

FRAUDSNIFFR

Medical Records Cover Page

Client:	Comprehensive Risk Services
Requester:	Kellie Hanna
Claim #:	565764
Case #:	112060OT-02
Patient's Name:	Terresa Slocum
Date of Birth:	8/28/1963

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

Dr./Facility:	Mid-Michigan Radiology Associates
Dr./Facility:	
Address:	
City/State/Zip:	
Telephone:	
Request Date:	October 24, 2024
Date Cleared:	November 8, 2024

Special Instructions:

Obtain medical records based on canvass result.



211 South Crapo, Suite H
Mt. Pleasant, MI 48858
989-953-6736
Fax 989-953-7554

NAME:	Slocum, Terresa	DOB:	28-Aug-1963
ACCOUNT NO:	1600169	PHYSICIAN:	HORAN, HANNAH PA
SEX:	F	DATE:	03-May-2024 10:37 AM

CLINICAL INDICATIONS: FELL 03/07/2024; RIGHT MEDIAL KNEE PAIN

COMPARISON: None

MRI OF THE RIGHT KNEE WITHOUT CONTRAST

TECHNIQUE (OPEN MRI): MRI of the knee without contrast. Multi-planar, multi-echo MR evaluation of the right knee is performed with a 1.2 Tesla high field strength Hitachi open MRI.

FINDINGS:

Bone Marrow: There is normal signal arising from the bone marrow.

Cartilage: There is mild decrease in the cartilage at the patellofemoral joint with osteophyte formation. Joint spaces are maintained.

Joint Fluid: There is a small joint effusion.

Quadriceps and patellar tendons: Quadriceps and patellar tendons are intact. There is decreased signal in the infrapatellar tendon concerning for tendinosis. There is associated mild pre-patellar superficial bursitis.

Medial Collateral Ligament: The medial collateral ligament is intact.

Lateral Collateral Ligament: The lateral collateral ligament is intact.

Retinaculum: Medial normal. Lateral normal.

Anterior Cruciate Ligament: The anterior cruciate ligament fibers are intact but there is edema concerning for ACL strain.

Posterior Cruciate Ligament: The posterior cruciate ligament is normal in signal and morphology.

Medial Meniscus: There is complete tear of the posterior horn of the medial meniscus.

Lateral Meniscus: The anterior and posterior horn of the lateral meniscus is normal in signal and morphology.

PROTECTED HEALTH INFORMATION in accordance with H.I.P.A.A./H.I.T.E.C.H. ACT. This report contains protected health information and is intended solely for use by the recipient. If you are not the intended recipient of this information, be advised that any use, disclosure, dissemination, distribution, or copying of this information is prohibited. If you believe you have received this information in error, return it immediately to MID-MICHIGAN RADIOLOGY ASSOCIATES, P.C.



Open MRI

Mt. Pleasant

211 South Crapo, Suite H
Mt. Pleasant, MI 48858
989-953-6736
Fax 989-953-7554

NAME: Slocum, Terresa
ACCOUNT NO: 1600169
SEX: F

DOB: 28-Aug-1963
PHYSICIAN: HORAN, HANNAH PA
DATE: 03-May-2024 10:37 AM

Posterolateral Corner:

Popliteus Tendon: Normal.

Popliteofibular Ligament: Normal.

Proximal Tibiofibular Joint: Normal.

IMPRESSION:

1. Mild degenerative changes at the patellofemoral joint. There is associated small joint effusion.
2. Tendinosis of the infrapatellar tendon.
3. Anterior cruciate ligament strain with associated complete tear of the posterior horn of the medial meniscus.

Electronically signed by:

Muhammad Naveed Khan, M.D

04-May-2024 9:09 PM
Mid-Michigan Radiology Associates

Transcribed by: ANGIE SZELAG

Open MRI

Patient Name: SLOCUM^TERRESA^^

Study Date: 05/03/2024 10:37 AM

Study Description: MRI KNEE RT W/O

Patient Sex: F

Patient DOB: 19630828

ACCT# 1600169/1 GENDER : F DOB:08/28/1963
SLOCUM,TERRESA Phone #: (989)429-5420
10250 BASS LAKE RD, CLARE, MI 48617
APPT: MRI KNEE RT W/O
TIME:10:30a DATE:05/03/2024
HANNAH HORAN PA NO AUTH NEEDED RT MEDIAL KNEE PAIN

AGE:60

PA# NA

Please verify the demographic information above. If any corrections need to be made, please notify the receptionist.
If everything is correct, please initial. JS

I would like a copy of today's MRI. CD

Clinical History
(Signs, Symptoms & or Diagnosis)

PT FEM 317124
- no surgery
- PT knee pain

MRI Services

With contrast With & without contrast Without contrast

Brain (Head)

Internal auditory canals Orbita Pituitary

Cervical spine

Lumbar spine

Sacrum and coccyx

Lumbar plexus

Thoracic spine

Brachial plexus

Neck for soft tissue

Orbita

Temporomandibular joints

Abdomen (Must specify organ)

MRCP

Pelvis

Other

Ankle

Elbow

Femur

Foot

Forearm

Hand

Hip

Humerus

Knee

Lower leg

Shoulder

Wrist

Hip arthrogram

Shoulder arthrogram

Wrist arthrogram

Right

Right

Left

<input type

Open MRI

Patient Name: SLOCUM^TERRESA^

Study Date: 05/03/2024 10:37 AM

Study Description: MRI KNEE RT W/O

Patient Sex: F

Patient DOB: 19630828

211 South Crapo, Suite H
Mt. Pleasant, MI 48858
Toll Free 855-772-6736
Local 989-953-6736
Fax 989-953-7554



ACKNOWLEDGEMENT OF RESPONSIBILITY FOR PAYMENT

I acknowledge that I am financially responsible for all costs incurred by myself (or my dependent child) in connection with medical examinations, treatments, referrals, testing and/or procedures performed by Open MRI whether conducted in the office or elsewhere, which are not otherwise paid for by my medical insurance company. I understand that I am responsible for paying any applicable copay, coinsurance, deductible amounts, and/or not covered services according to the terms of my insurance policy on the day services are rendered.

INSURANCE ASSIGNMENT TO Open MRI

I hereby authorize Open MRI of the benefits specified and otherwise payable to me but not to exceed the balance due of the charges for the service provided. I understand I am financially responsible to Open MRI for charges not covered by this authorization.

AUTHORIZATION TO RELEASE OR OBTAIN MEDICAL INFORMATION AND TELEPHONE USAGE

I hereby authorize Open MRI or its designees to bill and release to my insurance company and/or third party(s) and/or external review agency(s) information contained in my (or my child's) patient record as is necessary for the payment of insurance benefits without regard to any limitations placed on dates, history of illness, diagnostic and/or therapeutic information. I further authorize Open MRI to release or obtain my medical information (i.e. films, reports, test results) to the physician(s) who referred me for these radiology services. I understand I may complete another form of release upon request if I need additional records released.

USES OF TELEPHONE CONTACT INFORMATION. Open MRI, its service providers (including service providers contacting patients about obtaining potential financial assistance for account(s) and/or for collection services) and their successors, assigns, affiliates, or agents to contact at any telephone number associated with the account(s), including wireless, cellular, or internet telephone numbers or other number that result in charges, whether provided in the past, present or future.

The methods of contact may include pre recorded or artificial voice messages and/or automatic telephone dialing systems, as applicable. This form will be held until a written declination is obtained.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE

Open MRI records and transmits health information, including prescription information, electronically. Health information is shared and protected electronically through local, state and national health information exchanges. This organization participates in the Michigan Health Connect (MHC) information network. MHC has rules regarding how health information can be accessed through MHC, and your rights associated with transmission of that information. Any questions, please contact management. I, the patient (or the parent/legal guardian) have been given a choice to receive a copy of the Practice's Notice of Privacy Rules or decline a copy (please initial option).

FEMALE PATIENTS, AGE OF 12-50 YEARS:

TODAY'S DATE	DATE OF LAST PERIOD	PREGNANT?	ARE YOU BREAST FEEDING?

I understand the information detailed above and I agree to the terms and agreement. By signing below, I understand I may be financially responsible for the service provided today.

PATIENT NAME PRINTED

Terresa Slocum
Patient (or Parent/Legal Guardian) Signature

5-3-24
Date

Open MRI

Patient Name: SLOCUM^TERRESA^^
Study Date: 05/03/2024 10:37 AM
Study Description: MRI KNEE RT W/O

Patient Sex: F

Patient DOB: 19630828

April 16/2024 1:54:35 PM
4/16/24, 12:03 PM

MyMichigan Health Clare Urgent 9893869913

2/3

Slocum, Teressa L (MRN # 1000134874) DOB: 08/26/1983



Urgent Care: MyMichigan Medical Offices Clare
602 Beach Street
CLARE MI 48817
Phone: 989-386-8911
Fax: 989-386-8913
www.mymichigan.org

not race fit ready
needed

Order Requisition

**** IMPORTANT: This is your order form.**
Please take with you to have your testing performed. **

Imaging

If your test requires an appointment, please contact Central Scheduling at (888) 387-2778 or _____ to schedule.

Patient: Teressa L Slocum 10260 BABE LAKE RD CLARE, MI 48617	MRN: 1000134874 Gender: F DOB: 08/26/1983 PCP: Vadlamudi, Phani Deepthi Phone: 989-429-5420 (home) 989-429-5420 (mobile) 989-802-8845 (work)	
--	--	--

Authorizing Provider: Horan, Hannah K, PA NPI: 1092180678	Supervised by: MacLennan, Kenneth, MD NPI: 1245284124
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INSURANCE	PAYOR	PLAN	GROUP #	SUBSCRIBER ID
Primary: NEW CONNECTCARE MIDMICHIGAN PPO	CONNECTCARE	302608	71778	692005306

Order Date: Apr 10, 2024

>> MRI knee right without contrast (Order ID: 188087568) CPT: 73721
Diagnosis: Right medial knee pain (M26.561) Knee trauma, Internal derangement suspected, xray done
Priority: Routine Expected Date: 4/10/2024 Count: 1

Decision Support Vendor: National Decision Support Company CareSelect
Score: Adherence Indication: Date: Session ID:

Instructions: Please arrive 15 minutes (Alpena patients arrive 30 minutes) prior to appointment to allow for registration, bring ID, Insurance Card and Order (If Non-Epic Provider)

If you have any implants or metal objects, please contact your physician to make sure it is okay to proceed.

Current weight? 130
Does the patient have a Magnetically-Activated Implant or Device (stents, pacemaker, etc.)? No
Has the patient ever sought medical treatment to have metal removed from the eyes by a physician or hospital? No
Any surgery ever performed on body part being scanned? No

Open MRI

Patient Name: SLOCUM^TERESA^AA

Study Date: 05/03/2024 10:37 AM

Study Description: MRI KNEE RT W/O

Patient Sex: F

Patient DOB: 19630828



Open MRI

Mt. Pleasant

5-3 MRI Patient Questionnaire

211 South Gratiot, Suite H
Mt. Pleasant, MI 48858
Toll Free 888-777-6736
Local 989-633-6736
Fax 989-633-7554

Warning! Certain implants, devices or objects may be hazardous to you and/or may interfere with the Magnetic Resonance (MR) procedure (i.e., MR, MR Angiography, Functional MRI, and MR Spectroscopy). **Do Not Enter** the MRI system room or MR environment if you have any question or concern regarding an implant, device or object. Consult with the MRI technologist or radiologist **before** entering the MR system room. **The MR System Magnet Is Always On.**

Note: You will be required to wear earplugs or other hearing protection during the MR procedure to prevent possible problems or hazards related to acoustic noise. Please consult with the MRI Technologist or Radiologist if you have any questions.

Patient Information: Last Name: SLOCUM First Name: TERESA
Emergency Contact: Name: Jeff Slocum Relationship: Husband
Phone Number: 989-429-4915

Assistance Needed: Yes No Weight: 130 Work Comp: Yes No
Auto: Yes No Ins: Connect Care

1. Have you had prior surgery or an operation (e.g., brain, eye, heart, ear)? Yes No
If yes, please indicate the date and type of surgery:

Date / / Type of surgery
Date / / Type of surgery

1/20/2024
Ablation

Patient Safety Questions:

- Yes No Aneurysm Clip(s)
- Yes No Cardiac Pacemaker
- Yes No Implanted Cardioverter Defibrillator (ICD)
- Yes No Swan-Ganz or Thermodilution Catheter
- Yes No Electronic Implant or Device
- Yes No Magnetically-Activated Implant or Device
- Yes No Neurostimulation system
- Yes No Spinal Cord Stimulator
- Yes No Shunt (spinal or intraventricular)
- Yes No Internal Electrodes or Wires
- Yes No Bone/Joint Pin, Screw, Nail, Wire, Plate
- Yes No Insulin or other Infusion Pump
- Yes No Implanted Drug Infusion Device
- Yes No Heart Valve Prosthesis
- Yes No Artificial or Prosthetic Limb
- Yes No Stent
- Yes No Filter
- Yes No Coil
- Yes No Vascular Access Port
- Yes No Medication Patch
- Yes No CGM
- Yes No Claustrophobia
- Yes No Have you ever had metal removed from your eyes?

- Yes No Tattoo or permanent Makeup
- Yes No Body Piercing Jewelry earrings
- Yes No Hearing Aid
(remove before entering MR Room)
- Yes No Dentures or Partial Plates
- Yes No Bone Growth/Bone Fusion Stimulator
- Yes No Cochlear, Otolologic or other Ear Implant
- Yes No Radiation Seeds or Implant
- Yes No Any Type of Prosthesis (Eye, Penile, etc.)
- Yes No Eyelid Spring or Wire
- Yes No Wire Mesh Implant (hernia)
- Yes No Any metallic fragment or foreign body (bb, bullet)
- Yes No Tissue Expander (i.e., Breast)
- Yes No Surgical Staples, Clips, or Metallic Sutures
- Yes No Joint replacement (hip, knee, etc.)
- Yes No Colonoscopy or Endoscopy in last 6 wks.
- Yes No Other Implants?
- Yes No Any Surgery in 6 weeks?

For Female Patients:

- Yes No Are you pregnant?
- Yes No Are you currently breastfeeding?
- Yes No IUD, diaphragm, or pessary

Notes: _____

I attest that the above information is correct to the best of my knowledge. I have read and understand the contents of this form. I had the opportunity to ask questions regarding the information on this form and the MR procedure that I am about to undergo.

Signature of Person Completing Form: Teresa Slocum

Date: 5-3-24

Please check: Patient Relative Nurse Other

Form Information Reviewed By: Print Name: MW

Signature: Megan W Date: 5/3/24

Please check: MRI Technologist Nurse

Rev. 1/24

Open MRI

Patient Name: SLOCUM^TERRESA^^
Study Date: 05/03/2024 10:37 AM
Study Description: MRI KNEE RT W/O

Patient Sex: F

Patient DOB: 19630828

All Exams:

Yes No Did you have an injury to the area we are scanning? How & When? 3 - 7 - 24

Yes No Any pain in the area we are scanning? How often & Where? When bending knee, kneeling

Yes No Does anything make the pain worse? bending, kneeling, stairs, shopping, climbing

Yes No Any surgery in the area we are scanning? When & Where?

Yes No Any mass in the area we are scanning? Describe: _____

Yes No Do you have a personal history of cancer? Type & When: _____

Yes No Have you ever had another test (MRI, CAT scan, X-ray, Ultrasound, and Nuclear Medicine) of the area that is being scanned today? If so, please list what facility and date: X-ray

Yes No Do you have any other medical conditions? diabetes, hypertension, osteoarthritis, osteoporosis

Neurological Exam: Please fill this section out if exam is: Brain, Spine, Orbit, Face, Neck, MRA Head or Neck

Yes No Do you have any numbness or weakness? Describe: _____

Yes No Have you had any bowel or bladder changes? Describe: _____

Yes No Have you been diagnosed with MS? _____

Yes No Do you have a history of visual problems? _____

Yes No Do you have a history of seizures? Date of last seizure: _____

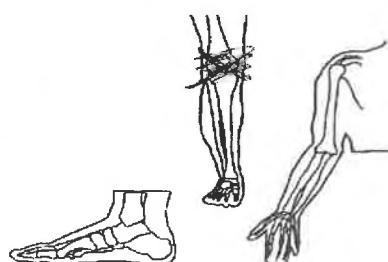
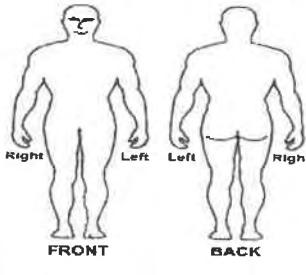
Yes No Do you have a history of a stroke? Date of last stroke: _____

Yes No Do you have a history of dizziness or loss of balance? _____

Important Instructions:

Before entering the MR environment or MR system room you must remove all metallic objects including hearing aids, dentures, partial plates, keys, beeper, cell phone, eyeglasses, hair pins, barrettes, jewelry, body piercing jewelry, watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, tools, clothing with metal fasteners & clothing with metallic threads

Please shade in the areas of your problem(s) below:



Open MRI

Patient Name: SLOCUM^TERRESA^
Study Date: 05/03/2024 10:37 AM
Study Description: MRI KNEE RT W/O

Patient Sex: F

Patient DOB: 19630828

All Exams:

Yes No Did you have an injury to the area we are scanning? How & When? 3 - 7 - 24

Yes No Any pain in the area we are scanning? How often & Where? When bending knee, kneeling

Yes No Does anything make the pain worse? bending, kneeling, stairs, sleeping down

Yes No Any surgery in the area we are scanning? When & Where? _____

Yes No Any mass in the area we are scanning? Describe: _____

Yes No Do you have a personal history of cancer? Type & When: _____

Yes No Have you ever had another test (MRI, CAT scan, X-ray, Ultrasound, and Nuclear Medicine) of the area that is being scanned today? If so, please list what facility and date: X-ray

Yes No Do you have any other medical conditions? diabetes, hypertension, osteoarthritis, Osteoporosis

Neurological Exam: Please fill this section out if exam is: Brain, Spine, Orbit, Face, Neck, MRA Head or Neck

Yes No Do you have any numbness or weakness? Describe: _____

Yes No Have you had any bowel or bladder changes? Describe: _____

Yes No Have you been diagnosed with MS? _____

Yes No Do you have a history of visual problems? _____

Yes No Do you have a history of seizures? Date of last seizure: _____

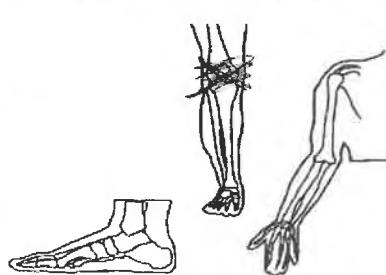
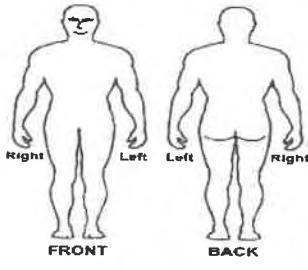
Yes No Do you have a history of a stroke? Date of last stroke: _____

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Please shade in the areas of your problem(s) below:



Open MRI

Patient Name: SLOCUM^TERRESA^^
Study Date: 05/03/2024 10:37 AM
Study Description: MRI KNEE RT W/O

Patient Sex: F

Patient DOB: 19630828

April 16/2024 1:54:35 PM

MyMichigan Health Clare Urgent 9893869913

3/3



MyMichigan Family Medicine
MyMichigan Health Park Harrison
815 N. Clark Avenue
Ste A
Harrison MI 48625-8177
Phone: 989-539-4434
www.myMichigan.org

Patient Preferred Name: Terresa Slocum Hospital Account: MRN: 1000134674 Contact Serial #: 04448013		Encounter Date/Time: 4/16/2024 Discharge Date/Time:
ENCOUNTER Patient Class: Hospital Service: No service for patient encounter. Admitting Provider: Attending Provider: Chief Complaint:		
PATIENT Patient Legal Name: Terresa L Slocum Address: 10250 BASS LAKE RD City: CLARE MI 48617 Primary Care Provider: Vadimudi, Phani Deepthi DOB: 8/28/1963 (50 yrs) Sex: Female Pref Lang: English Primary Phone: 989-429-5420		
EMERGENCY CONTACT Contact Name: 1. Slocum,Jeff 2. "No Contact Specified" Legal Guardian?: Spouse Home Phone: 989-429-4916 Mobile Phone:		
GUARANTOR Guarantor: Terresa L Slocum Address: 10250 Bass Lake Rd Clare, MI, 48617 Relation to Patient: Guarantor ID: Home Phone: Work Phone: Mobile Phone: Status: FULL TIME		
GUARANTOR EMPLOYER Employer: MidMichigan Health Midlan Plan: NEW CONNECTCARE MIDMICH Insurance Type: Subscriber DOB: 08/28/1963		
PRIMARY INSURANCE Payor: CONNECTCARE Group Number: Subscriber Name: SLOCUM,TERRESA L Subscriber ID: 892005396 Pat. Rel. to Subscriber: Self Plan: COMPREHENSIVE RISK SERVI Insurance Type: Subscriber DOB:		
SECONDARY INSURANCE Payor: Group Number: Subscriber Name: Subscriber ID: Pat. Rel. to Subscriber:		

Contact Serial #: 04448013

April 16, 2024



Open MRI

Patient Name: SLOCUM^TERRESA^
Study Date: 05/03/2024 10:37 AM
Study Description: MRI KNEE RT W/O

Patient Sex: F

Patient DOB: 19630828

Date of Service May 3, 2024

SLOCUM, TERRESA
10250 BASS LK AVE
CLARE, MI 48617

Member Status:

Date of Birth: Aug 28, 1963
Gender: Female
Current Plan Effective Date: Jan 1, 2021 - May 31, 2024
Relationship to Subscriber: Self

Member ID: VYJ892005398
Group Number: 000071776
Group Name: MYMICHIGAN HFAI TH
Plan Number: 711

Transaction ID: 633085429888 Transaction Time: May 3, 8:05 AM Customer ID: 614476
[Feedback](#)

 Blue Cross Blue Shield Blue Care Network of Michigan
Non-Group Subscribers and Independent Insurers of the Blue Cross and Blue Shield Association
Payer: Blue Cross Blue Shield of Michigan

Other or Additional Payer Information:
No additional payer information provided.

Provider Information

Requesting Provider:
Name: ISOMM LLC
Category: Requesting Provider
NPI: 1871006992
Submitter ID: 614476 ISOMM LLC

Gaps in Care

Diagnostic Gaps

Status	HCC Code	HCC Description	ID Type
OPEN			
OPEN			
OPEN			

Treatment Opportunities

Status	Service Type	Last Service Date	Last Service Result	Service Needed By
OPEN	Breast Cancer Screening - Mammogram			12/31/2023
OPEN	Cervical Cancer Screening			
OPEN	Cervical Cancer Screening (Pap)			12/31/2023

Plan Maximums and Deductibles

Health Benefit Plan Coverage: 30

Service Level Contact Information

Category: Contact Following Entity for Eligibility or Benefit Information
CONTACT AUTOMATED BENEFIT SERVICES, A 866-404-1600 FOR BENEFITS, COST SHARE AND COORDINATION OF BENEFITS INFORMATION.

Benefit Disclaimer

FILTER BY NETWORK

ISOMM LLC DBA OPEN MRI MT PLEASANT

211 S CRAPO STREET, SUITE H

MOUNT PLEASANT, MI 48858-2961

Phone: (989)252-8160

Fax: (989)953-7554

Tax ID:

Date Created: Thursday, November 7, 2024 11:06 AM

Patient: 97438 - SLOCUM, TERRESA

DATE	REF. DOCTOR	DOCTOR	PROCEDURE	MODIFIER	ICD	CHARGES	PAYMENTS	ADJUSTMENTS	BALANCE	PAYSOURCE
05/03/2024	HORAN, HANNAH	KHAN, MUHAMMAD NAVEED	73721 - MRI JOINT LOWER EXT W/O CONTRAST	RT	S83.5 11A, S83.2 41A	\$1,057.00				
07/25/2024			Payment			\$538.69	\$383.64			Automated Ben
07/29/2024			Payment			\$134.67	\$0.00			Patient
						\$1,057.00	\$673.36	\$383.64	\$0.00	
			Account Total:			\$1,057.00	\$673.36	\$383.64	\$0.00	

ELECTRONIC REPRODUCTION OF EXPLANATION OF BENEFITS

Automated Benefit Services
P O Box 37705
OAK PARK, MI 48237

REMITTANCE
NOTICE

PRACTICE NAME: ISOMM LLC DBA OPEN MRI MT PLEASANT
PRACTICE NPI: 1871886952

RENDERING DOCTOR PROVIDER #:
RENDERING DOCTOR NPI: 1659347748
CLIENT NAME: SLOCUM, TERRESA
CLIENT ACCT# 97438
PAYMENT DATE: 07/25/2024
Visit Number: MRI160016920240417
POL #: 892005396

SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWD	DEDUCT	COINS	CO-PAY	REAS	ADJ-AMT	PMT-AMT
050324-050324	11	1	73721	RT	\$1,057.00	\$0.00	\$134.67	\$0.00	\$0.00	1	\$383.64	\$538.69
CLAIM TOTALS:					\$1,057.00	\$0.00	\$134.67	\$0.00	\$0.00		\$383.64	\$538.69

EXPLANATION CODE DESCRIPTION:
1 - 1 DEDUCTIBLE APPLIED