name Maria Morales De Cornejo Medical Record 072667-2
 Set up appointment to see Dr. R. D. Sudmeier Specialty OT
 to be seen at Wor. on 1-23-08 at 10Am
 (date) (time)
 Referring Dr. Sudmeier
 Insurance referral needed - Y X N —
 Release information done - Y — N X
 Initials SRose Date 1-22-08

1/22/08 Maria Morales Decorne MR#07-26-67

S: 49-year-old with type II diabetes. She has been having a lot of pain in her arm on the right for which she has been off work. She does not feel she can go back to work yet. She has been using a sling from time to time on the arm.

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Her glycosylated hemoglobin is up. Lipids are satisfactory.

A: 1. Type II diabetes mellitus. 2. Shoulder and arm pain.

P: Do some physical therapy and see again in 3 months.

RDS:sks T:1/23/08 D:1/22/08 Richard D. Sudmeier, M. D.

1/25/08 RDS: W/O Presc. Naproxen Pr Dilosca 40mg #30
 Take one daily (to replace Naproxen). Walgreen.
 NO - Cwotw

Date 1/30/08 Doctor RDS Nurse MC Age 49 Ht — (A) Wt 142 B/P 130/60 (Reg.) Lg. —
 P 68 Temp — Drug Intolerance N/A Smoke NO Pain level today 1-10 7
 Interpreter —

MEOS: SAME 1/7/08

1/30/08 Maria Morales Decorne MR#07-26-67

Chief Complaint: Right shoulder pain.

History of Present Illness: She has been having this pain for several weeks. She has been going to physical therapy. Still has pain with movement. Doesn't feel she can go back to work yet. She has been taking Naprosyn with only partial relief.

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CARRIER
PATIENT AND INSURED INFORMATION
PHYSICIAN OR SUPPLIER INFORMATION

IOWA LAKES ORTHOPAEDICS & SPORTS MEDICINE, P.C.
2309 23RD STREET
P.O. BOX 273
SPIRIT LAKE, IA 51360
(712) 336-5311

Provider: COURTNEY LINTON PAC

Location: Worthington

PatientID: W158607

Patient Name: MARIA G MORALES DE CORNEJO

Date of Birth: 06/11/1958

Date of Service: 03/18/2008 11:30 am

MARIA G MORALES DE CORNEJO
RETURN TO RESTRICTED DUTY WORK
RETURN TO WORK DATE 03/18/2008

Dx:

Rotator cuff tendinitis (726.10). Trigger Finger, right middle

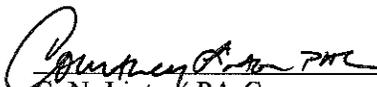
WORK RELATED: Yes

MMI: No

UPPER EXTREMITY RESTRICTIONS: No overhead work or repetitive shoulder motion. No prolonged or heavy pushing/pulling. No prolonged or heavy gripping/grasping.

I will reevaluate the patient in 4 weeks.

Plan: home exercises


C. N. Linton, PA-C.

Date: 3/18/2008