

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

**Provider:** JAMES DONOHUE MD

**Location:** Worthington

PatientID: W158988

Patient Name: YELISSA N REYES RIVERA

Date of Birth: 10/21/1982

Date of Service: 06/10/2008 10:32 am

YELISSA N REYES RIVERA

RETURN TO RESTRICTED DUTY WORK Regular duty for 2 hours/day. Right handed duty for rest of day.

Each week increase regular duty by 2 hours. Continue OT for 2 weeks.

RETURN TO WORK DATE 06/10/2008

Dx:

Ganglion Cyst (727.43).

WORK RELATED: Yes

MMI: No

I will reevaluate the patient in 4 weeks.



J. M. Donohue, M.D.

Date: 6/10/2008

**WORTHINGTON REGIONAL HOSP**<sup>2</sup> 3a PAT. CNTL.# **729798300**  
**PO BOX 5074** b. MED. REC.# **E1319972**  
**SIOUX FALLS SD 57117-507** 5 FED. TAX NO. **411412475**  
**6053286585** 6 STATEMENT COVERS PERIOD FROM **050808** THROUGH **050808**

TYPE OF BILL  
**0131**

8 PATIENT NAME **a** 9 PATIENT ADDRESS **a**  
**REYES RIVERA YELISSA I** **1114 7TH AVE**

**b** **WORTHINGTON** **c** **MN** **d** **56187**

10 BIRTHDATE **10211982** 11 SEX **F** 12 DATE **050808** 13 HR **09** 14 TYPE **3** 15 SRC **1** 16 DHR **12** 17 STAT **01**  
 CONDITION CODES 22 23 24 25 26 27 28 29 ACOT STATE 30

31 OCCURRENCE CODE **03** 32 OCCURRENCE DATE **041808** 33 OCCURRENCE CODE **041808** 34 OCCURRENCE DATE **041808** 35 OCCURRENCE SPAN FROM THROUGH 36 OCCURRENCE SPAN FROM THROUGH 37

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0250	PHARMACY - GENERAL		050808	2	5657	000	1
0250	PHARMACY - GENERAL	J0690	050808	2	8405	000	2
0250	PHARMACY - GENERAL	J1885	050808	2	5139	000	3
0250	PHARMACY - GENERAL	J2001	050808	20	5114	000	4
0250	PHARMACY - GENERAL	J2250	050808	2	5037	000	5
0250	PHARMACY - GENERAL	J3010	050808	1	5033	000	6
0258	PHARMACY - IV SOLUTIONS		050808	1	215	000	7
0270	MEDICAL/SURGICAL SUPPLIE		050808	3	27572	000	8
0271	MEDICAL/SURGICAL SUPPLIE		050808	1	5000	000	9
0272	MEDICAL/SURGICAL SUPPLIE		050808	1	199	000	10
0300	LABORATORY - GENERAL	36415	050808	1	2050	000	11
0300	LABORATORY - GENERAL	99001	050808	1	4900	000	12
0301	LABORATORY - CHEMISTRY	84703	050808	1	5850	000	13
0360	OPERATING ROOM SERVICES	25111	050808	1	151200	000	14
0370	ANESTHESIA - GENERAL		050808	2	57400	000	15

**PLEASE FORWARD  
 BILL AND RECORDS  
 TO  
 YOUR WORK COMP CARRIER**

Worthington Regional Hospital  
 is licensed for **66 acute beds**

ON DATE **052308** TOTALS **288771** 000

50 PAYER NAME **SUZLON ROTOR CORP** 51 HEALTH PLAN ID **FPAPER00** 52 REL INFO **Y** 53 ASS BEN **Y** 54 PRIOR PAYMENTS **000** 55 EST. AMOUNT DUE **288771** 56 NPI **1396712618**  
 OTHER PRV ID **411412475**

58 INSURED'S NAME **REYES RIVERA, YELISSA IVEL** 59 P.REL. **18** 60 INSURED'S UNIQUE ID **5474** 61 GROUP NAME **OTHER PAYOR WO** 62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION CODES 64 DOCUMENT CONTROL NUMBER 65 EMPLOYER NAME **SUZLON ROTOR CORP**

66 DX **72741** 68

69 ADMIT DX **72741** 70 PATIENT REASON DX **72741** 71 PPS CODE 72 ECI 73

74 PRINCIPAL PROCEDURE CODE DATE **72741** 75 OTHER PROCEDURE CODE DATE  
 76 ATTENDING **NPI1598729550** QUAL **1GA02659** LAST **DONOHUE** FIRST **JAMES MICHA**  
 77 OPERATING **NPI1598729550** QUAL **1GA02659** LAST **DONOHUE** FIRST **JAMES MICHA**  
 78 OTHER **ZZ** **NPI1598729550** QUAL **1GA02659** LAST **DONOHUE** FIRST **JAMES MICHA**  
 79 OTHER **NPI** QUAL FIRST  
 80 REMARKS **Paper 10/10/08** 81CC a b c d

**SANFORD HEALTH SERVICE AREA**

PO BOX 5074

SIOUX FALLS, SD 57108-2221

Ph: (877) 629-2999

**Guarantor Number**

10011075

**Guarantor Name & Address**

REYES RIVERA, YELISSA IVELISSE  
1114 7th Ave

**Account Number**

7297983

WORTHINGTON, MN 56187

Detailed Bill For

Patient Name:	REYES RIVERA, YELISSA	Admission Date:	05/08/2008
Account Class:	Ambulatory Surgery	Discharge Date:	05/08/2008
Attending Physician:	DONOHUE, JAMES MICHA		

Charges

Service Date	Cost Ctr.	Rev. Code	Proc. Code	Description	Qty.	Amount
05/08/08	46080	0250	1007992	CEFAZOLIN IN D4W 1 G SOLR	2	84.05
05/08/08	46080	0250	1003578	SODIUM BICARBONATE 4.2% 4.	1	51.92
05/08/08	46080	0250	1003578	LIDOCAINE 1 % SOLN 20 ML V	20	51.14
05/08/08	46080	0250	1007992	FENTANYL 0.05 MG/ML SOLN 2	1	50.33
05/08/08	46080	0250	1007992	KETOROLAC 30 MG/ML SOLN 1	2	51.39
05/08/08	46080	0250	1007992	MIDAZOLAM 1 MG/ML SOLN 2 M	2	50.37
05/08/08	46080	0250	1007991	HYDROCODONE-ACETAMINOPHEN	1	4.65
05/08/08	12400	0258	6120580	LACTATED RINGERS 1000ML IN	1	2.15
05/08/08	12400	0270	6114979	CAST SPLINT ONE STEP 3X12	1	91.92
05/08/08	12400	0270	6172102	ALUMI-HAND LG	1	180.00
05/08/08	12400	0270	6120621	ADAPTOR HEPLOCK CLAVE MALE	1	3.80
05/08/08	12400	0271	6172101	SET ANES W/MANIFOLD	1	50.00
05/08/08	12400	0272	6120619	IV SET SECONDARY VENT CLAV	1	1.99
05/08/08	44830	0300	1004553	VENIPUNCTURE	1	20.50
05/08/08	44830	0300	1004549	PROCESSING FEE	1	49.00
05/08/08	44830	0301	1005873	HCG SCR QUALITATIVE 84703	1	58.50
05/08/08	45100	0360	1009255	SURGERY	2	1,512.00
05/08/08	45150	0370	1000540	ANES OXYGEN	1	6.00
05/08/08	45150	0370	1001268	GENERAL ANES COMPONENT	1	568.00

Total for 19 Charges 2,887.71

Payments

Post Date	Recd. From	Amount

Total for 0 Payments 0.00

Adjustments

Post Date	Adj. For	Amount