

FRAUDSNIFFR

Medical Records Cover Page

Client:	Lackey Bennett
Requester:	Deedra Bright
Claim #:	6863-01
Case #:	128115OT-02
Patient's Name:	Parker Phillips
Date of Birth:	2/8/2022

Our office was contacted and requested to secure records for the above-referenced patient from the following facility:

Dr./Facility:	Southeastern Pediatrics And Family Practice
Dr./Facility:	
Address:	
City/State/Zip:	
Telephone:	
Request Date:	Aug 25, 2025
Date Cleared:	Sept, 30, 2025

Special Instructions:

Obtain medical records based on canvass result.

CUSTODIAN OF RECORDS CERTIFICATION/AFFIDAVIT

I am over the age of 18 and duly authorized custodian of records for:

Southeastern Pediatrics And Family Practice

I have the authority to certify the records pertaining to:

Records of: Parker Phillips
DOB: 02/08/2022
SSN: 366-41-5401

A) CERTIFICATION OF RECORDS/MATERIALS:

☒ The records provided to Lemieux & Associates are true and complete copies of all records requested. No documents have been withheld in order to avoid their being copied. To the best of my knowledge, all such records were prepared or compiled with by personnel of our office or given to personnel of _____ to be copied in the ordinary course of business, at or near the time of the acts, conditions or events recorded.

B) AFFIDAVIT OF NO RECORDS/MATERIALS (and the following applies):

☐ A thorough search of our files, carried out under my direction using the specific information provided in your request revealed no documents, records or other materials or images. It is to be understood that this does not mean that records do not exist under another spelling, named or other classification.

☐ All records as described in your request were destroyed/purged in accordance with your document retention policy. Records are maintained for years.

☐ All records named in your request were lost, stolen or damaged beyond repair.

☐ Other _____

I declare under penalty of perjury that the forgoing is true and correct:

Myna Laughlin APRN
Custodian Name (Print)

Myna Laughlin APRN
Signature of Custodian of Records

Office/Outpatient Visit

Visit Date: Wed, Sep 7, 2022 09:43 am

Provider: LAUGHLIN, MYNA R, N.P. (Supervisor: Lovelace, David M, DO; Assistant: ASHLOCK, TINA M,)

Location: Southeastern Pediatrics and Family Practice

Electronically signed by MYNA LAUGHLIN, N.P. on 09/11/2022 10:17:00 PM

Printed on 09/09/2025 at 11:14 am.

Subjective:

CC: Parker is a 6 month old male. This is his first visit to the clinic. He is here for a well child check.

HPI:

Parker is here today for a well child check.

CAREGIVER'S QUESTIONS/CONCERNS: The patient's caregiver has no specific questions or concerns.

INTERVAL HISTORY: Significant illnesses or events since the last well visit include currently on anti seizure medication.

DEVELOPMENT: In regard to motor skills, caregivers note that he does show good head control with no lag, reach for and grasp objects, hold the bottle to feed, roll over both ways, bear weight on his lower extremities and rock back and forth. **He does NOT transfer objects from one hand to the other, play with his feet, sit with minimal support, stand and bounce, move to crawling from prone or move from sitting to crawling.** Social and language skills acquired include ability to turn toward distant sounds, watch someone walk across the room, babble, laugh and recognize familiar faces. **The infant has not demonstrated the ability to blow "raspberries", distinguish angry versus friendly voice patterns, start to know own name or enjoy vocal turn taking.** The infant is currently sleeping 8-9 hours at night. Generally, the child naps 30 mins-45mins hour(s) per day.

NUTRITION: Parker is currently formula-fed. Formula intake is usually 5 to 6 ounces every 3 to 4 hours. The baby is also receiving cereals, fruits, and vegetables. Voiding and stooling have been adequate.

SOCIAL SITUATION: Parker's primary caregiver(s) are his mother and father.

SAFETY ISSUES: The caregiver has addressed proper use of car safety seat, adjusting water heater down, proper toy selection, avoidance of plastic bags or balloons, not leaving the baby unattended on a bed or table, never leaving him unattended in the bath, use of electrical outlet plugs, gates on stairs and avoidance of dangling cords. Has not had an actual hearing test he has passed, needs referral to neurology for an EEG. Was seeing Dr. Landis in Ardmore but mom could never get a referral to OU Children's. Mom had child evaluated at Soonerstart in Tishomingo who was not concerned about his development.

He stopped his phenobarb the last week in July 2022, last seizure February 2022

ROS:

CONSTITUTIONAL: Negative for growth problems, fatigue, unexplained fevers, and weight loss.

EYES: Negative for apparent vision problems, eye drainage, and "lazy" eye.

E/N/T: Negative for apparent hearing deficits, chronic nasal congestion, dental problems, and speech problems.

CARDIOVASCULAR: Negative for chest pain, cyanotic spells, edema, and poor exercise tolerance.

RESPIRATORY: Negative for chronic cough, dyspnea, exposure to tuberculosis, and wheezing.

GASTROINTESTINAL: Negative for abdominal pain, constipation, diarrhea, feeding/nutritional problems, and vomiting.

Office/Outpatient Visit

Visit Date: Wed, Sep 7, 2022 09:43 am

Provider: LAUGHLIN, MYNA R, N.P. (Supervisor: Lovelace, David M, DO; Assistant: ASHLOCK, TINA M,)

Location: Southeastern Pediatrics and Family Practice

Electronically signed by MYNA LAUGHLIN, N.P. on 09/11/2022 10:17:00 PM

Printed on 09/09/2025 at 11:14 am.

GENITOURINARY: Negative for dysuria, hematuria, difficulty voiding, or rashes/lesions of the external genitalia.

MUSCULOSKELETAL: Negative for limb or joint pain, joint swelling, and gait abnormalities.

INTEGUMENTARY: Negative for atopic dermatitis, atypical moles, pruritis, rashes, and skin lesions.

NEUROLOGICAL: Positive for **abnormal tone (hypertonicity or "stiffness") and developmental delay.**

HEMATOLOGIC/LYMPHATIC: Negative for bleeding, excessive bruising, and lymphadenopathy.

ENDOCRINE: Negative for abnormal growth or pubertal development, polyuria, and polydipsia.

ALLERGIC/IMMUNOLOGIC: Negative for allergies, frequent illnesses, HIV exposure, and urticaria.

PSYCHIATRIC: Negative for behavioral or emotional problems.

Past Medical History / Family History / Social History:

Last Reviewed on 9/07/2022 10:08 AM by ASHLOCK, TINA M

Past Medical History:

BIRTH (LABOR & DELIVERY) HISTORY: The baby is the product of a 40 weeks-by-dates singleton pregnancy. Birth Weight was 6 pounds 11 ounce. Birth Length was 19 inches. Labor and delivery were complicated by maternal hypertension and baby did not breath after delivery, was resuscitated. He was born via vaginal delivery. Child developed seizures d/t hypoxic ischemia; child had brain injury at birth; stayed in NICU OU Children's x 2 weeks, was on CPAP

Surgical History:

Positive for

Circumcision: at birth; ;

Family History:

Father: Healthy

Mother: Healthy

Social History:

Parents' Marital Status: Unmarried, but living together Parent's Occupations: Father's Occupation: Student

Household: Lives with his parents.

No exposure to tobacco smoke.

Current Problems:

Last Reviewed on 9/07/2022 10:08 AM by ASHLOCK, TINA M

Encounter for routine child health examination with abnormal findings

Autistic disorder

Epilepsy, unspecified, not intractable, without status epilepticus

Unspecified hearing loss, bilateral

Cerebral ischemia

Unspecified lack of expected normal physiological development in childhood

Office/Outpatient Visit

Visit Date: Wed, Sep 7, 2022 09:43 am

Provider: LAUGHLIN, MYNA R, N.P. (Supervisor: Lovelace, David M, DO; Assistant: ASHLOCK, TINA M,)

Location: Southeastern Pediatrics and Family Practice

Electronically signed by MYNA LAUGHLIN, N.P. on 09/11/2022 10:17:00 PM

Printed on 09/09/2025 at 11:14 am.

Other underimmunization status

Immunizations: has only had Hep B at birth- his neurologist has just cleared him to get vaccines but mom is unsure

Allergies:

Last Reviewed on 9/07/2022 10:08 AM by ASHLOCK, TINA M

No Known Allergies.

Current Medications:

Last Reviewed on 9/07/2022 10:08 AM by ASHLOCK, TINA M

levETIRAcetam 100 mg/mL oral Solution [take 0.5 ml po q 12 hrs]

Objective:

Vitals:

Current: 9/7/2022 10:09:52 AM

Wt: 15 lbs, 5.5 oz (**5.02%**); Ht: 27.5 in (**66.95%**); **HC: 45 cm (70.09%)**; BMI: 14.3 (1.49%)T: 98 F; P: 141 bpm; R: 28 bpm**O2 Sat: 100 % (room air)**

Exams:

PHYSICAL EXAM: Anterior fontanel soft and flat

GENERAL: well nourished; clean; no apparent distress;

EYES: lids and lacrimal system are normal in appearance; conjunctiva and cornea are normal; anterior chambers are clear;

PERRLA; fundoscopic exam: red reflex present bilaterally; strabismus screen: negative;

E/N/T: EARS: normal external auditory canals and tympanic membranes; grossly normal hearing; NOSE: normal nasal mucosa, septum, turbinates, and sinuses; OROPHARYNX: normal mucosa, dentition, gingiva, and posterior pharynx;

NECK: supple, full ROM; no thyromegaly;

RESPIRATORY: lungs clear to auscultation and percussion; symmetric expansion; no dyspnea;

CARDIOVASCULAR: regular rate and rhythm; normal S1, S2; no murmur, rub, or gallop; normal PMI; 2+ carotid, radial, femoral, and pedal pulses; no aortic or femoral bruits;

Peripheral Pulses: femoral: 2+ amplitude, no bruits;

GASTROINTESTINAL: nontender, nondistended; no hepatosplenomegaly or masses; no bruits;

GENITOURINARY: penile and testicular exams are normal, without masses, tenderness, or lesions;

LYMPHATICS: no adenopathy in cervical, supraclavicular, axillary, or inguinal regions;

INTEGUMENT: Skin is without significant rashes or lesions; no suspicious moles;

MUSCULOSKELETAL: normal range of motion, strength and tone;

NEUROLOGIC: Mental Status: alert; muscle tone with intermittent spastic jerks; no seizure;

Assessment:

Z00.121 Encounter for routine child health examination with abnormal findings

Office/Outpatient Visit

Visit Date: Wed, Sep 7, 2022 09:43 am

Provider: LAUGHLIN, MYNA R, N.P. (Supervisor: Lovelace, David M, DO; Assistant: ASHLOCK, TINA M,)

Location: Southeastern Pediatrics and Family Practice

Electronically signed by MYNA LAUGHLIN, N.P. on 09/11/2022 10:17:00 PM

Printed on 09/09/2025 at 11:14 am.

ORDERS:

Procedures Ordered:

Neurologist Referral (Send-Out)

Occupational Therapist Referral (Send-Out)

Physical Therapist Referral (Send-Out)

Speech Therapist Referral (Send-Out)

Plan:

Encounter for routine child health examination with abnormal findings

REFERRALS: Referral initiated to a neurologist (Dr. Al-Rifia; for evaluation of autism, seizures, needs EEG), occupational therapy (at The SPOT; for evaluation of autism, seizure d/o), physical therapy (at The SPOT; for evaluation of Autism, seizure d/o, traumatic brain injury), speech therapy (at The SPOT; for evaluation of autism, speech delay), and Referral to audiologist through health department.

ANTICIPATORY GUIDANCE topics covered today include:

Safety: appropriate toy selection; avoid dangling cords; avoidance of small objects, plastic bags, balloons; avoidance of shaking the baby; avoid sun; car seats; electrical outlet plugs; fire escape plan; gates on stairs; keep hot liquids away from child; lock up toxins, poisons, and medications; no co sleeping; do not use syrup of ipecac, keeping Poison Control number posted by the phones; never leaving baby unattended in the bath or near other sources of standing water; never leaving baby unattended on a bed or table; smoke detectors; effects of passive tobacco smoke; use of a walker discouraged; water thermostat setting

Nutrition: proper amount of feeds; avoidance of bottle caries; begin using a cup; brush any teeth with soft toothbrush/cloth and water; do not prop bottle

Development: upcoming developmental advances such as sitting unsupported, creeping and crawling, ability to finger feed, imitating vocalizations, understanding a few words, and playing social games; teething; stranger anxiety; importance of talking to baby; read every day.

FOLLOW-UP: Schedule a follow-up appointment in 1 month.

Orders:

Neurologist Referral (Send-Out)

Occupational Therapist Referral (Send-Out)

Physical Therapist Referral (Send-Out)

Speech Therapist Referral (Send-Out)

Patient Education Handouts:

Phillips, Parker L 02/08/2022

5 of 5

Office/Outpatient Visit

Visit Date: Wed, Sep 7, 2022 09:43 am

Provider: LAUGHLIN, MYNA R, N.P. (Supervisor: Lovelace, David M, DO; Assistant: ASHLOCK, TINA M,)

Location: Southeastern Pediatrics and Family Practice

Electronically signed by MYNA LAUGHLIN, N.P. on 09/11/2022 10:17:00 PM

Printed on 09/09/2025 at 11:14 am.

Car Safety Seats

Well Child Exam, 6 month old

Diagnosis and Procedure Summary:

Primary Diagnosis:

Z00.121 Encounter for routine child health examination with abnormal findings

Orders:

Southeastern Pediatrics and Family Practice
1705 N. Washington, Ste C
Durant, OK 74701-2100

Chart Cover

Print Date : 09/09/2025
Print Time : 11:14 am
Print User: Isadore, Danielle N

Phillips, Parker L
PO Box 194
Overbrook, OK 73453

Account No PHIPAR0001
Home Phone (580)257-9201
Cell Phone
Home Fax
Pager
Financial Group MDD

Date of Birth 02/08/2022
SSN XXX-XX-5401
Gender M
DL #
Marital Status S
First Visit Date 08/29/2022

Provider Laughlin, Myna
Referral N/A

Employment Information

Patient Position
e-mail

Office Phone
Office Fax

Guarantor Information

Phillips, Parker L
PO Box 194

Account No PHIPAR0001
Home Phone (580)257-9201
Home Fax
e-mail tatumbblue2924@gmail.com

Gender M
Date of Birth 02/08/2022
DL #
SSN XXX-XX-5401

Overbrook, OK 73453

Insurance Information

Insurance Company Address	Office Phone City	Code State	Policy Holder Zip	Policy Number Group Number	Copayment	Deductible	% Ins
OK Soonercare PO Box 54740	Oklahoma City	MC OK	Blue, Tatum 73154	B37271506 none	\$0.00	\$0.00	100%

Health Summary

Notes

LOG NOTE

1 of 1

Date: 09/12/2022 09:04 AM**Patient:** Phillips, Parker L. DOB: 02/08/2022**Author:** ASHLOCK, TINA M**Sign Off Date:** 09/12/2022 09:04 AM**Signed Off By:** ASHLOCK, TINA M

REFERRAL SENT TO PITTSBURGH COUNTY HEALTH DEPT

ADDENDUMS:

Date: 09/12/2022 03:58 PM**Author:** ASHLOCK, TINA M

SPOKE WITH PITTSBURGH COUNTY HEALTH DEPT AND THEY SPOKE WITH MOM ABOUT MAKING APPT AND SHE DECLINED.

Refusal to Vaccinate

Child's Name

Parker Phillips

Child's ID#

Parent's/Guardian's Name

Tatum Blue

My child's doctor/nurse, _____
has advised me that my child (named above) should receive the following vaccines:

Recommended	Declined
<input checked="" type="checkbox"/> Hepatitis B vaccine	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Diphtheria, tetanus, acellular pertussis (DTaP or Tdap) vaccine	<input checked="" type="checkbox"/>
<input type="checkbox"/> Diphtheria tetanus (DT or Td) vaccine	<input type="checkbox"/>
<input checked="" type="checkbox"/> Haemophilus influenzae type b (Hib) vaccine	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Pneumococcal conjugate or polysaccharide vaccine	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Inactivated poliovirus (IPV) vaccine	<input checked="" type="checkbox"/>
<input type="checkbox"/> Measles-mumps-rubella (MMR) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Varicella (chickenpox) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Influenza (flu) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Meningococcal conjugate or polysaccharide vaccine	<input type="checkbox"/>
<input type="checkbox"/> Hepatitis A vaccine	<input type="checkbox"/>
<input type="checkbox"/> Rotavirus vaccine	<input type="checkbox"/>
<input type="checkbox"/> Human papillomavirus (HPV) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>

I have been provided with and given the opportunity to read each Vaccine Information Statement from the Centers for Disease Control and Prevention explaining the vaccine(s) and the disease(s) it prevents for each of the vaccine(s) checked as recommended and which I have declined, as indicated above. I have had the opportunity to discuss the recommendation and my refusal with my child's doctor or nurse, who has answered all of my questions about the recommended vaccine(s). A list of reasons for vaccinating, possible health consequences of non-vaccination, and possible side effects of each vaccine is available at www.cdc.gov/vaccines/pubs/vis/default.htm. I understand the following:

- The purpose of and the need for the recommended vaccine(s).
- The risks and benefits of the recommended vaccine(s).

Parent/Guardian Signature:

Tatum Blue

Witness:

Mia Brown

Date:

9/7/22

Date:

9-7-22

I have had the opportunity to rediscuss my decision not to vaccinate my child and still decline the recommended immunizations.

Parent's Initials:

TB

Date:

9/7/22

Parent's Initials:

TB

Date:

9/7/22

- That some vaccine-preventable diseases are common in other countries and that my unvaccinated child could easily get one of these diseases while traveling or from a traveler.
- If my child does not receive the vaccine(s) according to the medically accepted schedule, the consequences may include:
 - Contracting the illness the vaccine is designed to prevent (the outcomes of these illnesses may include one or more of the following: certain types of cancer, pneumonia, illness requiring hospitalization, death, brain damage, paralysis, meningitis, seizures, and deafness; other severe and permanent effects from these vaccine-preventable diseases are possible as well).
 - Transmitting the disease to others (including those too young to be vaccinated or those with immune problems), possibly requiring my child to stay out of child care or school and requiring someone to miss work to stay home with my child during disease outbreaks.
- My child's doctor and the American Academy of Pediatrics, the American Academy of Family Physicians, and the Centers for Disease Control and Prevention all strongly recommend that the vaccine(s) be given according to recommendations.

Nevertheless, I have decided at this time to decline or defer the vaccine(s) recommended for my child, as indicated above, by checking the appropriate box under the column titled "Declined." I know that failure to follow the recommendations about vaccination may endanger the health or life of my child and others with whom my child might come into contact. I therefore agree to tell all health care professionals in all settings what vaccines my child has not received because he or she may need to be isolated or may require immediate medical evaluation and tests that might not be necessary if my child had been vaccinated.

I know that I may readdress this issue with my child's doctor or nurse at any time and that I may change my mind and accept vaccination for my child any time in the future.

I acknowledge that I have read this document in its entirety and fully understand it.



Precautions/Contraindications

This patient does not have any vaccination Precautions/Contraindications

SoonerCare

Immunization History

Vaccine	Dose	Date	Age	Status	Reason
Hep B, ped/adol	1	02/08/2022	0Y 0M 0D	Valid	

Recommended immunizations for today, 09/06/2022 (0Y 6M 29D)

Vaccine
COVID Tris-Suc PFR 6m-4y
DTaP
Hep B, ped/adol
Hib (PRP-T)
Influenza Quad Inj P
PCV13
Polio-IPV

Please do not rely solely on the Recommender to forecast immunizations. Utilize clinical judgment and consult both the ACIP recommended immunization schedules and the CDC Pink Book @ <http://www.cdc.gov/vaccines/pubs/pinkbook/index.html#chapters>

The first recommended return date is 09/27/2022 (0Y 7M 19D)**Future recommendations based upon provider preferences for vaccines**

Vaccine	Date	Age
COVID Tris-Suc PFR 6m-4y	09/27/2022	0Y 7M 19D
DTaP	10/04/2022	0Y 7M 26D
Hib (PRP-T)	10/04/2022	0Y 7M 26D
Polio-IPV	10/04/2022	0Y 7M 26D
PCV13	10/04/2022	0Y 7M 26D
Hep B, ped/adol	11/01/2022	0Y 8M 24D
Hep A, ped/adol 2D	02/08/2023	1Y 0M 0D
MMR	02/08/2023	1Y 0M 0D
Varicella	02/08/2023	1Y 0M 0D
HPV9	02/08/2033	11Y 0M 0D
PCV42/PCV43	02/08/2033	11Y 0M 0D
Recombinant Zoster	02/08/2072	50Y 0M 0D

TRANSMISSION VERIFICATION REPORT

TIME : 09/12/2022 01:03PM
 NAME :
 FAX :
 TEL :
 SER. # : U64969H1N551S47

DATE, TIME	09/12 12:58PM
FAX NO./NAME	18184232948
DURATION	00:04:05
PAGE(S)	09
RESULT	OK
MODE	STANDARD

OK formal

*Spoke to mother &
 she declined appt —
 TS going bk to her
 other PCP
 Child doesn't need
 hearing checked.*

Oklahoma HealthCare Authority

(Please type or print)

SoonerCare/Insure Oklahoma Referral Form

Member Name Phillips

(Last name)

Parker

(First Name)

L

(Middle Initial)

Member ID 637271506

Member Phone 580 257-9201

Member DOB 2-8-22

(Date of Birth (MM/DD/YYYY))

REFERRED TO:

Provider Name (must be current SoonerCare provider)

Pittsburgh County Health Dept (Audiologist)

Phone 918-423-1267

Fax 918-423-2948

Provider Address 1400 E College Ave McAlester, OK 74501

Referral Valid from date 9-12-22 to date 2-12-23

(Begin date not to exceed 6 months retrospectively; end date cannot exceed 12 months total)

Reason for Referral hearing evaluation

REFERRED BY:

Medical Home Provider Name Southeastern Pediatrics and Family Practice Phone (580) 924-5439

Name of Referring Provider Myna Laughlin, APRN

Date 9-12-22

Signature of Referring Provider Myna Laughlin

Referring Provider ID Number 201072780A

NPI# 1477210516

(10 digits)

- This referral is valid for all ancillary services related to the above reason for referral within the specified timeframe.
- This referral may be forwarded to other specialists for the above reason for referral with the approval of the PCP/CM.
- Report your findings directly to the provider who made this referral.
- This referral number should be entered by the referred to the provider in the appropriate field on the provider's claim. Use the NPI number for electronic claims and PCP/CM referral number on paper claims.
- All payments for services are subject to coverage limitations under the SoonerCare/Insure Oklahoma program and the referral is not a guarantee of payment.

Instructions

1. Complete and mail/fax the original copy of the form to the provider to whom you are referring.
2. Keep a duplicate copy for your records in the member's medical chart.
3. Referral form (SC-10) may be obtained on the OHCA website at <http://www.okhca.org/provider/forms.asp>

PLEASE DO NOT MAIL OR FAX A COPY TO OHCA.
PLEASE DO NOT ATTACH A COPY TO YOUR CLAIM FORM.

Oklahoma HealthCare Authority

(Please type or print)

Soonercare/Insure Oklahoma Referral Form

Member Name **Phillips** **Ponder** **L**
(Last name) (First Name) (Middle Initial)
Member ID **B37271506** Member Phone **580-257-9201** Member DOB **2-8-22**
(Date of Birth 00/00/0000)

REFERRED TO:

Provider Name (must be current Soonercare provider) **Dr. Al-Rifai**
Phone **920-1151** Fax **903-328-3222**
Provider Address **1805 Chelovera Str Durand, OK 74701**
Referral Valid from date **9-12-22** to date **2-12-23**
(Begin date not to exceed 6 months retrospectively; end date cannot exceed 12 months total)

Reason for Referral **Autism, Seizures, needs EEG**

REFERRED BY:

Medical Home Provider Name **Southeastern Pediatrics and Family Practice** Phone **(580) 924-5439**
Name of Referring Provider **Myna Laughlin, APRN** Date **9-12-22**
Signature of Referring Provider **Myna Laughlin**
Referring Provider ID Number **201072780A** NPI# **1477210516**
(10 digits)

- This referral is valid for all ancillary services related to the above reason for referral within the specified timeframe.
- This referral may be forwarded to other specialists for the above reason for referral with the approval of the PCP/GM.
- Report your findings directly to the provider who made this referral.
- This referral number should be entered by the referred to the provider in the appropriate field on the provider's claim. Use the NPI number for electronic claims and PCP/GM referral number on paper claims.
- All payments for services are subject to coverage limitations under the Soonercare/Insure Oklahoma program and the referral is not a guarantee of payment.

Instructions

1. Complete and mail/fax the original copy of the form to the provider to whom you are referring.
2. Keep a duplicate copy for your records in the member's medical chart.
3. Referral form (SC-10) may be obtained on the OHCA website at:
<http://www.okhca.org/provider/forms.asp>

PLEASE DO NOT MAIL OR FAX A COPY TO OHCA.
PLEASE DO NOT ATTACH A COPY TO YOUR CLAIM FORM.



The SPOT
Southeastern Pediatrics
and Family Practice

Myna Laughlin, APRN-CNP
1705 N. Washington, Suite C • Durant, OK 74701
PHONE 580-924-5439 • 580-967-1001 • FAX 580-366-5439

Name Parker Phillips DOB 2/8/22
Address _____ Date 9/1/22

B (Please Print) F84.0
I67.82
G40.909
R62.50

PT/OT evaluation & treatment

Speech evaluation & treatment

☐ Label ☐ Label in Spanish

Ref# _____ times PRN NR
Myna Laughlin APRN APRN

Chocoma Print Services • 580-924-1120 • FORM 40517

TRANSMISSION VERIFICATION REPORT

TIME : 09/12/2022 07:57AM
 NAME :
 FAX :
 TEL :
 SER. # : H64969H1N551847

DATE, TIME	09/12 07:57AM
FAX NO. /NAME	15806342848
DURATION	00:00:00
PAGE(S)	00
RESULT	BUSY
MODE	STANDARD

BUSY: BUSY/NO RESPONSE

*Spoke to mother
 & she has declined
 referral - is going back
 to other PCP &
 is already seeing
 sex therapist.*



Southeastern Pediatrics & Family Practice

1705 N. Washington, Ste C
Durant, Oklahoma 74701

Office (580) 924-5439 | (580) 967-1002
Fax (580) 366-5439 | (580) 967-1002

FAX COVER SHEET

From: Southeastern Pediatrics and Family Practice
Myna Laughlin, APRN

To: The SPOT

Fax# 634-2848

Date: 9-9-22

Cover page plus _____ pages

Comments:

Referral

*faxed
9.12.22*

Confidential Health Information Enclosed. Health care information is personal and sensitive. It is being faxed to you after appropriate authorization from the individual or under circumstances that do not require individual authorization. The information contained in this facsimile transmission is privileged and confidential and is intended only for the use of the recipient listed above. You, the recipient, are obligated to maintain this information in a safe, secure, and confidential manner. Re-disclosure without additional consent or authorization of the individual or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain the confidentiality of this information could subject you to penalties under Federal and/or State law. If you have received this transmission in error, please notify us immediately by telephone at (580) 924-5439 to arrange for the return of the transmitted documents to us or to verify their destruction. Please contact us to verify receipt of this Fax or to report problems with the transmission.

Invoice

Print Date: 09/09/2025

Southeastern Pediatrics and Family Practice
1705 N. Washington, Ste C
Durant, OK 74701-2100

Phillips, Parker
PO Box 194
Overbrook, OK 73453

Invoice Date: 9/12/2022 12:00:03 AM

Invoice No: 175033

Account No: PHIPAR0001

Guarantor Acc No: PHIPAR0001

Guarantor Name: Phillips, Parker L

Tax ID: 270934660

Provider Name: Laughlin, Myna



		Z00.121	Encounter for routine child health exam w abnormal findings			
09/07/22 - 09/07/22	99381		Initial comprehensive preventive medicine E&M, new patiOffice	\$145.00	1.00	\$145.00

Insurance Company: OK Soonercare
Group Number: none
Policy Number: B37271506

Invoice Amount	\$145.00
Co-Payment Paid	\$0.00
Patient Paid	\$0.00
Patient Adj	\$0.00
Patient Deposit	\$0.00
Insurance Paid	\$97.06
Insurance Adj	\$47.94
Total Payment	\$145.00
Invoice Balance	\$0.00