BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NATHAN DAHL, RPH,** **Certificate of Registration No. 17735, and** **DAHL'S SPECIALTY PHARMACY OF CARSON, License No. PH03605,** **Respondent.**	**CASE NOS. 21-069-RPH-N** **21-069-PH-N** **STIPULATED FACTS**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondents Respondent Nathan Dahl, R.Ph., Certificate of Registration No. 17735, and Respondent Dahl's Specialty Pharmacy of Carson, License No. PH03605, by and through counsel, William J. Stilling, Esq. **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over this matter because, at the time of the events herein, Respondent Nathan Dahl, R.Ph. (Dahl), Certificate of Registration No. 17735, was a pharmacist registered by the Board, and Respondent Dahl's Specialty Pharmacy of Carson (Dahl's Pharmacy), License No. PH03605, was a pharmacy licensed by the Board.

2. Dahl owned and operated Dahl's Pharmacy at the time of the events herein.

3. On or about February 3, 2021, D.L. was prescribed dalfampridine 5mg to be compounded in capsule form, 120 capsules, to be taken orally, 1 capsule 4x per day, with five (5) refills. The prescription was transmitted to Dahl's Pharmacy and designated as Prescription No. 5070945.

4. Between February 3 and May 12, 2021, each month Dahl compounded, filled and dispensed Prescription No. 5070945, 5mg dalfampridine, 120 capsules, for D.L. D.L. was Dahl's only patient taking dalfampridine during this period of time.

Exhibit 1

5. On or about May 12, 2021, Dahl dispensed Prescription No. 5070945 which contained a mixture of capsules compounded on April 20, 2021, lot #4202021, and May 10, 2021, lot #5102021.

6. Between May 12 and May 23, 2021, D.L. ingested Prescription No. 5070945 as directed by her physician.

7. On or about May 15, 2021, D.L. was taken to the emergency room with symptoms she thought might have resulted from taking dalfampridine. She returned home.

8. On or about May 23, 2021, D.L. was taken to the emergency room and was transported via Care Flight from Carson City to Renown Regional Medical Center.

9. On June 1, 2021, D.L.'s daughter advised Dahl of D.L.'s condition and questioned whether Prescription No. 5070945 was correctly compounded. Dahl stated that he would have the capsules tested.

10. On June 2, 2021, D.L.'s daughter provided Dahl with ten (10) dalfampridine capsules to be tested.

11. On June 3, 2021, Dahl left D.L.'s daughter a voicemail message representing that lab results indicated the correct dosage of 5mg dalfampridine per capsule.

12. On or about June 9, 2021, D.L.'s daughter provided Segedy with fifty (50) dalfampridine capsules from Prescription No. 5070945.

13. Dahl sent and ARL Bio Pharma in Oklahoma (ARL) received 10 (ten) capsules from lot #5102021 on June 16, 2021, for testing.

14. On June 16, 2021, Segedy sent two (2) of the suspect capsules to ARL for a complete assay test of the dalfampridine potency. ARL received those capsules on June 18, 2021.

15. On or about July 12, 2021, the Board received a certificate of analysis from ARL confirming that one of the capsules tested at 19.48 mg of dalfampridine, 4 times the prescribed dosage, and the other capsule contained 5.3439 mg of dalfampridine.

16. Inasmuch as it cannot be determined which batch the high potency capsule came from, lot #4202021 or lot #5102021, Dahl erroneously compounded at least one capsule of the drug on or about April 20, 2021, or May 10, 2021, at 4 times the prescribed dosage.

17. On or about July 21, 2021, Dahl's Pharmacy ceased to do business and permanently closed.

The undersigned parties stipulate to these facts solely for the purpose of the administrative hearing in this matter based on negotiations by counsel to facilitate the efficient conduct of the hearing and in the context of administrative proceedings. The parties do not intend to stipulate to or admit to these facts in any other context or proceeding.

AGREED:

Signed this 15 day of December, 2021

NATHAN DAHL, RPH,
Certificate of Registration No. 17735

Signed this 15 day of December, 2021

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

Signed this 15 day of December, 2021

DAHL'S SPECIALTY PHARMACY OF CARSON, License No. PH03605

APPROVED AS TO FORM AND CONTENT this ___ day of December, 2021

WILLIAM J. STILLING, ESQ.
Counsel for Respondents

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206, Reno, NV 89521
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
• Web Page: bop.nv.gov

Complaint Form

Date: 06/08/2021

Complainant Name: Dalfampridine aka 4-Aminopyridine Compound Error

Address: [redacted] Jobs Peak Drive City, State, Zip: Gardnerville, NV 89460

Telephone Numbers: Home [redacted] Business N/A

Patient Name: D[redacted] L[redacted] Date of Birth: [redacted]

Physician Name: Dr. Timothy Louie Telephone Number: 775-770-3554

Address: 645 N Arlington Ave #655 City, State, Zip: Reno, NV 89503

Drug Prescribed: Dalfampridine Prescription Number: 5070945

Pharmacy Name & Address: Dahls Specialty Pharmacy 1007 N Curry Street Suite C Carson City, NV 89703

Pharmacist/Staff: Nathan Dahl

****

STATEMENT OF COMPLAINT: Type or neatly print your complaint below. Be as concise as possible. Use reverse side if necessary. Make copies and attach any documents you have which support your allegation(s). After completing your statement of complaint, please sign and date it. ***The Board does not have jurisdiction over complaints involving rudeness, customer service and/or pricing/billing disputes.***

I, C[redacted] W[redacted], am writing this complaint on behalf of my mother, D[redacted] L[redacted], who is currently on life support in ICU. On Wednesday 5/12 at 11:42am DeAnna picked up her compounded Dalfampridine (4-Aminoprydine) from Dahls Pharmacy located in Carson City. She did not start the new bottle of medication until Saturday 5/15, ironically the day she had her first episode of overdose like symptoms resulting in being taken by ambulance to the emergency room. She was very confused as to why this had happened, and thought maybe she had taken two of the 5mg capsules a tad too close together. Feeling the best choice would be to not take the full recommended dosage of 5mg pills 4x a day, she continued the week with only taking two 5mg pills 2x a day instead. Throughout the week her walking ability declined, as if the pills could have been making it worse. On Sunday 5/23 she began to feel the same overdose like symptoms prompting my father Lance to take her to the emergency room. There, she went in to convulsions for 2 hours before suffering two seizures and still convulsing afterwards. She was put on life support and careflighted from Gardnerville to Reno. My mother went in to Status Epilepticus (non stop seizures) that was resistant to all medications the hospital tried for days. It wasnt until sedating her with extreme drugs and more days passing that the seizures finally subsided. After trying to figure out the cause of this I decided to contact Dahls Pharmacy. On Tuesday 6/1 I spoke with the owner and pharmacist Nathan and he said that he would send out a pill to be tested and also gave me the ingredients and formulation for the medication. He offered to even come pick up the pills from me.

Please understand that by signing and submitting this form to the Board of Pharmacy, you are authorizing and allowing this Board's staff to access your medical history and records, including pharmacy records, as needed to investigate your complaint. If you would like to limit what the Board's staff can review, you must inform us of those limitations in writing.

Posted 4.22/2021

Exhibit 2

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206, Reno, NV 89521
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
• Web Page: bop.nv.gov

Complaint Form

Date: 06/08/2021

Complainant Name: Dalfampridine aka 4-Aminopyridine Compound Error

Address: [redacted] Jobs Peak Drive City, State, Zip: Gardnerville, NV 89460

Telephone Numbers: Home [redacted] Business N/A

Patient Name: D[redacted] L[redacted] Date of Birth: [redacted]

Physician Name: Dr. Timothy Louie Telephone Number: 775-770-3554

Address: 645 N Arlington Ave #655 City, State, Zip: Reno, NV 89503

Drug Prescribed: Dalfampridine Prescription Number: 5070945

Pharmacy Name & Address: Dahls Specialty Pharmacy 1007 N Curry Street Suite C Carson City, NV 89703

Pharmacist/Staff: Nathan Dahl

****

STATEMENT OF COMPLAINT: Type or neatly print your complaint below. Be as concise as possible. Use reverse side if necessary. Make copies and attach any documents you have which support your allegation(s). After completing your statement of complaint, please sign and date it. ***The Board does not have jurisdiction over complaints involving rudeness, customer service and/or pricing/billing disputes.***

me. Later in the day he left a voicemail message stating that he spoke with the lab and they would need 10 pills, again offering to come to me to retrieve them. Wednesday morning on 6/2 we dropped the pills into Dahl's drop box and later I called to make sure they were received. Nathan said that he would be overnighting them to his lab in Texas and would have results the next day in the afternoon. On Thursday 6/3 Nathan left a voicemail stating that the lab results showed the pills were fine, but that he wanted to get all of the pills back from me to test and would be crediting my mother's account back. He again offered to come to me and retrieve the pills again, sounding adament and somewhat panicked. I called back leaving a message, expressing gratefulness, not realizing that something seemed off said that I would get him the pills on Monday 6/7. I know someone that works at Dahls and Nathan had her send me a text message today 6/8 just before 8am asking when we are going to get the pills to the pharmacy. He also had her message me another day to call him back. All of this seems off and has been making my father and I rather uncomfortable. Upon researching the medication I came across an NIH study of a woman whose dalfampridine, that was supposed to be 10mg, was compounded incorrectly at 100mg. All of her symptoms, trauma, hospitalization, etc. was like reading about every single thing my mother has gone through. At this time, a tracheostomy vent was placed yesterday and a stomach tube is being placed today. Tonight marks 16 days of unbearable tragedy for our family, and we need answers as to why this happened to her. I want to express gratitude ahead of time to everyone who will be

Please understand that by signing and submitting this form to the Board of Pharmacy, you are authorizing and allowing this Board's staff to access your medical history and records, including pharmacy records, as needed to investigate your complaint. If you would like to limit what the Board's staff can review, you must inform us of those limitations in writing.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206, Reno, NV 89521
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
• Web Page: bop.nv.gov

Complaint Form

Date: 06/08/2021

Complainant Name: Dalfampridine aka 4-Aminopyridine Compound Error

Address: [redacted] Jobs Peak Drive City, State, Zip: Gardnerville, NV 89460

Telephone Numbers: Home [redacted] Business N/A

Patient Name: D[redacted] L[redacted] Date of Birth: [redacted]

Physician Name: Dr. Timothy Louie Telephone Number: 775-770-3554

Address: 645 N Arlington Ave #655 City, State, Zip: Reno, NV 89503

Drug Prescribed: Dalfampridine Prescription Number: 5070945

Pharmacy Name & Address: Dahls Specialty Pharmacy 1007 N Curry Street Suite C Carson City, NV 897[illegible]

Pharmacist/Staff: Nathan Dahl

****

STATEMENT OF COMPLAINT: Type or neatly print your complaint below. Be as concise as possible. Use reverse side if necessary. Make copies and attach any documents you have which support your allegation(s). After completing your statement of complaint, please sign and date it. ***The Board does not have jurisdiction over complaints involving rudeness, customer service and/or pricing/billing disputes.***

Nathan said that he would be overnighting them to his lab in Texas and would have results the next day in the afternoon. On Thursday 6/3 Nathan left a voicemail stating that the lab results showed the pills were fine, but that he wanted to get all of the pills back from me to test and would be crediting my mother's account back. He again offered to come to me and retrieve the pills again, sounding adament and somewhat panicked. I called back leaving a message, expressing gratefulness, not realizing that something seemed off said that I would get him the pills on Monday 6/7. I know someone that works at Dahls and Nathan had her send me a text message today 6/8 just before 8am asking when we are going to get the pills to the pharmacy. He also had her message me another day to call him back. All of this seems off and has been making my father and I rather uncomfortable. Upon researching the medication I came across an NIH study of a woman whose dalfampridine, that was supposed to be 10mg, was compounded incorrectly at 100mg. All of her symptoms, trauma, hospitalization, etc. was like reading about every single thing my mother has gone through. At this time, a tracheostomy vent was placed yesterday and a stomach tube is being placed today. Tonight marks 16 days of unbearable tragedy for our family, and we need answers as to why this happened to her. I want to express gratitude ahead of time to everyone who will be helping us get these answers. We do not want anyone else to suffer like we have, especially my mother, who at this point, will never be the same again.

Please understand that by signing and submitting this form to the Board of Pharmacy, you are authorizing and allowing this Board's staff to access your medical history and records, including pharmacy records, as needed to investigate your complaint. If you would like to limit what the Board's staff can review, you must inform us of those limitations in writing.

Posted 4/22/2021

Certificate of Analysis

CLIENT : Nevada State Board of Pharmacy
DESCRIPTION : Dalfampridine-4-Aminopyridine
LOT # : Suspected from lot 42021
ARL # : 765171
FORMULATION ID : Not Provided

DATE RECEIVED : 06/18/2021
STORAGE : 20°C to 25°C

Test	Method	Specifications	Results	Date Tested
Assay - 4-Aminopyridine	HPLC	Report Result	389.5% (19.4765mg / 1Capsule)	07/09/2021

Notes

The potency method(s) used for testing passed system suitability requirements per ARL SOP AMP-012 for non-cGMP analysis. Product specific method validation is not available for this sample and specification(s) are for informational purposes only. Client should verify the specification and analyte reported are correct for the compounded formulation.

Katie Coats - Chemist II

07/12/2021
Date

21-069 - ARL Test Results Dahls004

Certificate of Analysis

CLIENT : Nevada State Board of Pharmacy
DESCRIPTION : Dalfampridine-4-Aminopyridine
LOT # : Suspected from lot 5102021
ARL # : 765182
FORMULATION ID : Not Provided

DATE RECEIVED : 06/18/2021
STORAGE : 20°C to 25°C

Test	Method	Specifications	Results	Date Tested
Assay - 4-Aminopyridine	HPLC	Report Result	106.9% (5.3439mg / 1Capsule)	07/08/2021

Notes

The potency method(s) used for testing passed system suitability requirements per ARL SOP AMP-012 for non-cGMP analysis. Product specific method validation is not available for this sample and specification(s) are for informational purposes only. Client should verify the specification and analyte reported are correct for the compounded formulation.

Katie Coats - Chemist II

07/12/2021
Date

DI-H2O NOT Test Results

Statement of Events

I received a phone call from D[redacted] L[redacted] daughter, C[redacted], informing me that D[redacted] had been hospitalized. C[redacted] asked for information about the compounded capsules we dispensed to D[redacted]. I reviewed the log record and prescription record with Christy, explaining each ingredient and what it is used for.

I received a second call from C[redacted] inquiring about the possibility of testing to see what was in the compounded capsules. I told her I knew of a lab that did that type of testing and that we would need at least 10 capsules to send for analysis. I offered to send a delivery driver to collect the capsules. C[redacted] opted to have the capsules dropped off into our afterhours drop box.

I contacted Eagle Labs and asked if they could test for the active chemical. I was told that they could. While we were on the phone, I reviewed the Certificate of Analysis for the active chemical in this compound and the logs of this compound and the compounds we had dispensed in the past. I was told that based on the Certificate of Analysis of the active chemical and based on our logs for the capsules they should be correct. I reached out to C[redacted] and communicated the above information. I followed up our conversation with a voice mail message asking C[redacted] if she would be interested in having all the capsules tested by the lab to ensure the accuracy of every capsule. I did not receive any further communication from C[redacted].

I followed up with Eagle Labs and was told that they would in fact not be able to test the actual capsules, only the raw chemical on its own. After receiving this information, I cancelled the shipment to Eagle Labs.

I began researching to find a lab that would be able to test the individual capsules for the active ingredients. Letco Med provided me with the contact information for ARL Labs. I contacted ARL Labs and was told that they could perform the chemical identity tests on the capsules. I sent all 10 capsules to ARL Labs. At that time, I was told that ARL Labs should be done with testing in one to two days.

Further discussion with ARL Labs determined that the capsules would need to be evaluated by their forensic lab as they had been ingested by a person. I was told that this process would take at least ten days. After asking about expedited testing I was able to shorten the process to five days for an additional fee.

Shortly after finalizing testing details with ARL Labs, I received a phone call from Monica with the Nevada State Board of Pharmacy requesting that I cancel my testing. The Board of Pharmacy was going

21-169 - Dahl Statement

to have the testing performed and we would split the cost. As requested, I contacted ARL Labs and cancelled the testing on the sample I submitted for testing.

Nathan Dahl

Received via email from Nate Dahl on 7/1/2021.

Monica Segedy

Ship Test Articles to: ARL Bio Pharma
840 Research Parkway, Ste. 546
Oklahoma City, OK 73104
(800) 393-1595

6/16/2021

Nevada State Board of Pharmacy
Attn: Monica Segedy
431 West Plumb Lane
Reno, NV 89509
P: (775) 850-1440

Dear Ms. Segedy,

ARL Bio Pharma Inc. is devoted to providing the highest quality analytical work and problem solving available in the industry. This commitment is supported by the implementation of an ISO 17025 compliant system, FDA registration and DEA license. ARL has completed GMP/GLP studies and customized problem solving to over 1,000 clients.

Attached you will find the requested quotation. We appreciate the opportunity to consult with you about your testing needs and look forward to hearing from you. Please feel free to contact me with any questions or comments associated with this proposal or any future work.

Thank you,

Michael Darnaby
Client Services Representative
ARL Bio Pharma
840 Research Parkway, Ste. 546
Oklahoma City, OK 73104
T: 405.271.1144
E: mdarnaby@arlok.com

21-0109 - API Contract ✓

Dahls008

Project Overview

Attempt to identify the major pharmaceutical ingredient in two capsules: one labeled as "Pill Box" in a plastic baggie; one labeled as Dalfampridine 5mg. Quantitative analysis will be performed on each capsule should 4-aminopyridine (Dalfampridine) be identified.

Summary of Charges*

Price	Includes
$3,500	• Chain of Custody • Electronic Documentation of Sample • Analysis • Certificate of Analysis

FOR RESEARCH PURPOSES ONLY – Work conducted under non-cGMP conditions

*Identification and quantification are not guaranteed. Fees will apply regardless of outcome. This work is not intended to be a deformulation. Samples will be disposed of 30 days after the completion of testing. Prior arrangements must be made to return DEA controlled substances to licensed facilities.

Payment Terms
Payment to be made upon receipt of signed quote and material to be tested.

Turnaround Time
10 business days

Sending a signed copy of this quotation to ARL certifies that: (1) all information provided in this quotation is true and correct; (2) you have reviewed the Terms and Conditions attached to this quotation; (3) you agree to be bound by the Terms and Conditions; and (4) if you are submitting this quotation on behalf of a company or other entity, you have the authority to bind that company or entity to the Terms and Conditions.

ARL Bio Pharma, Inc.

840 Research Parkway, Suite 546
Oklahoma City, OK 73104
T: 405.271.1144 F: 405.271.1174
E: mdarnaby@arlok.com
Submitted by:
Michael Darnaby

Date: 6/16/2021

Nevada State Board of Pharmacy
Attn: Monica Segedy
431 West Plumb Lane
Reno, NV 89509
T: (775) 850-1440

Accepted:

_____
Ms. Monica Segedy
Date: _____

Terms and Conditions

Conduct of the Services. ARL Bio Pharma, Inc , an Oklahoma corporation ("ARL") will perform testing, prepare a Certificate of Analysis, and all other services agreed to by ARL and Client (collectively, the "Services") in accordance with generally prevailing industry standards of professional conduct. For non-compendial testing, the specification(s) are for informational purposes only For analytical testing, the analyte is reported as it was calculated to derive the result. Client shall verify that the specification and analyte reported are correct for the formulation For Services to be performed pursuant to a Quote, ARL will perform the Services in accordance with the standards set forth in the Quote For cGMP Services, a Quality Agreement may be executed by Client and ARL in addition to the Quote In such instance, ARL will perform the Services in accordance with the Quote, cGMP, and the Quality Agreement ARL will not be required to perform any Services in accordance with cGMP unless a Quality Agreement exists

ARL makes no representations or warranties regarding the release of any Client product The test results and underlying data of the test results are insufficient to determine whether to release any pharmaceutical products for distribution The test results and underlying data of the test results only relate to the sample that was tested

Test Material. Client is responsible for selecting the samples or other materials ("Test Material") that Client sends to ARL for Services in compliance with all applicable laws, regulations, and rules of the relevant governmental regulatory authorities. Client will provide ARL (at no cost to ARL) sufficient amounts of Test Material necessary to perform each test, as well as such data and other information as may be necessary or useful for ARL to perform the Services and to apprise ARL of the stability, proper storage, and safe handling requirements with respect to the Test Material, including a Safety Data Sheet (SDS) or equivalent documentation Client will promptly send to ARL any additional Test Material requested by ARL for completion of the Services

Thirty (30) days following the completion of Services, ARL will discard any remaining Test Material unless Client advises ARL prior to the expiration of the thirty (30) day period that Client wants the remaining Test Material returned and provides ARL with instructions and payment for the return of the remaining Test Material. Client will not use, nor cause another person or entity to use, any Test Material for human or animal consumption or use

Change in Scope. Client may request a change in scope of any Services, but ARL must agree to such change prior to implementing the change, and ARL may revise the fee for the Services affected by the change in scope

Cancellation of Routine Testing. Client may cancel a routine test at any time prior to ARL's commencement of the routine test In such event, ARL, in its sole discretion, may charge a cancellation fee of $20 per canceled test for any testing canceled by the Client after ARL's receipt of the relevant Test Material

Cancellation of On-Going Studies. Client may cancel any on-going studies performed by ARL at any time without cause upon fifteen (15) business days prior written notice to ARL. In such event, Client shall pay ARL for all Services rendered through the effective date of termination, together with any additional expenses incurred by ARL in connection with the termination of the study, including those which were previously committed to by ARL for completion of the study

Personnel. To the best of ARL's knowledge, none of its employees who will participate in testing have been debarred, or are under consideration to be debarred, by the Food and Drug Administration from working in or providing Services to any pharmaceutical or biotechnology company under the Generic Drug Enforcement Act of 1992, as amended

Inspections. Once per year, upon thirty (30) days advance notice to ARL, Client or its designated representative, if such representative is reasonably acceptable to ARL, may visit ARL's facilities to observe the testing The visit must be during normal business hours and occur at a mutually agreeable time

Test Records and Reports. ARL will keep complete and accurate records of each test for five (5) years after completion of the test

Fees. Client shall promptly pay all fees for services when due and payable All payments must be in US Dollars If Client requests a rush for the performance of any Service, ARL may in its sole discretion, add a surcharge to the rushed Services
For Services not specified in a Quote, such as routine testing, each new Client must prepay all charges for at least sixty (60) days after commencing business with ARL in order to establish a purchase history Prepayments can be made via check, credit card, or wire transfer After the sixty (60) day period, Client may request a credit review Once ARL establishes a credit limit for Client, ARL will invoice Client for Services and Client must pay each invoice within fifteen (15) days of the date of the invoice

For Services performed pursuant to a Quote, Client must pay the amounts specified in the Quote The pricing of each Quote is valid for ninety (90) days from the date of the Quote Client shall pay all invoices and other amounts due under the Quote within thirty (30) days of receipt of the relevant invoice unless otherwise specified in the Quote Any changes in the fees must be mutually agreed to by the parties in a written amendment to the Quote

All fees for all Services, whether or not performed pursuant to a Quote, must be paid by the applicable due date All fees not paid will bear interest at a rate of one and one-half percent (1 5%) per month from the applicable due date until paid If Client does not pay each invoice when due, ARL may elect to suspend any Services, including, but not limited to, any testing that may be in progress, delaying the start of new testing, and withholding reports or other deliverables

Additionally, Client shall reimburse ARL for all costs related to collection of unpaid fees, including reasonable attorneys' fees and costs

Subcontractors. ARL may outsource or use contractors for any or all Services

Confidentiality. If the parties have executed a confidentiality agreement prior to the commencement of Services, that confidentiality agreement will control the disclosure of confidential information between the parties through the performance of Services If the parties have not executed such an agreement, these Terms and Conditions control the exchange of Confidential Information between the Parties

In the event there is no confidentiality agreement between the parties, the parties anticipate that they may exchange proprietary and confidential information (the "Confidential Information") related to the performance of Services All Confidential Information must be identified in writing as confidential Each party will use commercially reasonable efforts to maintain the other party's Confidential Information in confidence and will employ reasonable procedures to prevent its unauthorized publication or disclosure to third parties No party may use the other party's Confidential Information for any purpose other than performance of the Services

Warranties. Client warrants that it owns all rights, title, and interest in and to all Test Material and intellectual property related thereto, and that ARL's use of any and all such Test Material in connection with the Services does not infringe any copyrights, patent rights, trade secrets, or other intellectual property rights of any third party Client also warrants that it will comply with all applicable laws, regulations, and rules of the relevant governmental regulatory authorities related to the sale, distribution, final product release, or other use of any Test Material

ARL warrants to Client that all Services provided to Client will be in accordance with generally prevailing industry standards of professional conduct and comply with all applicable laws, regulations, and rules of the relevant governmental regulatory authorities If Services are performed pursuant to a Quote, ARL also warrants that the Services will conform to the specifications in the Quote These warranties of ARL are made only to Client, are not transferable, and do not extend to the benefit of any other person or entity OTHER THAN THE FOREGOING WARRANTIES, THE SERVICES ARE SOLD AND PROVIDED "AS IS," WITHOUT WARRANTY OF ANY KIND, WHETHER STATUTORY, EXPRESS, OR IMPLIED THE WARRANTIES PROVIDED IN THIS PARAGRAPH ARE ARL'S SOLE AND EXCLUSIVE WARRANTIES WITH RESPECT TO THE SERVICES AND IN LIEU OF ALL OTHER WARRANTIES, WHETHER STATUTORY, EXPRESS, OR IMPLIED ALL OTHER WARRANTIES ARE EXPRESSLY DISCLAIMED, INCLUDING, WITHOUT LIMITATION, ANY IMPLIED WARRANTY OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, NON-INFRINGEMENT, AND RESULTS OBTAINED (INCLUDING, WITHOUT LIMITATION, ANY CLAIM OF INACCURATE, INVALID, OR INCOMPLETE RESULTS), WHETHER ARISING BY STATUTE, OTHER SOURCES OF LAW, OR FROM COURSE OF PERFORMANCE OR DEALING, OR USAGE OF TRADE

Limitation of Liability. ARL WILL NOT BE LIABLE FOR PENALTIES OR LIQUIDATED DAMAGES, OR SPECIAL, INDIRECT, INCIDENTAL, CONSEQUENTIAL, COLLATERAL, PUNITIVE, EXEMPLARY, OR OTHER DAMAGES OR LOSSES OF ANY TYPE OR KIND (INCLUDING, WITHOUT LIMITATION, LOSS OF USE AND LOST PROFITS) REGARDLESS OF WHETHER ANY SUCH LOSSES OR DAMAGES ARE CHARACTERIZED AS ARISING FROM BREACH OF CONTRACT, BREACH OF WARRANTY, TORT STRICT LIABILITY, OR OTHERWISE, EVEN IF ARL IS ADVISED OF THE POSSIBILITY OF SUCH LOSSES OR DAMAGES, OR SUCH LOSSES OR DAMAGES ARE FORESEEABLE

NOTWITHSTANDING ANYTHING TO THE CONTRARY IN THESE TERMS AND CONDITIONS, CLIENT'S SOLE AND EXCLUSIVE REMEDY FOR ARL'S BREACH OF WARRANTIES SET FORTH IN THESE TERMS AND CONDITIONS WILL BE, AT ARL'S SOLE AND ABSOLUTE DISCRETION, (i) RE-PERFORMANCE OF THE SERVICES AFFECTED BY THE BREACH OF WARRANTY AT ARL'S SOLE COST AND EXPENSE, OR (ii) REFUND OF THE SERVICE FEES PAID TO ARL BY CLIENT FOR THE SERVICES AFFECTED BY THE BREACH OF WARRANTY FOR ALL OTHER CLAIMS ASSERTED BY CLIENT AGAINST ARL RELATED TO THE SERVICES, THE APPLICABLE QUOTE (IF ANY), OR THESE TERMS AND CONDITIONS (INCLUDING CLAIMS FOR INDEMNIFICATION), ARL'S MAXIMUM LIABILITY FOR ANY DAMAGES OR LOSSES, REGARDLESS OF THE FORM OF ACTION OR PROCEEDING, WILL NOT EXCEED THE TOTAL SERVICE FEES PAID BY CLIENT FOR THE SERVICES GIVING RISE TO THE DAMAGES OR LOSSES

Indemnification. Subject to the Limitation of Liability contained herein, ARL shall indemnify Client and its respective directors, officers, employees, and agents (collectively, the "Client Indemnitees") from and against any losses, damages, fines, and liabilities, including attorney fees and litigation expenses (collectively, "Damages"), incurred by the Client Indemnitees as a result of any third-party claims, demands, suits, actions, or causes of action (collectively, "Claim") arising from (i) ARL's breach, violation, non-compliance, or non-performance of these Terms and Conditions or Quote (if applicable), and (ii) ARL's gross negligence or willful misconduct in the performance of Services ARL will pay any Damages subject to the Limitation of Liability set forth herein which, by final judgment, after exhaustion of all reasonable appeals, may be assessed against the Client Indemnitees in connection therewith

Client shall indemnify and defend ARL and its respective directors, officers, employees, and agents (together, the "ARL Indemnitees") from and against any third-party Claim, and any Damages resulting from such Claim, against an ARL Indemnitees arising from (i) Client's breach, violation, non-compliance, or non-performance of these Terms and Conditions or Quote (if applicable), (ii) Client's gross negligence or willful misconduct, (iii) the marketing, labeling, recall, manufacture, distribution, use, sale, or other disposition by Client or any distributor, customer, sublicensee, or representative of Client, of any Test Material, product, process, technology, or other material or information that Client provides to ARL (collectively, the "Client Supplied Materials and Technology"), (iv) any assertion that the Client Supplied Materials and Technology or an ARL Indemnitee's use of the Client Supplied Materials and Technology infringes the know-how, trade secrets, patent rights, copyrights, or other intellectual property rights or confidential information rights of a third party If Client breaches its duty to defend an ARL Indemnitee against such a third-party Claim, Client shall reimburse that ARL Indemnitee for the reasonable attorney fees and litigation expenses incurred by that ARL Indemnitee in defending the Claim, and the reasonable attorney fees and litigation expenses incurred in recouping the defense attorney fees and litigation expenses from Client

Ownership. ARL will exclusively own all techniques, methods, processes, models, tools, assays, test results, and the underlying data of the test results that are developed, generated, conceived, or utilized in the performance of the Services

Licenses. Client grants to ARL a non-exclusive, irrevocable, fully paid-up, worldwide license (including the right to sublicense to any subcontractor for that subcontractor's performance of any Services) to use and duplicate any proprietary technology and Test Material disclosed to ARL solely to the extent necessary to perform the Services

ARL grants to Client a non-exclusive, irrevocable, fully paid-up, worldwide license (including the right to sublicense) to use, duplicate, and disseminate the test results and underlying data of the test results that are disclosed by ARL to Client in connection with the Services

Controlling Terms. In the event that there is any conflict between these Terms and Conditions and the Quote, the terms in the Quote will apply

Independent Contractor. The business relationship of the parties is that of independent contractors and not of partners, joint venturers, employers, employees, or any similar kind of relationship

Force Majeure ARL will not be liable for any delay or failure of performance, including, without limitation, failure to perform a Service, where such delay or failure arises or results from any cause beyond ARL's reasonable control, including, but not limited to, flood, fire, explosion, natural catastrophe, military operations, war, computer or other equipment failure, severe weather, earthquake, tornado, or other act of God, power loss or reduction, labor disputes of any kind (whether relating to its own employees or others), embargos, governmental regulation, or an inability or delay in obtaining materials In the event of any such delay or failure of performance, ARL will have additional time to perform the Services as reasonably necessary under the circumstances

Applicable Law, Jurisdiction, and Venue. The Services, these Terms and Conditions, and any applicable Quote are governed by, and construed in accordance with, the laws of the State of Oklahoma, USA, without regard to any choice of law principle that would dictate the application of the law of another jurisdiction. Venue of all disputes regarding the Services, these Terms and Conditions, or an applicable Quote must be brought in the District Court for the State of Oklahoma, Oklahoma County Each party waives any right to or option for a trial by jury

Shortened Statute of Limitations. Any claim against ARL for breach of warranty, or any other claim related to the Services, a Quote, or these Terms and Conditions (including a claim for indemnification), must be brought within one (1) year from the date the cause of action arose

Entire Agreement. These Terms and Conditions and the Quote (if any) constitute the complete, final, and exclusive expression of the agreement between the parties, superseding any and all previous agreements and understandings, whether oral or written

Modification and Waiver. No modification or waiver of the provisions of these Terms and Conditions or a Quote will be valid or binding on either party unless set forth in a writing signed by both parties. No waiver of any term, right, or condition of these Terms and Conditions or a Quote may be construed or deemed to be a waiver or continuing waiver of any such term, right, or condition on any subsequent occasion, or a waiver of any other term, right, or condition

Severability If any of the provisions of these Terms and Conditions or an applicable Quote are deemed to be invalid or prohibited under applicable law, such provisions will be ineffective to the extent of such invalidity or prohibition, without invalidating the remainder of such provision or the remaining provisions of these Terms and Conditions or the Quote

Voluntary Agreement Each party represents that they have carefully read and understand all provisions, terms, and aspects of these Terms and Conditions and the applicable Quote (if any), and have knowingly and voluntarily agreed to be bound by them Each party also represents that they have had the opportunity to review these Terms and Conditions and the applicable Quote (if any) with legal counsel of such party's choice

Revised 6/2018

PCCA

9901 S. Wilcrest Drive
Houston, TX 77099-5132
800.331.2498 | pccarx.com

INVOICE

Invoice: I2713362 Page: 1 of 1

Invoice Date:	08/17/20	Print Date:	08/17/20
Order Date:	08/17/20	Ship Date:	08/17/20
Sales Order:	2689346	PO Number:	
BOL:	7169974		
Ship Via:			
Credit Terms:	10P		
Salesperson:	00060034 00060075		

SOLD TO: 00014667

SHIP TO: **14667-1** *DEA:* **FD5763203**

DAHL'S PHARMACY OF FERNLEY
NATHAN DAHL
P.O. BOX 5160
FALLON, NV 89407
UNITED STATES OF AMERICA

DAHL'S PHARMACY OF FERNLEY
NATHAN DAHL
805 EAST MAIN ST.
FERNLEY, NV 89408
UNITED STATES OF AMERICA

Thank you for being a member.
Total Savings: 0.00

Item #	UM	Description	Shipped	B/Ord	Price	Total Discount	Total Net
50-5030-10	GM	DALFAMPRIDINE USP(4-AMINOPYRIDINE)	1.0	0.0	210.00	0.00	210.00

Site: LV

Product Savings: 0.00

Please remit to

PCCA
PO Box 734687
Dallas, TX 75373-4687

Billing questions call 1-800-221-8768

Invoice #:	I2713362	Net Line Total:	210.00
Cust #:	00014667	Freight:	9.89
		Freight Discount:	0.00
		Sales Tax/GST:	0.00
		USD INVOICE TOTAL:	**219.89**

You are responsible for properly disclosing and appropriately reflecting all discounts and price reductions in cost reports and claims submitted to federal health care programs (including Medicare and Medicaid) and other reimbursing agencies, for maintaining documentation and records of such discounts and price reductions, and for providing such records to government representatives on request, in accordance with all applicable laws and regulations. The prices shown on this invoice may be subject to subsequent rebates.

21-069 Dalfampridine Invoice ✓

PCCA

9901 S. Wilcrest Drive
Houston, TX 77099-5132
800.331.2498 | pccarx.com

INVOICE

Invoice: I2713362 Page: 1 of 1

Invoice Date:	08/17/20	Print Date:	08/17/20
Order Date:	08/17/20	Ship Date:	08/17/20
Sales Order:	2689346	PO Number:	
BOL:	7169974		
Ship Via:			
Credit Terms:	10P		
Salesperson:	00060034 00060075		

SOLD TO: 00014667

SHIP TO: **14667-1** *DEA:* **FD5763203**

DAHL'S PHARMACY OF FERNLEY
NATHAN DAHL
P.O. BOX 5160
FALLON, NV 89407
UNITED STATES OF AMERICA

DAHL'S PHARMACY OF FERNLEY
NATHAN DAHL
805 EAST MAIN ST.
FERNLEY, NV 89408
UNITED STATES OF AMERICA

Thank you for being a member.
Total Savings: 0.00

Item #	UM	Description	Shipped	B/Ord	Price	Total Discount	Total Net
50-5030-10	GM	DALFAMPRIDINE USP(4-AMINOPYRIDINE)	1.0	0.0	210.00	0.00	210.00

Site: LV

Product Savings: 0.00

Please remit to

PCCA
PO Box 734687
Dallas, TX 75373-4687

Billing questions call 1-800-221-8768

Invoice #:	I2713362	Net Line Total:	210.00
Cust #:	00014667	Freight:	9.89
		Freight Discount:	0.00
		Sales Tax/GST:	0.00
		USD INVOICE TOTAL:	**219.89**

You are responsible for properly disclosing and appropriately reflecting all discounts and price reductions in cost reports and claims submitted to federal health care programs (including Medicare and Medicaid) and other reimbursing agencies, for maintaining documentation and records of such discounts and price reductions, and for providing such records to government representatives on request, in accordance with all applicable laws and regulations. The prices shown on this invoice may be subject to subsequent rebates.

21-049 Dalfampridine Invoice ✓ Dahls0014

Filled 5/10/21
Rx 5070945

DALFAMPRIDINE (4-AMINOPYRIDINE) 5MG SLOW RELEASE #1 CAPSULES 5 MG CAPSULE

Lot 04202021@2 use
Lot 05102021@6 use

Tall Man:
Flavor:
Description:
Schedule: 4902
Active ☑
Formula ID: 4902
Log ID: 21396

Quantity made: 100 CAPS
Batch yield: 100.000
Qty remaining: 100.000
PCCA ID:
Route of admin:

Date made: 5/10/2021
Lot number: 05102021@6
Beyond use date: November 6, 2021 2:28 PM
180 days after compounding date
Pharmacist: NATHAN DAHL
Technician: - <NONE>
NDC1:
Packaging:
Equipment:

Pricing calculations from the log
Estimated price $30.00 as of
Time to make: 0

Labeling:
Stability information:

	Ingredients	Sch.	Quantity used	QS (Balance)
1	DALFAMPRIDINE USP POWDER Lot #: C195858 Chemical Code: Mfg: Purity: Volume: Potency: Balance:		0.5 GMS Exp. date: 3/31/2025 QS amount: Bar code checked: ☑ Each CAPS contains 0.005 GMS or 0.5% NDC:	☐ 0.500 g Whisr: AWP: $0.00 CheminvID: 1386
2	METHOCEL E4M PREMIUM (HYPROMELLOSE USP) Lot #: 149262/E Mfg: MEDISCA Chemical Code: Volume: Potency: Purity: Balance:	L	10 GMS Exp. date: 7/31/2022 QS amount: Bar code checked: ☑ Each CAPS contains 0.1 GMS or 10% NDC: 51927-1188-00	☐ 10.001 g Whisr: MEDISCA AWP: $26.00 CheminvID: 1346
3	AVICEL PH-105 POWDER Lot #: 1805020016 Mfg: Chemical Code: Volume: Potency: Purity: Balance:	L	11.5 GMS Exp. date: 2/3/2022 QS amount: Bar code checked: ☑ Each CAPS contains 0.115 GMS or 11.5% NDC: 62991-2007-01	☐ 11.500 g Whisr: LETCO AWP: $9.31 CheminvID: 1275
4	CAPSULE #1-CLEAR LOCKING CAPSULE Lot #: Mfg: Chemical Code: Volume: Potency: Purity: Balance:	L	100 CAPS Exp. date: QS amount: Bar code checked: ☐ Each CAPS contains 1 CAPS or 100% NDC:	☐ 100 CAPS Whisr: AWP: $0.00 CheminvID:

Log Instructions & Notes

New Log Originally made as: 100 DALFAMPRIDINE (4-AMINOPYRIDINE) 5MG SLOW RELEASE #1 CAPSULES 5 MG CAPSULE
Formula ID: 4902
Calculated lot number: 05102021@6 Beyond use date: 11/6/2021
FORMULA INSTRUCTIONS:

1. Add food color to Active (Dalfampridine) and mix with mortar and pestle to ensure all active chemical is a consistent color and completely combined with the food color.

measure out wt of chemical

2. Add Avicel, Methocel, and Acitve (Dalfampridine) to a zip lock bag and seal.

3. Using rolling bar go back and forth over the zip lock bag until all powder is the same color to ensure complete dispersion of active.

Verification process?

4. Dump powder from zip lock bag onto capsule machine and encapsulate using size #1 capsules.

Date entered: 5/10/2021 2:27:59 PM Last modified: 5/10/2021 2:27:59 PM
Checked by: _____ Date: ____

PK software — label — that would go into roller mix

Is there any type of testing or QA after you compound to test the product?

21-N.a Dalfampridine Logs

ogged Formula Worksheet (standard)

1/20/2021 11:31:45 AM
Page 1

Filled 4/19/21
Rx 7070945

ALFAMPRIDINE (4-AMINOPYRIDINE) 5MG SLOW RELEASE #1 CAPSULES 5 MG CAPSULE

Lot 03012021@4 #100
Lot 04202021@2 #20

Tablet:
Flavor:
Description:

Schedule: 4902 Active ☑
Formula ID: 4902
Log ID: 21248

Quantity made: 100 CAPS
Batch yield: 100.000
Qty remaining: 100.000
PCCA ID:
Route of admin:

Date made: 4/20/2021
Lot number: 04202021@2
Beyond use date: November 5, 2020 11:09 AM
180 days after compounding date
Pharmacist: NATHAN DAHL
Technician: - <NONE>
NDC1:
Packaging:
Equipment:

Labeling:
Stability Information:

Pricing calculations from the log
Estimated price $30.00 as of
Time to make: 0

Ingredients	Sch.	Quantity used	QS (Balance)
DALFAMPRIDINE POWDER Lot #: Chemical Code: Mfg: Volume: Potency: Purity: Source:		0.5 GMS Exp. date: QS amount: Bar code checked: ☑ Each CAPS contains 0.005 GMS or 0.5% NDC: ChemInvID:	☐ 0.500 g Whlsr:
METHOCEL (R) E4M PREMIUM CR (HYPROMELLOSE L Lot #: C177547 Chemical Code: Mfg: Volume: Potency: Purity: Source: Bar code checked: ☑ Each CAPS contains 0.1 GMS or 10% NDC: 51927-1188-00 ChemInvID: 1084	L	10 GMS Exp. date: 11/5/2020 QS amount:	☐ 10.002 g Whlsr:
AVICEL PH-105 POWDER Lot #: 1805020018 Chemical Code: Mfg: Volume: Potency: Purity: Source: Bar code checked: ☑ Each CAPS contains 0.115 GMS or 11.5% NDC: 62991-2007-01 ChemInvID: 1275	L	11.5 GMS Exp. date: 2/3/2022 QS amount: AWP: $9.31	☐ 11.500 g Whlsr: LETCO
CAPSULE #1-CLEAR LOCKING CAPSULE Lot #: Chemical Code: Mfg: Volume: Potency: Purity: Source: Bar code checked: ☐ Each CAPS contains 1 CAPS or 100% NDC: ChemInvID:	L	100 CAPS Exp. date: QS amount:	☐ 100 CAPS Whlsr:

Instructions & Notes

New Log Originally made as: 100 DALFAMPRIDINE (4-AMINOPYRIDINE) 5MG SLOW RELEASE #1 CAPSULES 5 MG CAPSULE
Formula ID: 4902
Calculated lot number: 04202021@2 Beyond use date: 10/17/2021
FORMULA INSTRUCTIONS:

1. Add food color to Active (Dalfampridine) and mix with mortar and pestle to ensure all active chemical is a consistent color and completely combined with the food color.

2. Add Avicel, Methocel, and Acitve (Dalfampridine) to a zip lock bag and seal.

3. Using rolling bar go back and forth over the zip lock bag until all powder is the same color to ensure complete dispersion of active.

4. Dump powder from zip lock bag onto capsule machine and encapsulate using size #1 capsules.

Date entered: 4/20/2021 11:09:41 AM Last modified: 4/20/2021 11:31:42 AM
Checked by: _____ Date: 4/19/21

Filled 4/19/21
Rx 5070945
Lot 03012021@4 #100

DALFAMPRIDINE (4-AMINOPYRIDINE) 5MG SLOW RELEASE #1 CAPSULES 5 MG CAPSULE

Tall Man:
Flavor:
Description:
Schedule: 4902
Active ☑
Formula ID: 4902
Log ID: 20906

Quantity made: 100 CAPS
Batch yield: 100.000
Qty remaining: 100.000
PCCA ID:
Route of admin:

Date made: 3/1/2021
Lot number: 03012021@4
Beyond use date: August 28, 2021 1:18 PM
180 days after compounding date
Pharmacist: NATHAN DAHL
Technician: - <NONE>
NDC1:
Packaging:
Equipment:

Pricing calculations from the log
Estimated price $30.00 as of
Time to make: 0

Labeling:
Stability information:

	Ingredients	Sch.	Quantity used	QS (Balance)
1	DALFAMPRIDINE USP POWDER Lot #: C195988 Mfg: Chemical Code: Volume: Potency: Purity: Balance:		0.5 GMS Exp. date: 3/31/2025 QS amount: Bar code checked: ☑ Each CAPS contains 0.005 GMS or 0.5% NDC:	☐ 0.500 g Whlsr: AWP: $0.00 CheminvID: 1386
2	METHOCEL E4M PREMIUM (HYPROMELLOSE USP) Lot #: 149262/E Mfg: MEDISCA Chemical Code: Volume: Potency: Purity: Balance:	L	10 GMS Exp. date: 7/31/2022 QS amount: Bar code checked: ☑ Each CAPS contains 0.1 GMS or 10% NDC: 51927-1186-00	☐ 10.000 g Whlsr: MEDISCA AWP: $26.50 CheminvID: 1346
3	AVICEL PH-105 POWDER Lot #: 1805020016 Mfg: Chemical Code: Volume: Potency: Purity: Balance:	L	11.5 GMS Exp. date: 2/3/2022 QS amount: Bar code checked: ☑ Each CAPS contains 0.115 GMS or 11.5% NDC: 62991-2007-01	☐ 11.500 g Whlsr: LETCO AWP: $9.31 CheminvID: 1275
4	CAPSULE #1-CLEAR LOCKING CAPSULE Lot #: Mfg: Chemical Code: Volume: Potency: Purity: Balance:	L	100 CAPS Exp. date: QS amount: Bar code checked: ☐ Each CAPS contains 1 CAPS or 100% NDC:	☐ 100 caps Whlsr: AWP: $0.00 CheminvID:

Log Instructions & Notes

New Log Originally made as: 100 DALFAMPRIDINE (4-AMINOPYRIDINE) 5MG SLOW RELEASE #1 CAPSULES 5 MG CAPSULE
Formula ID: 4902
Calculated lot number: 03012021@4 Beyond use date: 8/28/2021
FORMULA INSTRUCTIONS:

1. Add food color to Active (Dalfampridine) and mix with mortar and pestle to ensure all active chemical is a consistent color and completely combined with the food color.

2. Add Avicel, Methocel, and Active (Dalfampridine) to a zip lock bag and seal.

3. Using rolling bar go back and forth over the zip lock bag until all powder is the same color to ensure complete dispersion of active.

4. Dump powder from zip lock bag onto capsule machine and encapsulate using size #1 capsules.

Date entered: 3/1/2021 1:16:28 PM Last modified: 3/1/2021 1:18:37 PM
Checked by: _____ Date: ___/___/___

Logged Formula Worksheet (Locked)
3/1/2021 1:18:10 PM
Page 1

Filled 3/1/21
Rx 5070945

DALFAMPRIDINE (4-AMINOPYRIDINE) 5MG SLOW RELEASE #1 CAPSULES 5 MG CAPSULE

Lot 03032021@3 #20
Lot 03012021@3 #100

Tall Man:
Flavor:
Description:

Schedule: 4902 Active ☑
Formula ID: 4902
Log ID: 20904

Quantity made: 100 CAPS
Batch yield: 100.000
Qty remaining: 100.000
PCCA ID:
Route of admin:

Date made: 3/1/2021
Lot number: 03012021@3
Beyond use date: August 28, 2021 12:11 PM
180 days after compounding date
Pharmacist: NATHAN DAHL
Technician: - <NONE>
NDC1:
Packaging:
Equipment:

Pricing calculations from the log
Estimated price $30.00 as of
Time to make: 0

Labeling:
Stability information:

	Ingredients	Sch.	Quantity used	QS* (Balance)
1	DALFAMPRIDINE USP POWDER Lot #: C195688 Chemical Code: Mfg: Purity: Volume: Potency: Balance:		0.5 GMS Exp. date: 3/31/2025 QS amount: Bar code checked: ☑ Each CAPS contains 0.005 GMS or 0.5% NDC:	☐ 0.501 g Whlsr: AWP: $0.00 ChemInvID: 1386
2	METHOCEL E4M PREMIUM (HYPROMELLOSE USP) Lot #: 149282/E Mfg: MEDISCA Chemical Code: Volume: Potency: Purity: Balance:	L	10 GMS Exp. date: 7/31/2022 QS amount: Bar code checked: ☑ Each CAPS contains 0.1 GMS or 10% NDC: 61927-1186-00	☐ 10.001 g Whlsr: MEDISCA AWP: $26.90 ChemInvID: 1346
3	AVICEL PH-105 POWDER Lot #: 1805020016 Mfg: Chemical Code: Volume: Potency: Purity: Balance:	L	11.6 GMS Exp. date: 2/3/2022 QS amount: Bar code checked: ☑ Each CAPS contains 0.115 GMS or 11.5% NDC: 62991-2007-01	☐ 11.500 g Whlsr: LETCO AWP: $9.31 ChemInvID: 1275
4	CAPSULE #1-CLEAR LOCKING CAPSULE Lot #: Mfg: Chemical Code: Volume: Potency: Purity: Balance:	L	100 CAPS Exp. date: QS amount: Bar code checked: ☐ Each CAPS contains 1 CAPS or 100% NDC:	☐ 100 CAPS Whlsr: AWP: $0.00 ChemInvID:

Log Instructions & Notes

New Log Originally made as: 100 DALFAMPRIDINE (4-AMINOPYRIDINE) 5MG SLOW RELEASE #1 CAPSULES 5 MG CAPSULE
Formula ID: 4902
Calculated lot number: 03012021@3 Beyond use date: 8/28/2021
FORMULA INSTRUCTIONS:

1. Add food color to Active (Dalfampridine) and mix with mortar and pestle to ensure all active chemical is a consistent color and completely combined with the food color.

2. Add Avicel, Methocel, and Acitve (Dalfampridine) to a zip lock bag and seal.

3. Using rolling bar go back and forth over the zip lock bag until all powder is the same color to ensure complete dispersion of active.

4. Dump powder from zip lock bag onto capsule machine and encapsulate using size #1 capsules.

Date entered: 3/1/2021 12:10:57 PM Last modified: 3/1/2021 1:18:07 PM
Checked by: _____ Date: ___/___/___

Logged Formula Worksheet (copy)
2/3/2021 11:52:05 AM
Page 1

Filled 2/3/21
Rx 5070945
Lot 12092020D4 #40
Lot 02032021@3 #80

DALFAMPRIDINE (4-AMINOPYRIDINE) 5MG SLOW RELEASE #1 CAPSULES 5 MG CAPSULE

Tall Man:
Flavor:
Description:

Schedule: 4902 Active ☑
Formula ID: 4902
Log ID: 20761

Quantity made: 100 CAPS **Batch yield:** 100.000 **PCCA ID:**
Qty remaining: 100.000 **Route of admin:**

Date made: 2/3/2021
Lot number: 02032021@3
Beyond use date: August 2, 2021 11:46 AM
180 days after compounding date
Pharmacist: NATHAN DAHL
Technician:
NDC1:
Packaging:
Equipment:
Labelling:
Stability information:

Pricing calculations from the log
Estimated price $30.00 as of
Time to make: 0

	Ingredients	Sch.	Quantity used	QS (Balance)
1	DALFAMPRIDINE USP POWDER Lot #: C195989 Chemical Code: Mfg: Volume: Potency: Purity: Balance:		0.5 GMS Exp. date: 3/31/2025 QS amount:	☐ 0.500 g Whlsr: AWP: $0.00 Bar code checked: ☑ Each CAPS contains 0.005 GMS or 0.5% NDC: CheminvID: 1386
2	METHOCEL E4M PREMIUM (HYPROMELLOSE USP) Lot #: 149282/E Chemical Code: Mfg: MEDISCA Volume: Potency: Purity: Balance:	L	10 GMS Exp. date: 7/31/2022 QS amount:	☐ 10.002 g Whlsr: MEDISCA AWP: $26.90 Bar code checked: ☑ Each CAPS contains 0.1 GMS or 10% NDC: 51827-1186-00 CheminvID: 1346
3	AVICEL PH-105 POWDER Lot #: 1805020018 Chemical Code: Mfg: Volume: Potency: Purity: Balance:	L	11.5 GMS Exp. date: 2/3/2022 QS amount:	☐ 11.501 g Whlsr: LETCO AWP: $9.31 Bar code checked: ☑ Each CAPS contains 0.115 GMS or 11.5% NDC: 62991-2007-01 CheminvID: 1275
4	CAPSULE #1-CLEAR LOCKING CAPSULE Lot #: Chemical Code: Mfg: Volume: Potency: Purity: Balance:	L	100 CAPS Exp. date: QS amount:	☐ 100 Caps Whlsr: AWP: $0.00 Bar code checked: ☐ Each CAPS contains 1 CAPS or 100% NDC: CheminvID:

Log Instructions & Notes

New Log Originally made as: 100 DALFAMPRIDINE (4-AMINOPYRIDINE) 5MG SLOW RELEASE #1 CAPSULES 5 MG CAPSULE
Formula ID: 4902
Calculated lot number: 02032021@3 Beyond use date: 8/2/2021
FORMULA INSTRUCTIONS:

1. Add food color to Active (Dalfampridine) and mix with mortar and pestle to ensure all active chemical is a consistent color and completely combined with the food color.

2. Add Avicel, Methocel, and Active (Dalfampridine) to a zip lock bag and seal.

3. Using rolling bar go back and forth over the zip lock bag until all powder is the same color to ensure complete dispersion of active.

4. Dump powder from zip lock bag onto capsule machine and encapsulate using size #1 capsules.

Date entered: 2/3/2021 11:46:35 AM Last modified: 2/3/2021 11:46:35 AM
Checked by: _____ Date: _____

Logged Formula Worksheet (standard)
12/9/2020 2:37:59 PM
Page 1

Filled 12/7/20
Rx 163266
Lot 11052020@5 #60
Lot 12092020@4 #60

DALFAMPRIDINE (4-AMINOPYRIDINE) 5MG SLOW RELEASE #1 CAPSULES 5 MG CAPSULE

Tall Man:
Flavor:
Description:

Schedule: 4902 Active ☑
Formula ID: 4902
Log ID: 20422

Quantity made: 100 CAPS
Batch yield: 100.000
Qty remaining: 100.000
PCCA ID:
Route of admin:

Date made: 12/9/2020
Lot number: 12092020@4
Beyond use date: June 7, 2021 12:36 PM
180 days after compounding date
Pharmacist: NATHAN DAHL
Technician:
NDC1:
Packaging:
Equipment:

Pricing calculations from the log
Estimated price $30.00 as of
Time to make: 0

Labeling:
Stability information:

	Ingredients	Sch.	Quantity used	QS* (Balance)
1	DALFAMPRIDINE USP POWDER Lot #: C195998 Mfg: Chemical Code: Volume: Potency: Purity: Balance:		0.5 GMS Exp. date: 3/31/2025 QS amount: Bar code checked: ☑ Each CAPS contains 0.005 GMS or 0.5% NDC:	☐ 0.501 g Whlsr: AWP: $0.00 ChemInvID: 1386
2	METHOCEL E4M PREMIUM (HYPROMELLOSE USP) Lot #: 149282/E Mfg: MEDISCA Chemical Code: Volume: Potency: Purity: Balance:	L	10 GMS Exp. date: 7/31/2022 QS amount: Bar code checked: ☑ Each CAPS contains 0.1 GMS or 10% NDC: 51927-1186-00	☐ 10.001 g Whlsr: MEDISCA AWP: $26.90 ChemInvID: 1340
3	AVICEL PH-105 POWDER Lot #: 1805020016 Mfg: Chemical Code: Volume: Potency: Purity: Balance:	L	11.5 GMS Exp. date: 2/3/2022 QS amount: Bar code checked: ☑ Each CAPS contains 0.115 GMS or 11.5% NDC: 62991-2007-01	☐ 11.501 g Whlsr: LETCO AWP: $9.31 ChemInvID: 1275
4	CAPSULE #1-CLEAR LOCKING CAPSULE Lot #: Mfg: Chemical Code: Volume: Potency: Purity: Balance:	L	100 CAPS Exp. date: QS amount: Bar code checked: ☐ Each CAPS contains 1 CAPS or 100% NDC:	☐ 100 Caps Whlsr: AWP: $0.00 ChemInvID:

Log Instructions & Notes

New Log. Originally made as: 100 DALFAMPRIDINE (4-AMINOPYRIDINE) 5MG SLOW RELEASE #1 CAPSULES 5 MG CAPSULE
Formula ID: 4902
Calculated lot number: 12092020@4 Beyond use date: 6/7/2021
FORMULA INSTRUCTIONS:

1. Add food color to Active (Dalfampridine) and mix with mortar and pestle to ensure all active chemical is a consistent color and completely combined with the food color.

2. Add Avicel, Methocel, and Acitve (Dalfampridine) to a zip lock bag and seal.

3. Using rolling bar go back and forth over the zip lock bag until all powder is the same color to ensure complete dispersion of active.

4. Dump powder from zip lock bag onto capsule machine and encapsulate using size #1 capsules.

Date entered: 12/9/2020 12:36:22 PM Last modified: 12/9/2020 12:36:22 PM
Checked by: _____ Date: __/__/__

Logged Formula Worksheet (standard)

11/5/2020 2:33:27 PM
Page 1

Filled 10/29/20
Rx 1613266
Lot 09232020@5 #60
Lot 11052020@5 #60

DALFAMPRIDINE (4-AMINOPYRIDINE) 5MG SLOW RELEASE #1 CAPSULES 5 MG CAPSULE

Tall Man:
Flavor:
Description:

Schedule: 4902 Active ☑
Formula ID: 4902
Log ID: 20184

Quantity made: 100 CAPS
Batch yield: 100.000
Qty remaining: 100.000
PCCA ID:
Route of admin:

Date made: 11/5/2020
Lot number: 11052020@5
Beyond use date: May 4, 2021 2:02 PM
180 days after compounding date
Pharmacist: NATHAN DAHL
Technician:
NDC1:
Packaging:
Equipment:

Pricing calculations from the log
Estimated price $30.00 as of
Time to make: 0

Labeling:
Stability Information:

	Ingredients	Sch.	*Quantity used*	*QS (Balance)*
1	DALFAMPRIDINE USP POWDER Lot #: C195986 Mfg: Chemical Code: Volume: Purity: Potency: Balance:		0.5 GMS Exp. date: 3/31/2025 QS amount: Bar code checked: ☑ Each CAPS contains 0.005 GMS or 0.5% NDC:	☐ 0.500 g Whlsr: AWP: $0.00 CheminvID: 1386
2	METHOCEL E4M PREMIUM (HYPROMELLOSE USP) Lot #: 149262/E Mfg: MEDISCA Chemical Code: Volume: Purity: Potency: Balance:	L	10 GMS Exp. date: 7/31/2022 QS amount: Bar code checked: ☑ Each CAPS contains 0.1 GMS or 10% NDC: 51927-1185-00	☐ 10.001 g Whlsr: MEDISCA AWP: $26.90 CheminvID: 1348
3	AVICEL PH-105 POWDER Lot #: 1805020016 Mfg: Chemical Code: Volume: Purity: Potency: Balance:	L	11.5 GMS Exp. date: 2/3/2022 QS amount: Bar code checked: ☑ Each CAPS contains 0.115 GMS or 11.5% NDC: 62991-2007-01	☐ 11.501 g Whlsr: LETCO AWP: $9.31 CheminvID: 1275
4	CAPSULE #1-CLEAR LOCKING CAPSULE Lot #: Mfg: Chemical Code: Volume: Purity: Potency: Balance:	L	100 CAPS Exp. date: QS amount: Bar code checked: ☐ Each CAPS contains 1 CAPS or 100% NDC:	☐ 100 caps Whlsr: AWP: $0.00 CheminvID:

Log Instructions & Notes

New Log Originally made as: 100 DALFAMPRIDINE (4-AMINOPYRIDINE) 5MG SLOW RELEASE #1 CAPSULES 5 MG CAPSULE
Formula ID: 4902
Calculated lot number: 11052020@5 Beyond use date: 5/4/2021
FORMULA INSTRUCTIONS:

1. Add food color to Active (Dalfampridine) and mix with mortar and pestle to ensure all active chemical is a consistent color and completely combined with the food color.

2. Add Avicel, Methocel, and Acitve (Dalfampridine) to a zip lock bag and seal.

3. Using rolling bar go back and forth over the zip lock bag until all powder is the same color to ensure complete dispersion of active.

4. Dump powder from zip lock bag onto capsule machine and encapsulate using size #1 capsules.

Date entered: 11/5/2020 2:02:52 PM Last modified: 11/5/2020 2:02:52 PM
Checked by: _____ Date: __/__/__

Logged Formula Worksheet (standard)
9/23/2020 3:29:17 PM
Page 1

Filled 9/22/20
Rx 1613266

DALFAMPRIDINE (4-AMINOPYRIDINE) 5MG SLOW RELEASE #1 CAPSULES 5 MG CAPSULE

Lot 08022020@3 #20
Lot 09232020@5 #40

Tall Man:
Flavor:
Description:
Schedule: 4902
Active ☑
Formula ID: 4902
Log ID: 19808

Quantity made: 100 CAPS
Batch yield: 100.000
Qty remaining: 100.000
PCCA ID:
Route of admin:

Date made: 9/23/2020
Lot number: 09232020@5
Beyond use date: March 22, 2021 3:09 PM
180 days after compounding date
Pharmacist: NATHAN DAHL
Technician:
NDC1:
Packaging:
Equipment:

Pricing calculations from the log
Estimated price $30.00 as of
Time to make: 0

Labeling:
Stability information:

	Ingredients	Sch.	Quantity used	QS* (Balance)
1	DALFAMPRIDINE USP POWDER Lot #: C195868 Mfg: Chemical Code: Volume: Potency: Purity: Balance:		0.5 GMS Exp. date: 3/31/2025 QS amount: Bar code checked: ☑ Each CAPS contains 0.005 GMS or 0.5% NDC:	☐ 0.501 g Whlsr: AWP: $0.00 ChemInvID: 1366
2	METHOCEL E4M PREMIUM (HYPROMELLOSE USP) Lot #: 149282/E Mfg: MEDISCA Chemical Code: Volume: Potency: Purity: Balance:	L	10 GMS Exp. date: 7/31/2022 QS amount: Bar code checked: ☑ Each CAPS contains 0.1 GMS or 10% NDC: 51927-1186-00	☐ 10.001 g Whlsr: MEDISCA AWP: $26.90 ChemInvID: 1340
3	AVICEL PH-105 POWDER Lot #: 1805220016 Mfg: Chemical Code: Volume: Potency: Purity: Balance:	L	11.5 GMS Exp. date: 2/3/2022 QS amount: Bar code checked: ☑ Each CAPS contains 0.115 GMS or 11.5% NDC: 62991-2007-01	☐ 11.500 g Whlsr: LETCO AWP: $9.31 ChemInvID: 1275
4	CAPSULE #1-CLEAR LOCKING CAPSULE Lot #: Mfg: Chemical Code: Volume: Potency: Purity: Balance:	L	100 CAPS Exp. date: QS amount: Bar code checked: ☐ Each CAPS contains 1 CAPS or 100% NDC:	☐ 100 CAPS Whlsr: AWP: $0.00 ChemInvID:

Log Instructions & Notes

New Log Originally made as: 100 DALFAMPRIDINE (4-AMINOPYRIDINE) 5MG SLOW RELEASE #1 CAPSULES 5 MG CAPSULE
Formula ID: 4902
Calculated lot number: 09232020@5 Beyond use date: 3/22/2021
FORMULA INSTRUCTIONS:

1. Add food color to Active (Dalfampridine) and mix with mortar and pestle to ensure all active chemical is a consistent color and completely combined with the food color.

2. Add Avicel, Methocel, and Acitve (Dalfampridine) to a zip lock bag and seal.

3. Using rolling bar go back and forth over the zip lock bag until all powder is the same color to ensure complete dispersion of active.

4. Dump powder from zip lock bag onto capsule machine and encapsulate using size #1 capsules.

Date entered: 9/23/2020 3:09:07 PM Last modified: 9/23/2020 3:09:07 PM
Checked by: _____ Date: ___/___/___

Logged Formula Worksheet (standard)
8/20/2020 11:04:27 AM
Page 1

{ used on fill 9/22/20
60 remaining
Rx 1613266

DALFAMPRIDINE (4-AMINOPYRIDINE) 5MG SLOW RELEASE #1 CAPSULES 5 MG CAPSULE

Filled # 20 on 8/18/20 from this lot

Tall Man:
Flavor:
Description:
Schedule: 4902 Active ☑
Formula ID: 4902
Quantity made: 100 CAPS Batch yield: 100.000 PCCA ID: Log ID: 19542
Qty remaining: 100.000 Route of admin:

Date made: 8/20/2020
Lot number: 08202020@3
Beyond use date: February 16, 2021 10:54 AM
180 days after compounding date
Pharmacist: NATHAN DAHL
Technician:
NDC1:
Packaging:
Equipment:
Labeling:
Stability information:

Pricing calculations from the log
Estimated price $30.00 as of
Time to make: 0

	Ingredients	Sch.	Quantity used	QS (Balance)
1	DALFAMPRIDINE USP POWDER Lot #: C195960 Mfg: Chemical Code: Volume: Potency: Purity: Balance:		0.5 GMS Exp. date: 3/31/2025 QS amount: Bar code checked: ☑ Each CAPS contains 0.005 GMS or 0.5% NDC:	☐ 0.500 g Whlsr: AWP: $0.00 CheminvID: 1386
2	METHOCEL E4M PREMIUM (HYPROMELLOSE USP) Lot #: 149262/E Mfg: MEDISCA Chemical Code: Volume: Potency: Purity: Balance:	L	10 GMS Exp. date: 7/31/2022 QS amount: Bar code checked: ☑ Each CAPS contains 0.1 GMS or 10% NDC: 51927-1186-00	☐ 10.001 g Whlsr: MEDISCA AWP: $26.90 CheminvID: 1346
3	AVICEL PH-105 POWDER Lot #: 1805020016 Mfg: Chemical Code: Volume: Potency: Purity: Balance:	L	11.5 GMS Exp. date: 2/3/2022 QS amount: Bar code checked: ☑ Each CAPS contains 0.115 GMS or 11.5% NDC: 62991-2007-01	☐ 11.501 g Whlsr: LETCO AWP: $9.31 CheminvID: 1275
4	CAPSULE #1-CLEAR LOCKING CAPSULE Lot #: Mfg: Chemical Code: Volume: Potency: Purity: Balance:	L	100 CAPS Exp. date: QS amount: Bar code checked: ☐ Each CAPS contains 1 CAPS or 100% NDC:	☐ 100 CAPS Whlsr: AWP: $0.00 CheminvID:

Log Instructions & Notes

New Log Originally made as: 100 DALFAMPRIDINE (4-AMINOPYRIDINE) 5MG SLOW RELEASE #1 CAPSULES 5 MG CAPSULE
Formula ID: 4902
Calculated lot number: 08202020@3 Beyond use date: 2/16/2021
FORMULA INSTRUCTIONS:

1. Add food color to Active (Dalfampridine) and mix with mortar and pestle to ensure all active chemical is a consistent color and completely combined with the food color.

2. Add Avicel, Methocel, and Acitve (Dalfampridine) to a zip lock bag and seal.

3. Using rolling bar go back and forth over the zip lock bag until all powder is the same color to ensure complete dispersion of active.

4. Dump powder from zip lock bag onto capsule machine and encapsulate using size #1 capsules.

Date entered: 8/20/2020 10:53:58 AM Last modified: 8/20/2020 10:53:58 AM
Checked by: _____ Date: ___/___/___

Logged Formula Worksheet (standard)

8/20/2020 10:53:10 AM
Page 1

Filled 8/18/20
Rx 1613266

DALFAMPRIDINE (4-AMINOPYRIDINE) 5MG SLOW RELEASE #1 CAPSULES 5 MG CAPSULE

Lot 08022020@2 #100
Lot 08022020@3 #20

Tall Man:

Flavor:
Description:

Schedule: 4902 Active ☑
Formula ID: 4902
Log ID: 19540

Quantity made: 100 CAPS **Batch yield: 100.000** **PCCA ID:**
Qty remaining: 100.000 Route of admin:

Date made: 8/20/2020
Lot number: 08202020@2
Beyond use date: February 16, 2021 10:11 AM
180 days after compounding date
Pharmacist: NATHAN DAHL
Technician:
NDC1:
Packaging:
Equipment:

Labeling:
Stability information:

Pricing calculations from the log
Estimated price $30.00 as of

Time to make: 0

	Ingredients	Sch.	*Quantity used*	*QS (Balance)*
1	DALFAMPRIDINE USP POWDER Lot #: C195986 Mfg: Chemical Code: Volume: Potency: Purity: Balance:		0.5 GMS Exp. date: 3/31/2025 QS amount: Bar code checked: ☑ Each CAPS contains 0.005 GMS or 0.5% NDC:	☐ 0.500 g Whlsr: AWP: $0.00 ChemInvID: 1366
2	METHOCEL E4M PREMIUM (HYPROMELLOSE USP) Lot #: 149282/E Mfg: MEDISCA Chemical Code: Volume: Potency: Purity: Balance:	L	10 GMS Exp. date: 7/31/2022 QS amount: Bar code checked: ☑ Each CAPS contains 0.1 GMS or 10% NDC: 51927-1188-00	☐ 10.001 g Whlsr: MEDISCA AWP: $26.60 ChemInvID: 1346
3	AVICEL PH-105 POWDER Lot #: 1805020016 Mfg: Chemical Code: Volume: Potency: Purity: Balance:	L	11.5 GMS Exp. date: 2/3/2022 QS amount: Bar code checked: ☑ Each CAPS contains 0.115 GMS or 11.5% NDC: 62991-2007-01	☐ 11.500 g Whlsr: LETCO AWP: $9.31 ChemInvID: 1275
4	CAPSULE #1-CLEAR LOCKING CAPSULE Lot #: Mfg: Chemical Code: Volume: Potency: Purity: Balance:	L	100 CAPS Exp. date: QS amount: Bar code checked: ☐ Each CAPS contains 1 CAPS or 100% NDC:	☐ 100 CAPS Whlsr: AWP: $0.00 ChemInvID:

Log Instructions & Notes

New Log Originally made as: 100 DALFAMPRIDINE (4-AMINOPYRIDINE) 5MG SLOW RELEASE #1 CAPSULES 5 MG CAPSULE
Formula ID: 4902
Calculated lot number: 08202020@2 Beyond use date: 2/16/2021
FORMULA INSTRUCTIONS:

1. Add food color to Active (Dalfampridine) and mix with mortar and pestle to ensure all active chemical is a consistent color and completely combined with the food color.

2. Add Avicel, Methocel, and Active (Dalfampridine) to a zip lock bag and seal.

3. Using rolling bar go back and forth over the zip lock bag until all powder is the same color to ensure complete dispersion of active.

4. Dump powder from zip lock bag onto capsule machine and encapsulate using size #1 capsules.

Date entered: 8/20/2020 10:11:40 AM Last modified: 8/20/2020 10:11:40 AM
Checked by: _____ Date: ___/___/___

21-0LQ Dalfampridine LOGS

Monica Segedy

From: nate dahl <natedahl@dahlsrx.com>
Sent: Friday, June 11, 2021 12:49 PM
To: Monica Segedy
Subject: Dalfampridine 5mg Caps
Attachments: Dalfampridine 5mg caps.pdf

Monica

Here is the RX, Formula log form, and lab certificate of analysis.
Each chemical was barcode scanned into PK Software prior to weighing it which is confirmed on the formula. The weights were then recorded electronically directly from our balance into the PK Software and recorded by the software. I have triple checked each barcode on the chemicals to ensure each one is correct for each chemical involved in this compound and they are all accurate.
If you need anything else please reach out. Thank you.

--

Nathan Dahl

PharmD, RPH

Dahl's Pharmacy Compounding and Specialty

1007 N Curry Street

Carson City, NV 89703

Phone: 1-844-914-9067

Fax: 775-885-8547

Website: dahlspharmacy.com

Dahls0025

Monica Segedy

From: Monica Segedy
Sent: Friday, June 11, 2021 1:15 PM
To: 'nate dahl'
Subject: RE: Dalfampridine 5mg Caps

Just one more thing:

I see that the log you sent me is for 100 capsules. However, 120 capsules were dispensed. Where did the other 20 capsules come from? I will need the same paperwork for those 20.

Thank You!

Monica S. Segedy
Investigator
Nevada State Board of Pharmacy
msegedy@Pharmacy.nv.gov
(775) 850-1440

From: nate dahl [mailto:natedahl@dahlsrx.com]
Sent: Friday, June 11, 2021 12:57 PM
To: Monica Segedy <msegedy@pharmacy.nv.gov>
Subject: Re: Dalfampridine 5mg Caps

Monica

Yes I will reach out to them right now and get that. I will send it over as soon as I get it. Thank you.

On Fri, Jun 11, 2021 at 12:50 PM Monica Segedy <msegedy@pharmacy.nv.gov> wrote:

Thank you! Could you also send the report from the lab you used to test the drug in Texas.

21-019 Rec Request for 7/7 rap ✓

Monica S. Segedy

Investigator

Nevada State Board of Pharmacy

msegedy@Pharmacy.nv.gov

(775) 850-1440

From: nate dahl [mailto:natedahl@dahlsrx.com]
Sent: Friday, June 11, 2021 12:49 PM
To: Monica Segedy <msegedy@pharmacy.nv.gov>
Subject: Dalfampridine 5mg Caps

Monica

Here is the RX, Formula log form, and lab certificate of analysis.

Each chemical was barcode scanned into PK Software prior to weighing it which is confirmed on the formula. The weights were then recorded electronically directly from our balance into the PK Software and recorded by

Menu

Update 6/5
Little change in the clinic exam today. We will plan on getting MRI brain scans any cortical changes. There is concern patient may have overdosed on 4-aminopyridine. Which is a CNS stimulant. However most case reports the patients usually recover after a few days. Seizure subsides.

Plan:
1. D/c EEG
2. Discontinue propofol -6/2
3. Discontinue Versed 6/3
4. Continue Vimpat 200 mg twice daily
5. Continue Keppra 1500 twice daily
6. Decrease Depakote 500 mg 3 times daily
7. Zonisamide 200 mg twice daily

The evaluation of the patient, and recommended management, was discussed with the resident staff. I have performed a physical exam and reviewed and updated ROS and Plan today (6/5/2021). In review of yesterday's note (6/4/2021), there are no changes except as documented above.

This chart was partially generated using voice recognition technology and sound alike word replacement may be present, best efforts were made to make the chart accurate.

Michael Medeiros, MD
Board Certified Neurology, ABPN
(t) 775-982-2994

Back to the previous page

Monica Segedy

From: C[redacted] W[redacted] <[redacted]>
Sent: Wednesday, June 09, 2021 4:56 PM
To: Monica Segedy
Subject: Re: Capsules
Attachments: image001.png; Screenshot_20210609-165129_Chrome.jpg

Hey Monica,

Attached is a 6/5 update on my mother's Renown Chart from Neurologist Dr. Medeiros stating the concern of a 4-aminopyridine (Dalfampridine) overdose. Please let me know if there is anything else I may provide to help.

Thank you
C[redacted]

On Wed, Jun 9, 2021, 3:45 PM Monica Segedy <msegedy@pharmacy.nv.gov> wrote:

HI C[redacted]

Thank you so much for meeting with me today, I know you have a lot going on so I really appreciate it!

Here is a copy of the receipt as well as pictures of the items you turned over to me.

Wishing for the best,

Monica

Monica S. Segedy

Investigator

Nevada State Board of Pharmacy

msegedy@Pharmacy.nv.gov

(775) 850-1440

Received via email
6/9/2021

D[redacted] L[redacted] Dalfampridine Timeline

May 12th picked up new prescription

13th- 4 pills

14th- 4 pills

15th- 4 pills

16th- 2 pills

17th- 2 pills

18th- 4 pills

19th- 4 pills

20th- 4 pills

21st- 4 pills

22nd- 4 pills

23rd- 4 pills

-2 pills soaked in vinegar/ home test

-10 pills to Dahls

-18 pills with family

-50 pills to Nevada Pharmacy Board

Total 120 pills

Monica Segedy

From: C[redacted] W[redacted] <[redacted]>
Sent: Thursday, June 10, 2021 9:22 AM
To: Monica Segedy; Yenh Long
Subject: DeAnna Lopes Timeline
Attachments: Screenshot_20210610-085943_Samsung Notes.jpg

Good morning Monica and Yehn,

I was able to take some time to really think and work out dates and numbers for all of the 120 pills. I had originally assumed there were 100 pills when Nathan was giving me formulas out of the book. I understood more yesterday when Yehn explained the compound process with different batches and I looked at the bottle quantity. We will still be looking around to see if she had some separately for work. But by going off of my math she took everything accordingly, as well as half dosed for 2 days after her first episode. It's very hard to know precisely since she is unconscious and unable to converse about all of this. We do know that she is always extremely vigilant with taking things correctly. I hope that this can be of some help if needed.

C[redacted]

RECEIPT

June 9, 2021

On 6/9/2021 I received from C[redacted] W[redacted] one amber vial containing 45 capsules, labeled RX 5070946 dated 5/10/21, 5mg Dalfampridine and prescribed to D[redacted] L[redacted]. Additionally, I received five (5) capsules in a zip lock bag marked "pill box." These five capsules are believed to be 5mg Dalfampridine from Lopes' prescription filled in April, 2021.

Monica S. Segedy
Investigator
Nevada State Board of Pharmacy

21-069 - Receipt

Monica Segedy

From: C[redacted] W[redacted] <[redacted]>
Sent: Monday, June 14, 2021 12:44 PM
To: Monica Segedy
Subject: Updates? DeAnna Lopes

Good afternoon Monica,

Just touching base to see about the progress of lab testing. We are at a hard fork right now with my mother being on antiepileptics and trying to wake her up. The results will be extremely beneficial in the approaches being used to treat her condition. As of now she is still in a Vegetative State per basic recovery steps with TBI (Traumatic Brain Injury). At this time she is having an EEG done to monitor if there is any current seizure or epileptic activity before moving on to next steps. Please let me know when you have information.

Thank you
C[redacted]

21-069 JUNE 14 Patient Update

Deposition

Monica Segedy

From: C[redacted] W[redacted] <[redacted]>
Sent: Friday, June 11, 2021 12:57 PM
To: Monica Segedy
Subject: Re: Capsules
Attachments: image001.png; Screenshot_20210611-124959_Chrome.jpg

Unfortunately they said that they had no way to test it by blood. I was requesting they do that from the first day every day for over a week. However, on an EEG of her brain shows that she has Toxic/Metabolic Encephalopathy. By certain readings in the EEG is how they are able to look at certain parts of the brain that are affected by Encephalopathy. Attached is the reading of an EEG performed on my mother from Neurologist Dr. Ania on 6/4. In all studies of overdose of 4-Aminopyridine (Dalfampridine) Toxic Encephalopathy is the result. Also included in this email is a link to a case study that I came across that is extremely similar to what my mother is going through.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4009212/

On Fri, Jun 11, 2021, 11:17 AM Monica Segedy <msegedy@pharmacy.nv.gov> wrote:

Thank you Christy. Is there any information you can provide from the Doctor about testing for toxins in her blood?

Monica S. Segedy

Investigator

Nevada State Board of Pharmacy

msegedy@Pharmacy.nv.gov

(775) 850-1440

21-069 - Welch email Re: toxicology

Dahls0034

INTERPRETATION:
This is an abnormal continuous video electroencephalogram recording in a sedated and or encephalopathic patient. A moderate to severe, toxic / metabolic encephalopathy is suggested. Continuous triphasic waves and frontal sharps (can be more prominent on the left frontal region). Frequent runs of sharply contoured Frontal Intermittent Rhythmic Delta Activity (FIRDA), frequent runs of generalized periodic and rhythmic sharps with triphasic morphology, suggestive of frequent but brief, non convulsive seizures. The findings suggest persistent areas of significantly increased underlying cortical irritability, and/or underlying structural abnormalities. Clinical and radiological correlation is recommended.

Updates provided to Dr. Medeiros.

Rolando Ania, MD
Section Chief Epilepsy and Neurodiagnostics.
Clinical Assistant Professor of Neurology University of Nevada, Reno School of Medicine.
Diplomate in Neurology, Epilepsy, and Electrodiagnostic Medicine.
Office: 775-982-2970
Fax: 775-982-2973

Response

21-n/a toxicology ~~expedite~~

To: (Name, Title, Address, etc.)	Office: N-BOP-RENO
C [redacted] W [redacted]	File #: 21-069-PH-N
[redacted]	File Title: Dahl's Pharm.
	Date: 6-15-2021

Type Of Action:

Property Seized: ☐ Returned To Owner: ☒ Other: ☐

Amount/Quanity	Description Of Items	Purpose
44	* Capsule of Dalfampridine in RX bottle for DeAnna Lopes	
4	Capsules of Dalfampridine in Ziplock Baggie title "Pill Box"	

Received By (Signature)	Witnessed By (Signature)
C Wilson	M Jessica Segedy
Name And Title(Print)	**Name And Title(Print)**
C [redacted] W [redacted]	Investigator, NBOP

2 capsules retained from each original container of 45 and 5, for submission to ARL Bio Pharm Lab for testing.

✓

Dahls0036

Monica Segedy

From: Monica Segedy
Sent: Friday, June 11, 2021 12:51 PM
To: 'nate dahl'
Subject: RE: Dalfampridine 5mg Caps

Thank you! Could you also send the report from the lab you used to test the drug in Texas.

Monica S. Segedy
Investigator
Nevada State Board of Pharmacy
msegedy@Pharmacy.nv.gov
(775) 850-1440

From: nate dahl [mailto:natedahl@dahlsrx.com]
Sent: Friday, June 11, 2021 12:49 PM
To: Monica Segedy <msegedy@pharmacy.nv.gov>
Subject: Dalfampridine 5mg Caps

Monica

Here is the RX, Formula log form, and lab certificate of analysis.
Each chemical was barcode scanned into PK Software prior to weighing it which is confirmed on the formula. The weights were then recorded electronically directly from our balance into the PK Software and recorded by the software. I have triple checked each barcode on the chemicals to ensure each one is correct for each chemical involved in this compound and they are all accurate.
If you need anything else please reach out. Thank you.

--

Nathan Dahl

Dahls0037

PharmD, RPH

Dahl's Pharmacy Compounding and Specialty

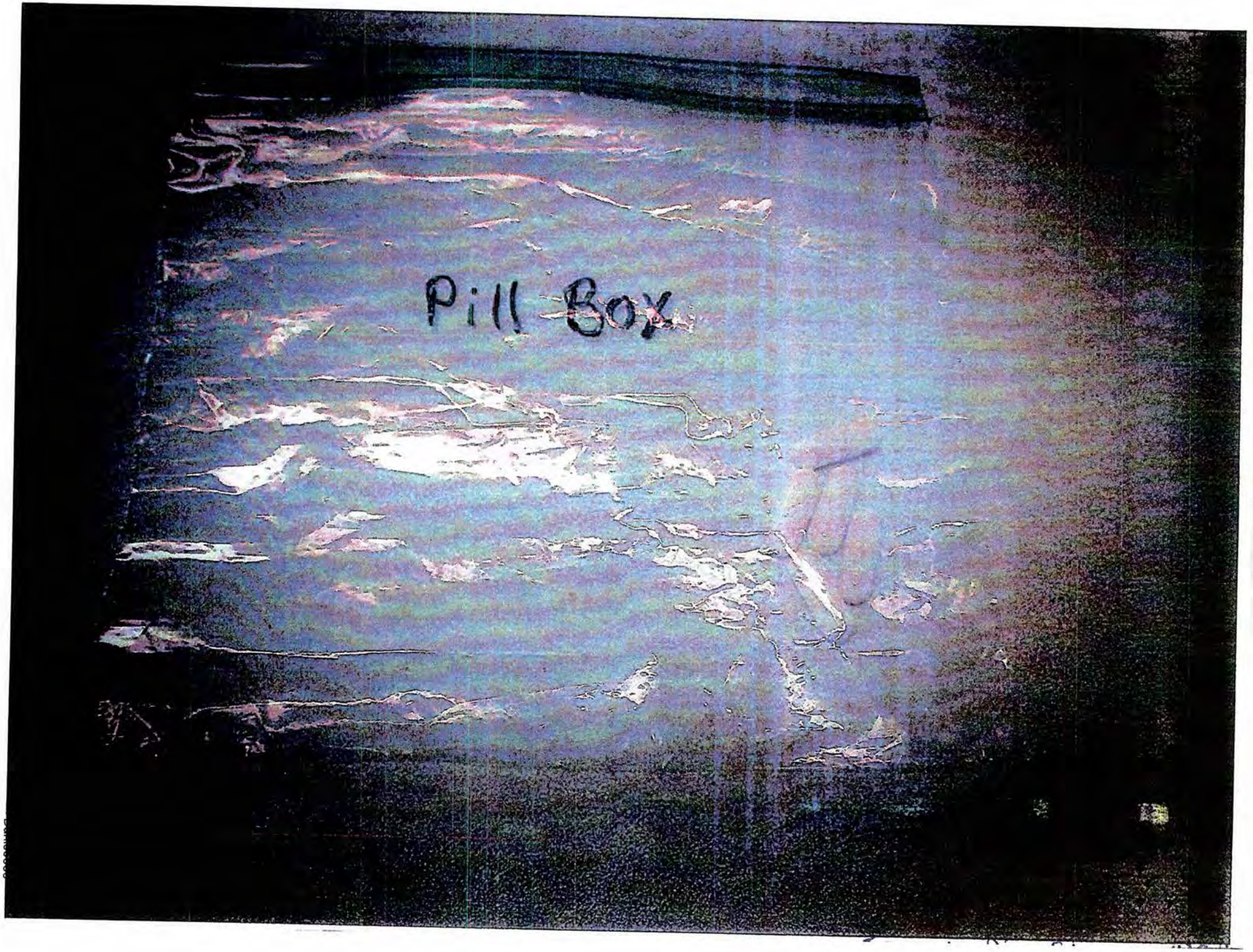
1007 N Curry Street

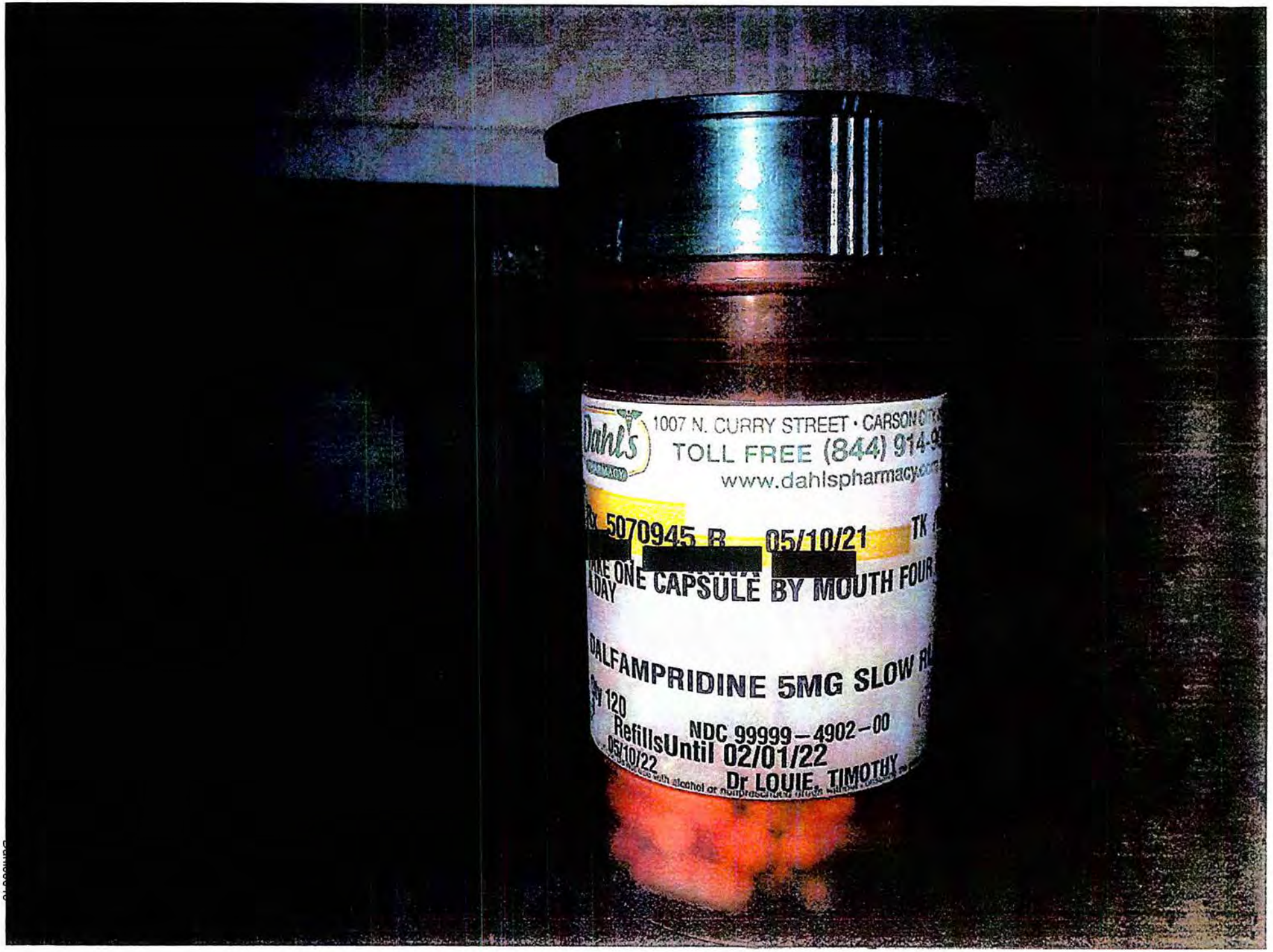
Carson City, NV 89703

Phone: 1-844-914-9067

Fax: 775-885-8547

Website: dahlspharmacy.com


Pill Box


Dahl's
1007 N. CURRY STREET · CARSON
TOLL FREE (844) 914-
www.dahlspharmacy.
Rx 5070945 R 05/10/21
ONE CAPSULE BY MOUTH FOUR
DALFAMPRIDINE 5MG SLOW
Qty 120
NDC 99999-4902-00
Refills Until 02/01/22
05/10/22
Dr LOUIE, TIMOTHY

ARL BIO PHARMA
840 Research Parkway, Suite 546
Oklahoma City, OK 73104
Ph: (800) 393-1595 Fax: (405) 271-1174

CHAIN-OF-CUSTODY FORM

LIMS#:	Project ID:
LAB USE ONLY	

CLIENT INFORMATION

Company: NBOP	Address: 985 Damonte Ranch, Reno, NV
Contact: Monica S. Segedy	Special Instructions: Potency of Dalfampridine
Phone: [redacted] 775-850-1440 ext 121	

SAMPLE INFORMATION

Sample Name/Concentration: Dalfampridine-4-Aminopyridine	Description: 2 capsules
Lot/Batch #: See evidence Bag	Container: Ziplock evidence bag
Prepared By: Monica Segedy	Date of Preparation: 6/16/2020
Notes/Misc:	

CHAIN-OF-CUSTODY

Persons relinquishing and receiving samples must provide the following information: Signature, Organization, Date/Time and Reason for Transfer (Start with Box Number 1 below)

Relinquished By	Organization	Date/Time	Received by	Organization	Date/Time
1. C[redacted] W[redacted]	N/A	6/9/21 1:15p	2. Monica Segedy	NBOP	6/9/21 1:15p
Reason for Transfer:					

Relinquished By	Organization	Date/Time	Received by	Organization	Date/Time
3. Monica Segedy	NBOP	6/16/21 10:30A	4.		
Reason for Transfer					

Relinquished By	Organization	Date/Time	Received by	Organization	Date/Time
5.			6.		
Reason for Transfer:					

Relinquished By	Organization	Date/Time	Received by	Organization	Date/Time
7.			8.		
Reason for Transfer:					

Relinquished By	Organization	Date/Time	Received by	Organization	Date/Time
9.			10.		
Reason for Transfer:					

Relinquished By	Organization	Date/Time	Received by	Organization	Date/Time
11.			12.		
Reason for Transfer:					

Signed chain of Custody ✓ Dahls0041

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
(775) 850-1440 • FAX (775) 850-1444
E-mail: bkandt@pharmacy.nv.gov • Web Page: bop.nv.gov

June 16, 2021

VIA U.S. MAIL AND ELECTRONIC MAIL TO mdarnaby@arlok.com

Michael Darnaby
Client Services Representative
ARL Bio Pharma, Inc.
840 Research Parkway, Suite 546
Oklahoma City, OK 73104

RE: Request for records - Case #21-069

Dear Mr. Darnaby:

The Nevada State Board of Pharmacy (Board) hereby requests the following records related to a Board investigation, Case No. 21-069:

> Any records and or reports with regard to the testing of Dalfampridine capsules submitted on or about the first week in June 2021 to ARL Bio Pharma, Inc. by Nathan Dahl, RPH (Nevada Certificate of Registration No. 17735), owner/operator of Dahl's Pharmacy located Carson City, NV (Nevada Pharmacy License No. PH03605).

This request is made pursuant to NRS 639.090, NRS 639.236-.239, NRS 639.289, NAC 639.245, NAC 639.482-.489 and/or NAC 639.935(4).

If you have any questions, please do not hesitate to contact me at 775-850-1440 or bkandt@pharmacy.nv.gov.

Best regards,

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

Request for Records fro
21-069 ~~Records Rec~~ Dahl 0042 ARL

Carson Pharmacy LLC d/b/a
Dahl's Specialty Pharmacy of Carson
1007 North Curry Street
Carson City, Nevada 89701

Date: 7/21/21

NV State Board of Pharmacy
Dave Wuest, Executive Secretary
985 Damonte Ranch Pkwy #206
Reno, NV 89521

Dear Mr. Wuest:

This letter will serve as official notification that the above referenced pharmacy with State Board license PH03605 closed its entire pharmacy business on 7/21/21.

All prescription records, controlled & non-controlled substances and required DEA record keeping were transferred to Sierra Specialty Pharmacy and Sierra Compounding Pharmacy 9738 S Virginia St Suite F, Reno, NV 89511.

Sincerely,

Nathan Dahl, Owner

RECEIVED
JUL 27 2021
NEVADA STATE BOARD OF PHARMACY

Carson Pharmacy LLC d/b/a
Dahl's Specialty Pharmacy of Carson
1007 North Curry Street
Carson City, Nevada 89701

Date: 7/21/21

NV State Board of Pharmacy
Dave Wuest, Executive Secretary
985 Damonte Ranch Pkwy #206
Reno, NV 89521

Dear Mr. Wuest:

This letter will serve as official notification that the above referenced pharmacy with State Board license PH03605 closed its entire pharmacy business on 7/21/21.

All prescription records, controlled & non-controlled substances and required DEA record keeping were transferred to Sierra Specialty Pharmacy and Sierra Compounding Pharmacy 9738 S Virginia St Suite F, Reno, NV 89511.

Sincerely,

Nathan Dahl, Owner

RECEIVED
JUL 27 2021
NEVADA STATE BOARD OF PHARMACY

RXNBR: 5070945
PATIENT: L[redacted] D[redacted]
DOCTOR: LOUIE, TIMOTHY
DRUG: DALFAMPRIDINE 5MG SLOW RLS
SCANNED: 02-03-2021

02/03/2021 09:53 RHEUMATOLOGY (FAX)7757703555 P.001/001

Saint Mary's Medical Group

SMMG Neurology
Timothy Louie, MD
LIC #: 8282 • DEA #: BL4183202
NPI #: 1407805401 • ALT #:
645 N Arlington Ave Ste 655
Reno, NV 895034452
Tel: (775) 770-3554 • Fax: (775) 770-3555

FAX

NAME D[redacted] L[redacted] SEX Female AGE 63 DOB [redacted]
ADDRESS [redacted]0088 PEAK DR GARDNERVILLE, NV 89460 DATE 02/01/2021

℞

dalfampridine (bulk) powder
Disp: 120 (One Hundred Twenty) Capsule
Sig: take 5 milligram by oral route 4 times every day

COMMENTS
Compounded drug capsules

Compound these as sustained release per Dr. Louie
2/3/21

Refill 5 (five) times

Dispense Only As Written ☐

Timothy Louie, MD

21-069 - Pharmacy Records

Dahls0045

Rx 0070045 R 05/10/21 TX / KH Pat Pay $127.00
[redacted] D [redacted] LYNN DOB [redacted] Rfls: 1
[redacted] JOBS PEAK DR GARDNERVILLE, NV 89460 Total $127.00
DALFAMPRIDINE SMG GLOW RLS Qty: 120 NDC: 99999-4902-00
TAKE ONE CAPSULE BY MOUTH FOUR TIMES A DAY

Dr LOUIE, TIMOTHY DEA: BL-4183202 St#: NV6202
645 N ARLINGTON #855 Reno, NV 89503 CASH

Dahls0046

Logged Formula Worksheet (standard)
5/10/2021 2:33:09 PM
Page 1

L021396

Rx 5070945

DALFAMPRIDINE (4-AMINOPYRIDINE) 5MG SLOW RELEASE #1 CAPSULES 5 MG CAPSULE

Tall Man:
Flavor:
Description:
Schedule: 4902 Active ☑
Formula ID: 4902
Log ID: 21396

Quantity made: 100 CAPS
Batch yield: 100.000
Qty remaining: 100.000
PCCA ID:
Route of admin:

Date made: 5/10/2021
Lot number: 05102021@6
Beyond use date: November 6, 2021 2:28 PM
160 days after compounding date
Pharmacist: NATHAN DAHL
Technician: - <NONE>
NDC1:
Packaging:
Equipment:

Pricing calculations from the log
Estimated price $30.00 as of
Time to make: 0

Labeling:
Stability information:

	Ingredients		*Sch.*	*Quantity used*	*QS (Balance)*
1	DALFAMPRIDINE USP POWDER Lot #: C195988 Chemical Code: Purity: Balance:	Mfg: Volume:	 Potency:	0.5 GMS Exp. date: 3/31/2025 QS amount: Bar code checked: ☑ Each CAPS contains 0.005 GMS or 0.5% NDC:	☐ 0.500 g Whlsr: AWP: $0.00 ChemInvID: 1380
2	METHOCEL E4M PREMIUM (HYPROMELLOSE USP) Lot #: 149262/E Chemical Code: Purity: Balance:	Mfg: MEDISCA Volume:	L Potency:	10 GMS Exp. date: 7/31/2022 QS amount: Bar code checked: ☑ Each CAPS contains 0.1 GMS or 10% NDC: 51927-1186-00	☐ 10.001 g Whlsr: MEDISCA AWP: $26.90 ChemInvID: 1346
3	AVICEL PH-105 POWDER Lot #: 1805020016 Chemical Code: Purity: Balance:	Mfg: Volume:	L Potency:	11.5 GMS Exp. date: 2/3/2022 QS amount: Bar code checked: ☑ Each CAPS contains 0.115 GMS or 11.5% NDC: 62991-2007-01	☐ 11.500 g Whlsr: LETCO AWP: $9.31 ChemInvID: 1275
4	CAPSULE #1-CLEAR LOCKING CAPSULE Lot #: Chemical Code: Purity: Balance:	Mfg: Volume:	L Potency:	100 CAPS Exp. date: QS amount: Bar code checked: ☐ Each CAPS contains 1 CAPS or 100% NDC:	☐ 100 Caps Whlsr: AWP: $0.00 ChemInvID:

Log Instructions & Notes

New Log Originally made as: 100 DALFAMPRIDINE (4-AMINOPYRIDINE) 5MG SLOW RELEASE #1 CAPSULES 5 MG CAPSULE
Formula ID: 4902
Calculated lot number: 05102021@6 Beyond use date: 11/6/2021
FORMULA INSTRUCTIONS:

1. Add food color to Active (Dalfampridine) and mix with mortar and pestle to ensure all active chemical is a consistent color and completely combined with the food color.

2. Add Avicel, Methocel, and Acitve (Dalfampridine) to a zip lock bag and seal.

3. Using rolling bar go back and forth over the zip lock bag until all powder is the same color to ensure complete dispersion of active.

4. Dump powder from zip lock bag onto capsule machine and encapsulate using size #1 capsules.

Date entered: 5/10/2021 2:27:59 PM Last modified: 5/10/2021 2:27:59 PM
Checked by: _____ Date: 5/10/21

PCCA USA
9901 South Wilcrest Drive
Houston, TX 77099
Tel:281.933.6948
Fax: 281.933.6627

PCCA Canada
744 Baransway Drive
London, ON N5V 5J2
Tel: 800.668.9453
Fax: 519.455.0690

PCCA Australia
Unit 1, 73 Beauchamp Road
Matraville, NSW 2036
Tel: 02.9316.1500
Fax: 02.9316.7422

CERTIFICATE OF ANALYSIS

PRODUCT: DALFAMPRIDINE USP (4-AMINOPYRIDINE)
ITEM NUMBER: 50-5030
LOT NUMBER: C195988
MFG DATE: 04/01/2020
EXPIRATION: 03/31/2025
CAS: 504-24-5
MW: 94.1100000000
FORMULA: C5H6N2

TEST	SPECIFICATIONS	RESULTS
Assay	98.0-102.0 %	100.6 % Anhydrous basis
Clarity	% transmittance of 1 cm layer of 5% w/v solution in water at 650 nm should be not less than 95.0%	97.7% T
Color Index	Absorbance of 1 cm layer of 5% w/v solution in water at 420 nm should be not more than 0.1AU	0.019 Au
Description	WHITE POWDER	pass
Identification	pass	Identification per USP
Melting Point	157-161 c	159.9 c
Organic Impurities	Isonicotinamide: NMT 0.15%; Dalfampridine Related Compound A: NMT 0.10%; Any individual unspecified impurity: NMT 0.10%; Total Impurities: NMT 0.50%	Isonicotinamide: BQL (<0.0201%); Dalfampridine Related Compound A: BQL (<0.0052%); Any individual unspecified impurity: BQL (<0.0048%); Total Impurities: 0.026%;
Particle Size	pass	D90: 159.57 microns
pH	10.5-12.5 1% solution	11.33 1% solution
Related Compound B	<=0.0075 %	0.005 % BQL (<0.005%)
Related Compound C	<=0.0075 %	0.005 % BQL (<0.005%)
Residual Solvents	pass	Methanol: Not detected; Dichloromethane: Not detected;

Tested By: Erin Peacock
Reviewed By: Kierra Briscoe

QC APPROVED: 2020.06.04
PRINT DATE: 2021.03.15

The above test results have been obtained by our supplier or in our quality control laboratory.
This analysis is not to be construed as a warranty, expressed or implied.

PCCA USA
9901 South Wilcrest Drive
Houston, TX 77099
Tel:281.933.6948
Fax: 281.933.6627

PCCA Canada
744 Baronsway Drive
London, ON N5V 5J2
Tel: 800.668.9453
Fax: 519.455.0580

PCCA Australia
Unit 1, 73 Beauchamp Road
Matraville, NSW 2036
Tel: 02.9316.1500
Fax: 02.9316.7422

CERTIFICATE OF ANALYSIS

PRODUCT: DALFAMPRIDINE USP (4-AMINOPYRIDINE)
ITEM NUMBER: 50-5030
LOT NUMBER: C195986
MFG DATE: 04/01/2020
EXPIRATION: 03/31/2025

CAS: 504-24-5
MW: 94.1100000000
FORMULA: C5H6N2

TEST	SPECIFICATIONS	RESULTS
Residue on Ignition	<=0.3 %	0.05 %
Solubility	SOLUBLE IN WATER, METHANOL, ACETONE AND ETHANOL	pass
Water	<=0.3 %	0.07 %
	End of Report	

Tested By: Erin Peacock
Reviewed By: Kierra Briscoe

QC APPROVED: 2020.06.04
PRINT DATE: 2021.03.15

7.3a Ingredients used for non-sterile compounds – quality and storage

- Each chemical, when received, must be matched to the corresponding invoice to ensure the accurate chemical was sent.
- The expiration date must be verified, and it must be ensured the chemical has adequate dating to meet the needs of the pharmacy.
- Each chemical will be logged into PK Software with its corresponding Name, Lot#, Expiration Date, Package Date if available, and will be automatically assigned and labeled with a bar code created by the PK Software for scan verification purposes throughout the compounding procedure.
- Each chemical will be verified as Hazardous or Non-hazardous and the storage conditions will be determined, the ingredient will then be placed into inventory based on those parameters.
- No chemical shall be placed into inventory without the above conditions being met.

7.4a Compounding Procedure for Non-sterile preparations

- Ensure all PPE is on and adequate for the compound being made.
- Ensure the compounding area, powder-hood, balance, and all items needed for the compound are available, functioning, calibrated, and clean.
- Pull up formula in PK Software and ensure all ingredients are on hand in sufficient quantity to complete the entire formula.
- Pull all necessary ingredients to make formula and place them in the powder-containment hood in the same order the appear in the formula.
- Verify all expiration dates are current for all ingredients being used and will not expire before the beyond use date of the compound.
- Begin with the first ingredient in the formula and bar code scan it to the PK Software to ensure the correct ingredient is being used. If PK Software does not confirm the correct ingredient is being used do not proceed.
- If PK Software, using the bar code scan verification, confirms the correct ingredient proceed to weigh or measure the ingredient using appropriate means to ensure accuracy and consistency. If measuring weight use only the balance contained within the powder hood. If measuring volume use only calibrated graduated cylinders.
- If the measurement is weight use the balance in the powder hood and record the final weight to the formula using PK Software. If the measure is volume use the appropriate graduated cylinder and put the measurement into the formula using PK Software.
- Once all ingredients have been measured out accurately, save and print the formula.
- Formula logs are to be stored in a file cabinet under the month and year they were completed.
- Proceed combining the ingredients as instructed on the formula using Good Manufacturing Processes per industry standards.

Logged Formula Worksheet (standard)
4/20/2021 11:31:45 AM
Page 1

LG21248

Rx 5070945
filled 4/19/21 #80
filled 5/10/21 #20

DALFAMPRIDINE (4-AMINOPYRIDINE) 5MG SLOW RELEASE #1 CAPSULES 5 MG CAPSULE

Tall Man:
Flavor:
Description:

Schedule: 4902 Active ☑
Formula ID: 4902
Log ID: 21248

Quantity made: 100 CAPS
Batch yield: 100.000
Qty remaining: 100.000
PCCA ID:
Route of admin:

Date made: 4/20/2021
Lot number: 04202021@2
Beyond use date: November 5, 2020 11:09 AM
180 days after compounding date
Pharmacist: NATHAN DAHL
Technician: - <NONE>
NDC1:
Packaging:
Equipment:

Pricing calculations from the log
Estimated price $30.00 as of
Time to make: 0

Labeling:
Stability information:

	Ingredients		*Sch.*	*Quantity used*	*QS (Balance)*
1	DALFAMPRIDINE, POWDER Lot #: Chemical Code: Mfg: Purity Volume: Potency: Balance:			0.5 GMS Exp. date: QS amount: Bar code checked: ☑ Each CAPS contains 0.005 GMS or 0.5% NDC:	☐ 0.500 g Whlsr: CheminvID:
2	METHOCEL (R) E4M PREMIUM CR (HYPROMELLOSE L Lot #: C177547 Chemical Code: Mfg: Purity Volume: Potency: Balance:		L	10 GMS Exp. date: 11/5/2020 QS amount: Bar code checked: ☑ Each CAPS contains 0.1 GMS or 10% NDC: 51927-1186-00	☐ 10.002 g Whlsr: CheminvID: 1084
3	AVICEL PH-105 POWDER Lot #: 1805020016 Chemical Code: Mfg: Purity: Volume: Potency: Balance:		L	11.5 GMS Exp. date: 2/3/2022 QS amount: Bar code checked: ☑ Each CAPS contains 0.115 GMS or 11.5% NDC: 62991-2007-01	☐ 11.500 g Whlsr: LETCO AWP: $9.31 CheminvID: 1275
4	CAPSULE #1-CLEAR LOCKING CAPSULE Lot #: Chemical Code: Mfg: Purity: Volume: Potency: Balance:		L	100 CAPS Exp. date: QS amount: Bar code checked: ☐ Each CAPS contains 1 CAPS or 100% NDC:	☐ 100 Whlsr: CheminvID:

Log Instructions & Notes

New Log Originally made as: 100 DALFAMPRIDINE (4-AMINOPYRIDINE) 5MG SLOW RELEASE #1 CAPSULES 5 MG CAPSULE
Formula ID: 4902
Calculated lot number: 04202021@2 Beyond use date: 10/17/2021
FORMULA INSTRUCTIONS:

1. Add food color to Active (Dalfampridine) and mix with mortar and pestle to ensure all active chemical is a consistent color and completely combined with the food color.

2. Add Avicel, Methocel, and Acitve (Dalfampridine) to a zip lock bag and seal.

3. Using rolling bar go back and forth over the zip lock bag until all powder is the same color to ensure complete dispersion of active.

4. Dump powder from zip lock bag onto capsule machine and encapsulate using size #1 capsules.

Date entered: 4/20/2021 11:09:41 AM Last modified: 4/20/2021 11:31:42 AM
Checked by: _____ Date: 4/20/21

✓

21-069 Pharmacy Records for 20

---------- Forwarded message ---------
From: **Colin Brumlow** <cbrumlow@eagleanalytical.com>
Date: Mon, Jun 14, 2021 at 9:00 AM
Subject: RE: New Eagle Client Registration: Dahl's Specialty Pharmacy
To: nate dahl <natedahl@dahlsrx.com>

Good morning Nate,

We do not currently have a method developed for Dalfampridine so we are unable to do potency testing or offer Identification on the finished product.

Thank you,
Colin

Colin Brumlow, CPhT| Technical Sales Specialist

Eagle | 11111 South Wilcrest Dr., S1000 | Houston, TX 77099
Ph: 800.745.8916 ext.1133
Fax: 713.570.2350

cbrumlow@eagleanalytical.com

http://eagleanalytical.com/

Exhibit 3

From: nate dahl <natedahl@dahlsrx.com>
Sent: Friday, June 11, 2021 7:02 PM
To: Colin Brumlow <cbrumlow@eagleanalytical.com>
Subject: Re: New Eagle Client Registration: Dahl's Specialty Pharmacy

Is there any way to do any kind of identification on these capsules? I just need to confirm they have dalfampine in them. The concentration of not critical right now.

Nate

On Fri, Jun 11, 2021 at 4:42 PM Colin Brumlow <cbrumlow@eagleanalytical.com> wrote:

Good afternoon Nate,

We don't have the capabilities of doing Identification on the compounded capsules because we don't have a method. If the bulk API needed Raw Material Identification we are able to do that per USP we would just need to order the reference standard.

Thank you,
Colin

Colin Brumlow, CPhT| Technical Sales Specialist

Eagle | 11111 South Wilcrest Dr., S1000 | Houston, TX 77099
Ph: 800.745.8916 ext.1133
Fax: 713.570.2350

cbrumlow@eagleanalytical.com

http://eagleanalytical.com/

From: nate dahl <natedahl@dahlsrx.com>
Sent: Friday, June 11, 2021 4:59 PM
To: Colin Brumlow <cbrumlow@eagleanalytical.com>
Subject: Re: New Eagle Client Registration: Dahl's Specialty Pharmacy

The compounded capsule is what I need verification on.

On Fri, Jun 11, 2021 at 1:31 PM Colin Brumlow <cbrumlow@eagleanalytical.com> wrote:

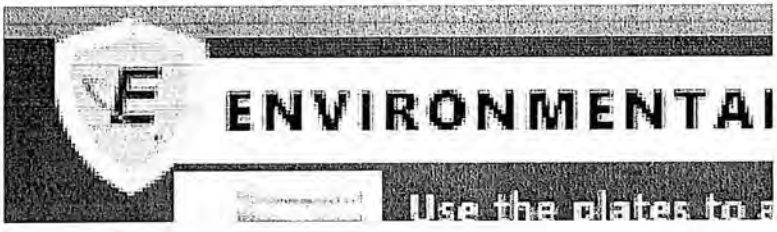
> Good afternoon Nate,
>
> Quick question – I should have clarified with you during the conversation are you needing Raw Material Identification done on the API or are you wanting Identification done on the compounded capsules?
>
> Thank you,
> Colin

Colin Brumlow, CPhT| Technical Sales Specialist

Eagle | 11111 South Wilcrest Dr., S1000 | Houston, TX 77099
Ph: 800.745.8916 ext.1133
Fax: 713.570.2350

cbrumlow@eagleanalytical.com

http://eagleanalytical.com/



Thank you very much for reaching out to me. I have contacted Eagle Analytical as I need to get a potency test on some dalfampridine 5 mg Sustained Release capsules to verify our processes are yielding correct results. Can you help me with this?

On Wed, Jun 2, 2021 at 1:18 PM Colin Brumlow <cbrumlow@eagleanalytical.com> wrote:

Good afternoon Nathan,

An account for EagleTrax has been created for you this afternoon. You should be receiving two emails shortly. The first email will contain your username (NDahl) and the second email will have a link prompting you to confirm your email and create your password. After this is done you'll be able to log into EagleTrax.

If you have any questions once logged into EagleTrax please feel free to contact me via email or at the below phone number. I'm also including an attachment that has information to help you navigate through EagleTrax.

If you plan on doing any USP <71> sterility testing, you will need to get USP <71> Method Suitability performed once per formulation to validate your sterility results. A brief explanation of Method Suitability is the process of inoculating your sample with 6 challenge microorganisms to ensure the ability to see the "bugs" in the product. This assures that you do not have any bacteriostatic properties in your compound that may yield false sterility results. Once that is on file, all of your USP <71> Sterility testing will be fully compliant with USP <797>. To determine the total volume for method suitability, please reference the following equation: (table 2 x table 3) 6 = total volume for Method Suitability. Your USP <71> Method Suitability sample may be in total volume or split up in separate containers.

Once a sample has been submitted via EagleTrax you'll be able to print the sample submission form. The sample and its submission form should be mailed to –

Eagle Analytical Services

11111 S. Wilcrest Dr. #S1000

Houston, TX 77099

Please let me know if you have any further questions or need help determining sample size!

Thank you,
Colin

https://eagleanalytical.com/shop/

Please contact me if you have any additional questions.

From: Nathan Dahl <marketing@eagleanalytical.com>
Sent: Wednesday, June 2, 2021 1:48 PM
To: info@eagleanalytical.com; Colin Brumlow <cbrumlow@eagleanalytical.com>
Subject: New Eagle Client Registration: Dahl's Specialty Pharmacy

Name:	Nathan Dahl
Company / Pharmacy:	Dahl's Specialty Pharmacy
Type of Facility:	503A
Email:	natedahl@dahlsrx.com
Address:	1007 N Curry Street
City:	Carson City
US State:	NV
Zip:	89703
Country:	US
Phone:	1-844-914-9067
PCCA Member # / Customer #:	17091
Desired EagleTrax Username :	(updated)

--

Nathan Dahl

PharmD, RPH

Dahl's Pharmacy Compounding and Specialty

1007 N Curry Street

Carson City, NV 89703

Phone: 1-844-914-9067

Fax: 775-885-8547

Website: dahlspharmacy.com

--

Nate Dahl Dahl's Pharmacy

CONFIDENTIALITY NOTE: This e-mail, including all attachments, is directed in confidence solely to the person(s) to whom it is addressed, or an authorized recipient, and may not otherwise be distributed, copied or disclosed. The contents of this transmission may also be subject to intellectual property rights and all such rights are expressly claimed and are not waived. The contents of this e-mail do not necessarily represent the views or policies of Eagle Analytical or its employees.

--

Nate Dahl Dahl's Pharmacy

Timesheet for Brett Kandt –

Nathan Dahl, R.Ph., and Dahl's Specialty Pharmacy of Carson, CASE NOS. 21-069-RPH-N/21-069-PH-N

DATE	TIME
6/16/2021	0.50

Confer with staff and draft request for records to ARL Bio Pharma in Oklahoma (ARL). in Case 21-069.

7/27/2021	1.50

Review investigative file and confer with staff; legal research; draft Notice of Intended Action and Accusation in Case 21-069.

7/28/2021	1.75

Review investigative file; legal research; draft Notice of Intended Action and Accusation in Case 21-069.

8/19/2021	2.75

Review investigative file and confer with staff; revise Notice of Intended Action and Accusation in Case 21-069.

8/24/2021	1.25

Review investigative file and consult staff regarding notice of closure of Dahl's Specialty Pharmacy of Carson; finalize and file Notice of Intended Action and Accusation in Case 21-069.

9/9/2021	0.50

Correspond with L. Stone regarding inquiry on Case 21-069.

9/13/2021	0.25

Confer with opposing counsel regarding representation and request for discovery in Case 21-069.

9/17/2021	0.25

Confer with opposing counsel regarding representation and request for extension of time to file Answer and Notice of Defense in Case 21-069.

9/24/2021	1.00

Review discovery production and provide to opposing counsel in Case 21-069.

9/27/2021	1.25

Review Answer and Notice of Defense; confer with staff and review investigative file in Case 21-069.

Exhibit 5

9/29/2021 0.50

Confer with opposing counsel and provide 6-3-21 voicemail from N. Dahl to D.L.'s daughter.

10/1/2021 0.75

Confer with opposing counsel regarding merits of case and factual allegations and potential resolution in Case 21-069.

10/4/2021 1.50

Prepare for hearing in Case 21-069; confer with staff and witnesses and prepare proposed exhibits.

10/6/2021 1.75

Prepare for hearing in Case 21-069; confer with staff and witnesses and prepare proposed exhibits.

11/8/2021 0.75

Confer with opposing counsel regarding issues of fact and evidence; draft proposed stipulated facts in Case 21-069.

11/24/2021 2.25

Confer with opposing counsel regarding issues of fact and evidence; prepare for hearing in Case 21-069; provide documentation of attorney's fees and costs to opposing counsel.

12/1/2021 1.00

Hearing in Case 21-065-CS-N

TOTAL 20.50 hours x $65.00/hour = $1352.50

Timesheet for Monica S. Segedy

Nathan Dahl, RPh, Case No. 21-069-PH-N

DATE	TIME	ACTIVITY
6/09/2021	3.00 Hours	Interviewed Christy Welch at Renown Medical Center Requested records from Dahls Pharmacy
6/11/2021	2.50 Hours	Received and reviewed Pharmacy records Consulted with Yehn Long re: PCCA Analysis of compounded drug. Discussion with Dahl
6/15/2021	5.00 Hours	Requested additional records from Dahl's Consulted with Yehn Long re: PCCA analysis of additional batch in question. Discussions with Dahl Interview of Dr. Tim Louie Met with Christy Welch @ Renown
6/16/2021	6.00 Hours	Discussions with Dahl regarding lab reports Contacted ARL Bio Pharma and Eagle Labs Consulted with General Counsel and request for records from ARL. Shipped pills to ARL, OKC Site visit to Dahl's Pharmacy – Carson City Meeting with Dahl and assessment of Dalfampridine remaining in the Pharmacy
6/21/2021	4.00 Hours	Service of request for records on ARL Bio Pharama Interview of Michael Darnaby – ARL Bio Pharma Received additional records from Dahl – reviewed records for compounded drugs 8/2020 to 5/2021 Review of and Analysis of Dahl formula worksheets
630/2021	1.50 Hours	Interview of Dahl regarding contradicting statements
7/01/2021	2.00 Hours	Review of statement received from Dahl prepared summary of obstruction and unprofessional conduct of Dahl. Review of voicemails provided by Welch
7/12/2021	0.50 Hours	Reviewed ARL Certificates of Analysis
7/14/2021	0.50 Hours	Contact with Christy Welch regarding test results
7/19/2021	1.0 Hours	Contacted Dahl and advised of the lab results Discussion about selling the pharmacy
7/26/2021	1.0 Hours	Discussion with new Pharmacist at Dahls

9/29/2021	2.50 Hours	Review of Accusation and Respondent's Answer Review of Case file Discussion with General Counsel
10/4/2021	1.00 Hours	Met with General Counsel – discussed case Contacted Witnesses
11/24/2021	1.00 Hours	Met with General Counsel – discussed case
12/1/2021	2.00 Hours	Reviewed case file Witness at hearing

TOTAL: 33.50 hours x $50.00/hour = $1675.00

Timesheet for Yenh Long –

Nathan Dahl, R.Ph., and Dahl's Specialty Pharmacy of Carson, CASE NOS. 21-069-RPH-N/21-069-PH-N

Date	Time
6/08/2021	1.00

Spoke with complainant regarding complaint submitted.

6/09/2021	1.00

Discussed case and evidence with BOP investigator and Executive Secretary.

6/15/2021	1.00

Reviewed new documents received from respondent with BOP investigator.

6/16/2021	0.50

Discussed with investigator official request for records from ARL Bio Pharma in Oklahoma (ARL).

07/12/2021	0.50

Reviewed ARL lab results with investigator and Executive Secretary

7/28/2021	2.00

Reviewed investigative file and draft of Notice of Intended Action and Accusation.

8/10/2021	2.00

Reviewed investigative file, factual allegations, timeline of events of the case with BOP investigator.

8/12/2021	0.50

Reviewed new draft of factual allegations.

8/24/2021	1.00

Reviewed revised draft of Notice of Intended Action and Accusation in Case 21-069.

TOTAL 9.5 hours x $65.00/hour = $617.5

Timesheet for Kris Mangosing –

Nathan Dahl, R.Ph., and Dahl's Specialty Pharmacy of Carson, CASE NOS. 21-069-RPH-N/21-069-PH-N

DATE	TIME
9/24/2021	2

Prepared Discovery request – Compile, redact, bate stamp

9/28/2021	1

Prepared Documents for Board Meeting Material

TOTAL 3 hours x $31.86/hour = $95.98

Timesheet for Shirley Hunting –

DAHL'S PHARMACY – NATHAN DAHL - Case No. 21-069-N

Date	Hours	Activity
08/25/2021	1	Prepared Accusations for filing/mailing.

Total Hours	
Rate	38.77
Total Costs	**38.77**

Timesheet for Dave Wuest –

Nathan Dahl, R.Ph., and Dahl's Specialty Pharmacy of Carson, CASE NOS. 21-069-RPH-N/21-069-PH-N

Date	Time
6/09/2021	1.00

Discussed case and evidence with BOP investigator and Deputy Executive Secretary.

6/15/2021	1.00

Reviewed new documents received from respondent with BOP investigator.

6/16/2021	0.50

Discussed with investigator official request for records from ARL Bio Pharma in Oklahoma (ARL).

07/12/2021	0.50

Discussed lab results with ARL staff

7-21-2021	0.50

Reviewed ARL lab results with investigator and Deputy Executive Secretary

7/28/2021	2.00

Reviewed investigative file and draft of Notice of Intended Action and Accusation.

8/10/2021	2.00

Reviewed investigative file, factual allegations, timeline of events of the case with BOP investigator.

8/11/2021	0.50

Reviewed new draft of factual allegations.

8/24/2021	1.00

Reviewed revised draft of Notice of Intended Action and Accusation in Case 21-069.

TOTAL 9 hours x $65.00/hour = $585

ARL Bio Pharma, Inc
840 Research Pkwy, Ste 546
Oklahoma City, OK 73104
Phone (405) 271-1144
www.arlok.com

Invoice

Date	Invoice #
6/21/2021	M10062

PAID 06/23/2021

Bill To
Nevada State Board of Pharmacy Attn David Wuest 431 West Plumb Lane Reno, NV 89509

Project	P.O. No.	Terms	Due Date
		Credit Card	6/21/2021

Quantity	Description	Rate	Amount
1	Attempt to identify the major pharmaceutical ingredient in two capsules: one labeled as "Pill Box" in a plastic baggie; one labeled as Dalfampridine 5mg. Quantitative analysis will be performed on each capsule 4-aminopyridine (Dalfampridine) be identified Charges Include Chain of Custody Electronic Documentation of Sample Analysis Certificate of Analysis	3,500.00	3,500.00

Total	$3,500.00
Payments/Credits	-$3,500.00
Balance Due	$0.00

reasonable necessary & actually incurred ~4K

Case: 21-069

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 22nd day of October, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

URI ASSA KRUTILIN, RPH
[redacted] W PEBBLE RD [redacted]
LAS VEGAS, NV, 89123

OMNICARE OF LAS VEGAS
1525 E SUNSET ROAD SUITE 16
LAS VEGAS, NV 89119

SHIRLEY HUNTING

EXHIBIT 1

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
• Web Page: bop.nv.gov

November 2, 2021

Uri Assa Krutilin
[redacted] W Pebble Rd [redacted]
Las Vegas, NV 89123

Re: Uri Assa Krutilin and Case No. 18-052-RPH-S

Dear Uri Assa Krutilin:

The hearing for case number 18-052-RPH-S has been scheduled for Wednesday, 12/1/2021 9:00:00 AM PST or soon thereafterat the following location:

Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

If you have any questions, please feel free to contact the board staff.

Sincerely,

Kristopher Mangosing
Assistant Board Coordinator

9171 9690 0935 0271 8396 96

Timesheet for Courtney K. Lee, Esq.
Nevada State Board of Pharmacy v. Omnicare/Krutilin, RPH –
Case No. 18-052

DATE	TIME	DESCRIPTION
8/23/2021	2.5	Review report of investigation; draft accusation
9/15/2021	1.0	Finalize accusation, to Reno for final review
11/9/2021	0.5	Telephone conference with Brian Convery, employee of Omnicare regarding potential settlement
11/9/2021	1.0	Draft proposed stipulation and order for Omnicare only
11/30/2021	1.0	Review case file in preparation for hearing (estimated)
12/1/2021	1.0	Hearing (estimated)
TOTAL	**7**	7 hours x $56 rate per hour = **$392.00**

Total attorney's fees and investigative costs:

$ 392.00 (Courtney K. Lee's Timesheet)

$1,357.00 (Dena McClish's, Investigator, Timesheet)

$1,749.00

Exhibit 2

Timesheet for Investigator Dena McClish
Nevada State Board of Pharmacy v. Omnicare/Krutilin –
Case No. 18-052

DATE	TIME	DESCRIPTION
6/28/2018	3.25	Visit Omnicare, obtain paperwork
7/30/2018	5.0	Review documents
7/31/2018	5.25	Review employee timecards for Omnicare, review Omnicare records
8/1/2018	3.75	Formulate spreadsheet regarding records
8/2/2018	1.0	Review spreadsheet, emails, records review
8/6/2018	3.25	Organize timecards, review spreadsheet, emails
8/7/2018	2.5	Drafted report of investigation
8/20/2018	1	Review report of investigation
8/27/2018	3.5	Revise report of investigation
9/12/2018	1.0	Final report of investigation, sent to Reno for review
TOTAL	**29.5**	29.5 hours x $46 rate per hour = $1,357.00

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner, **STIPULATION AND ORDER**

v. **Case No. 97-008A-RPH-S**

SIMA MOGHADAM, R.PH,
Certificate of Registration No. 11250

Respondent.
_____/

The Nevada State Board of Pharmacy and Respondent Sima Moghadam, hereby stipulate as follows:

1. That Amended Notice of Intended Action and Accusation was sent to Respondent and that Respondent received said Notice.

2. That Respondent is fully aware of his right to be served with an Accusation and have a hearing on the matters alleged in the Amended Notice of Intended Action, his right to reconsideration, his right to appeal, and any and all other rights which may be accorded to him pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

3. That Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal, and any and all other rights that may be accorded to him by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

4. That Respondent admits the truth of the matters alleged in the Amended Notice of Intended Action and Accusation.

5. That cause for disciplinary action against the Respondent exists pursuant to the provisions of Nevada Revised Statutes (NRS) 639.210 (4), Nevada Administrative Code (NAC) 639.945(1) (d) and (i).

6. That the admissions made herein are for the purpose of this proceeding only and shall have no force or effect in any other case or proceeding.

7. That based upon the Amended Notice of Intended Action and Accusation and the foregoing admissions, it is stipulated that the following penalty is imposed:

Respondent shall pay to the State of Nevada a fine of $150.00 personal or certified check, or money order made payable to "State of Nevada, Office of the Treasurer", and an administrative fee of $100.00 personal or certified check, or money order made payable to "Nevada State Board of Pharmacy". All moneys shall be mailed to and received by the Board office no later than ten days from the receipt of the Board's decision and order in this matter.

Respondent's failure to timely comply with the above-listed conditions shall result in a suspension of Respondent's license for a period of one year, effective immediately upon the date of the failure to comply with this Stipulation.

8. If this Stipulation is not accepted in its entirety by the Nevada State Board of Pharmacy, it shall have no effect whatsoever.

I have fully considered the charges and allegations contained in the Amended Notice of Intended Action. I understand my right to a hearing, as well as my right to reconsideration, appeal, and any and all other rights accorded me pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Practice Act, including my right to be represented by counsel at my own expense. **I hereby freely and voluntarily waive all these rights and agree to the terms of this Stipulation**.

5-6-97
DATED

Sima Moghadam, Pharm-D
Sima Moghadam, R.Ph

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective on the 6th day of August 1997.

6/27/97
DATED

Larry L. Pinson, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

SIMA MOGHADAM, R.PH,
Certificate of Registration No. 11250,

Case No. 97-008A-RPH-S

SMITH'S PHARMACY #385,
Certificate of Registration No. PH0867;

Case No. 97-008B-PH-S

Respondents.

/

COMES NOW Keith W. Macdonald, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter and these Respondents for the following reasons:

A. Respondent Sima Moghadam, is a registered pharmacist with the Board (Certificate of Registration Number 11250).

B. Respondent Smith's Pharmacy (Smith's #385) is a registered pharmacy with the Board (Certificate of Registration Number PH0867), located at 2211 North Rampart Boulevard, Las Vegas, Nevada.

II.

On or about November 19, 1996, Respondent Smith's #385 received a prescription for Tylenol #3 with 30mg Codeine 100 tablets. Respondent Moghadam misfilled the prescription with Tylenol #4 with 60mg Codeine 100 tablets.

III.

Respondent Moghadam labeled a stock bottle of Tylenol #4 with a printed label that indicated Tylenol #3.

IV.

The patient ingested three Tylenol #4 tablets. She took the first tablet and went to bed. The patient woke up several hours later and took a second tablet because she was not feeling well. The patient became very groggy and could not stay awake. She went to the bathroom and fell, injuring herself with broken glass and became bruised. At that time, the patient does not remember clearly, however she took her other medication and must have taken the third Tylenol #4 tablet.

FIRST CAUSE OF ACTION

V.

In incorrectly labeling and dispensing a prescription drug, Respondent Moghadam violated Nevada revised Statutes (NRS) 639.210(4) and Nevada Administrative Code

(NAC) 639.945 (1) (d) and (i).

SECOND CAUSE OF ACTION

VI.

In owning and operating the pharmacy in which the above acts and violations occurred, Respondent Smith's #385 violated NRS 639.210(4) and 639.945 (1) (i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 25th day of April, 1997.

Keith W. Macdonald

Keith W. Macdonald, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner, STIPULATION AND ORDER

v. Case No. 97-027A-RPH-S

SIMA MOGHADAM, R.PH,
Certificate of Registration No. 11250

Respondent.
_____/

The Nevada State Board of Pharmacy and Respondent Sima Moghadam, hereby stipulate as follows:

1. That Amended Notice of Intended Action and Accusation was sent to Respondent and that Respondent received said Notice.

2. That Respondent is fully aware of his right to be served with an Accusation and have a hearing on the matters alleged in the Amended Notice of Intended Action, his right to reconsideration, his right to appeal, and any and all other rights which may be accorded to him pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

3. That Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal, and any and all other rights that may be accorded to him by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

4. That Respondent admits the truth of the matters alleged in the Amended Notice of Intended Action and Accusation.

5. That cause for disciplinary action against the Respondent exists pursuant to the provisions of Nevada Revised Statutes (NRS) 639.210 (4), Nevada Administrative Code (NAC) 639.945(1) (d) and (i).

6. That the admissions made herein are for the purpose of this proceeding only and shall have no force or effect in any other case or proceeding.

7. That based upon the Amended Notice of Intended Action and Accusation and the foregoing admissions, it is stipulated that the following penalty is imposed:

Respondent shall pay to the State of Nevada a fine of $300.00 personal or certified check, or money order made payable to "State of Nevada, Office of the Treasurer", and an administrative fee of $100.00 personal or certified check, or money order made payable to "Nevada State Board of Pharmacy". All moneys shall be mailed to and received by the Board office no later than ten days from the receipt of the Board's decision and order in this matter.

Respondent's failure to timely comply with the above-listed conditions shall result in a suspension of Respondent's license for a period of one year, effective immediately upon the date of the failure to comply with this Stipulation.

8. If this Stipulation is not accepted in its entirety by the Nevada State Board of Pharmacy, it shall have no effect whatsoever.

I have fully considered the charges and allegations contained in the Amended Notice of Intended Action. I understand my right to a hearing, as well as my right to reconsideration, appeal, and any and all other rights accorded me pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Practice Act, including my right to be represented by counsel at my own expense. **I hereby freely and voluntarily waive all these rights and agree to the terms of this Stipulation**.

10-6-97 Dr. Sima Moghadam-Pharm-D

DATED Sima Moghadam, R.Ph

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective on the 22nd day of October 1997.

10/22/97
DATED

Larry L. Pinson, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

SIMA MOGHADAM, R.PH,
Certificate of Registration No. 11250,

Case No. 97-027A-RPH-S

SMITH'S PHARMACY #385,
Certificate of Registration No. PH0867;

Case No. 97-027B-PH-S

Respondents.

/

COMES NOW Keith W. Macdonald, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter and these Respondents for the following reasons:

A. Respondent Sima Moghadam, is a registered pharmacist with the Board (Certificate of Registration Number 11250).

B. Respondent Smith's Pharmacy (Smith's #385) is a registered pharmacy with the Board (Certificate of Registration Number PH0867), located at 2211 North Rampart Boulevard, Las Vegas, Nevada.

II.

On or about April 16, 1997, Respondent Smith's #385 received a prescription for Altace 5mg. The Mr. C had taken this medication before, still had some at home from his previous prescription, and did not begin taking the new medication until May 8, 1997. Respondent Moghadam misfilled the prescription with Hytrin 5 mg.

III.

Mr. C ingested the first dose of the misfilled Hytrin 5 mg. and called his wife, who had already gone to work, and stated he thought he was going to die. Mr. C's wife took the medication to another pharmacy to find out what it was and was told it was Hytrin 5 mg., not Altace 5 mg. as the prescription container read.

IV.

Mr. C suffered temporary discomfort (headache, weakness, tachycardia, disorientation) and anxiety. When Mrs. C brought the error to the attention of the staff of Smith's #385, whe was told that the error may have occurred "because both tablets are red." Mrs. C was dissatisfied with Smith's #385's response.

FIRST CAUSE OF ACTION

V.

In incorrectly filling, labeling and dispensing a prescription drug, Respondent Moghadam violated Nevada revised Statutes (NRS) 639.210(4) (16) and Nevada Administrative Code (NAC) 639.945 (1) (d) and (i).

SECOND CAUSE OF ACTION

VI.

In owning and operating the pharmacy in which the above acts and violations occurred, Respondent Smith's #385 violated NRS 639.210(4) (16) and NAC 639.945 (1) (d) (i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 22nd day of September, 1997.

Keith W. Macdonald

Keith W. Macdonald, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

SIMA MOGHADAM, R.Ph,
Certificate of Registration #11250,

Case No. 03-049-RPH-S

SUNRISE MEDICAL PHARMACY,
Certificate of Registration #PH01698,

Case No. 03-049-PH-S

Respondents.
_____/

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on April 14, 2004, in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel, and Respondent Sima Moghadam appeared and represented herself and Respondent Sunrise Medical Pharmacy. Board staff presented the testimony of Sylena Dean, and Ms. Moghadam testified. Based on testimony, Respondents' admissions, and documents presented as well as the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. Board Staff presented the testimony of Sylena Dean. Respondents made limited admissions regarding the facts of the matter and provided additional testimony by way of explanation and mitigation at hearing. Based upon the admissions, testimony, and evidence taken at hearing, the following are found to be the facts in this matter.

2. On May 2, 2003, Ms. Dean took her four-month-old son Gabriel to his pediatrician where he was diagnosed with a digestive problem and was given two prescriptions. One of the prescriptions was for Reglan (metoclopram 5 mg/5 ml syrup) with directions for use of, "1 cc QID AC 30 HS."

3. After the appointment with the pediatrician, on May 2, 2003, Ms. Dean took Gabriel's prescriptions to Sunrise Medical Pharmacy to have them filled. At the time, Ms. Moghadam owned and was the managing pharmacist for Sunrise Medical Pharmacy, located at 3006 South Maryland Parkway #101 in Las Vegas.

4. Ms. Moghadam filled Gabriel's prescription with the directions for use of, "TAKE ONE TEASOPOONFUL BY MOUTH FOUR TIMES DAILY 30 MINUTES BEFORE MEALS AND BEDTIME." Thus, the directions for use created and approved by Ms. Moghadam were five times as much Reglan as had been ordered.

5. Ms. Dean testified that when she picked up the medication, the only counseling she received from Ms. Moghadam was to follow the directions on the label and to have a nice day. Ms. Moghadam presented no convincing evidence that more occurred during the counseling transaction than was remembered by Ms. Dean. When Ms. Dean arrived home, she gave Gabriel a first dose of the Reglan as directed on the incorrect label. Ms. Dean gave Gabriel two more doses thereafter according to the directions on the incorrect label.

6. On May 3, 2003, Gabriel began having seizures. Ms. Dean described the seizures as Gabriel's eyes rolling back in his head and his body becoming rigid. Ms. Dean called 911, and Gabriel was taken to the hospital. At the hospital, it was determined that the Reglan prescription label was for teaspoonfuls, not cc's as actually

directed, and that Gabriel had been taking a five times overdose. The physicians who treated Gabriel found that he had a "positive toxic reaction secondary to Reglan." Gabriel was given Benadryl and Cogentin and the seizures subsided. Gabriel was hospitalized for 24 hours for treatment and observation.

7. Ms. Dean related the understandable concerns and fears that a mother would be expected to feel when her infant son began having unexplained and serious seizures. Fortunately, Ms. Dean testified that her understanding was that Gabriel suffered no permanent harm as a result of the Reglan overdose.

8. At hearing, Ms. Moghadam explained that she and her husband no longer own Sunrise Medical Pharmacy. She further testified that at the time the error was made regarding Gabriel's Reglan prescription, the pharmacy's computer system automatically defaulted to "teaspoons" for any prescription involving a liquid drug. Ms. Moghadam explained that after learning of the error regarding Gabriel's prescription, she changed the default setting in the pharmacy's computer so that all labels for liquid prescriptions were produced in milliliters rather than teaspoonfuls. Ms. Moghadam could not remember specifically providing counseling to Ms. Dean, and she testified that when the pharmacy was busy and because she was the only pharmacist at the pharmacy, she might not counsel a patient as she knew she should have. Ms. Moghadam acknowledged that the dosage contained on the label she produced on Gabriel's Reglan prescription exceeded the maximum recommended dose for an infant. Ms. Moghadam provided no testimony regarding her previous disciplinary actions. Finally, Ms. Moghadam testified that she is presently not practicing pharmacy and has no intention to practice pharmacy in the future.

CONCLUSIONS OF LAW

1. The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Moghadam is a pharmacist licensed by the Board and Respondent Sunrise Medical Pharmacy is a pharmacy licensed by the Board.

2. In dispensing Gabriel's Reglan prescription with incorrect directions for use, Ms. Moghadam violated NRS 639.210(4) and NAC 639.945(1)(d) and (i).

3. In failing to counsel Ms. Dean in a way that properly or adequately advised Ms. Dean that the dose of Reglan was excessive, Ms. Moghadam violated NRS 639.210(4) and NAC 639.707(1)(a) and (3)(a) and (e) and 639.945(1)(i).

4. In being repeatedly negligent in the filling of prescriptions, as evidenced by Ms. Moghadam's actions in Case Nos. 97-008A-RPH-S, 97-027A-RPH-S, and the present action, Ms. Moghadam violated NRS 639.210(4) and (16).

5. The Fourth Cause of Action against Sunrise Medical Pharmacy is dismissed because Ms. Moghadam no longer owns the pharmacy.

ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Ms. Moghadam shall pay a total fine of $5,000.00 ($3,000.00 for the First Cause of Action, $2,000.00 for the Second Cause of Action, and no fine for the Third Cause of Action) by cashier's or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office within 90 days of the effective date of this Order.

2. Within nine months of the effective date of this Order, Ms. Moghadam shall provide to the Board's Reno office evidence of the successful completion of six

continuing education units regarding pediatric dosing of prescription drugs and six continuing education units regarding the prevention of prescription errors. The twelve continuing education units are in excess of and cannot be counted as satisfying the mandatory continuing education units required to be completed for renewal of Ms. Moghadam's license.

3. Ms. Moghadam may not commence employment as a pharmacist until she has notified the Board's Reno office in writing of where and when she would like to work as a pharmacist. Upon receiving such notice from Ms. Moghadam that she was returning to the practice of pharmacy, Ms. Moghadam's license shall be placed on probation for a period of three years from the first day on which she returns to the practice of pharmacy. During the period of her probation, Ms. Moghadam will comply with all laws, whether federal or state and whether statute or regulation, regarding the practice of pharmacy.

4. The failure by Ms. Moghadam to comply with any term of this Order shall result in the immediate suspension of her registration until all terms applicable to her are fully complied with and will result in further discipline, up to and including revocation of her license. Furthermore, any failure to pay any fine, fee, or cost ordered herein will also result in such legal action as Board staff determines to be necessary to collect the unpaid fine, fee, or cost.

Signed and effective this 13th day of May, 2004.

Larry L. Pinson, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

SIMA MOGHADAM, R.Ph.
Certificate of Registration No. 11250

Case Number 03-049-RPH-S

SUNRISE MEDICAL PHARMACY
Certificate of Registration No: PH01698

Case Number 03-049-PH-S

Respondents.
_____/

COMES NOW Keith W. Macdonald, in his official capacity as Executive Secretary of the Nevada State board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Sima Moghadam is a pharmacist licensed by the Board and Respondent Sunrise Medical Pharmacy was a pharmacy licensed by the Board, located at 3006 South Maryland Parkway #101, Las Vegas, Nevada. At all times pertinent to this matter, Ms. Moghadam was the owner and managing pharmacist of Sunrise Medical Pharmacy.

II.

On or about May 2, 2003, Ms. D took her four-month old son, Baby B, to his pediatrician where he was diagnosed with a digestive problem and was given two prescriptions. One of the prescriptions was for Reglan 5 mg./5 ml. syrup with directions for use of, "1 cc QID AC 30 HS."

III.

Ms. Moghadam filled Baby B's Reglan prescription with the directions for use of, "TAKE ONE TEASPOONFUL BY MOUTH FOUR TIMES DAILY 30 MINUTES BEFORE MEALS AND BEDTIME." Thus, the directions for use created and approved by Ms. Moghadam were five times as much Reglan as had been ordered.

IV.

Ms. D indicated that when she picked up the medication, the only counseling she received from Ms. Moghadam was to follow the directions on the label and to have a nice day. Ms. D began her son's medication therapy when they arrived home. Ms. D gave Baby B the medication as directed on the bottle three times.

V.

On May 3, 2003, Patient B began having seizures. Ms. D called 911 and Patient B was taken to the hospital. It was determined at that time that the Reglan prescription label was written with directions to take 1 teaspoonful four times a day, a five times overdose.. The physicians who treated Baby B found that Baby B had a "positive toxic reaction secondary to Reglan." Baby B was given Benadryl and Cogentin and the seizures subsided over time. Baby B remained hospitalized for 24 hours for treatment

and observation and is now doing well.

FIRST CAUSE OF ACTION

VI.

In dispensing Baby B's prescription with incorrect directions for use, Ms. Moghadam violated NRS 639.210(4) and Nevada Administrative Code (NAC) 639.945 (1)(d) and (i).

SECOND CAUSE OF ACTION

VII.

The dosage on the label of Baby B's Reglan plainly and clearly exceeded the maximum dose for Baby B. Ms. Moghadam knew that Baby B was a four-month old infant who would be the patient who would receive the Reglan.

VIII.

In failing to properly or adequately advise Ms. D during counseling that the dose of Reglan was excessive, Ms. Moghadam violated NRS 639.210(4) and NAC 639.707(1)(a) and (3)(a) and (e) and 639.945(1)(i).

THIRD CAUSE OF ACTION

IX.

On June 25, 1997, the Board approved and entered as an order a Stipulation and Order regarding Ms. Moghadam (Case No. 97-008A-RPH-S). The facts underlying the Stipulation and Order were that Ms. Moghadam had placed a Tylenol #3 with 30 mg. Codeine label (the label was correct) upon a stock bottle of Tylenol #4 with 60 mg. of Codeine and dispensed the incorrectly labeled prescription to a patient. The patient

became groggy, fell in her bathroom, and suffered a cut and some bruising. By the Stipulation and Order, Ms. Moghadam paid a fine of $150.00 and an administrative fee of $100.00.

X.

On October 22, 1997, the Board approved and entered as an order a Stipulation and Order regarding Ms. Moghadam (Case No. 97-027A-RPH-S). The facts underlying the Stipulation and Order were that Ms. Moghadam had filled a patient's Altace 5 mg. prescription with Hytrin 5 mg. and had dispensed the incorrectly filled prescription to a patient. The patient suffered temporary headache, weakness, tachycardia, disorientation, and anxiety, but suffered no permanent harm. By the Stipulation and Order, Ms. Moghadam paid a fine of $300.00 and an administrative fee of $100.00.

XI.

In being repeatedly negligent in the filling of prescriptions, as evidenced by Ms. Moghadan's actions in Case Nos. 97-008A-RPH-S, 97-027A-RPH-S, and the instant action, Ms. Moghadan violated NRS 639.210(4) and (16).

FOURTH CAUSE OF ACTION

XII.

In owning and operating the pharmacy in which Ms. Moghadam committed her violations, from which the incorrect prescription was dispensed, and from which Ms. D was improperly or inadequately counseled, Sunrise Medical Pharmacy violated NRS 639.210(4) and NAC 639.945 (1)(d) and (i) and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the licenses or registrations of the Respondents.

Signed this 3 day of March, 2004.

Keith W. Macdonald

Keith W. Macdonald, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ANSWER AND NOTICE OF DEFENSE

SIMA MOGHADAM, R.Ph.
Certificate of Registration No. 11250

Case Number 03-049-RPH-S

Respondent.

_____/

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That a hearing on the Notice of Intended Action and Accusation (is) (is not) requested (delete inapplicable term).

2. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

\\\

3. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I would like to thank the Nevada State Board of Pharmacy for giving me this right. The right to a hearing before the Nevada State Board of Pharmacy. Therefore I can personally apologize to the family of patient and the Board members. My intention for coming to this hearing is to let the patient and the Board members to know that the mistake wasn't made intentionally, and I'm sorry for all the inconvinice which I caused for parents of Gabriel Barrios.

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this 13 day of March, 2004.

Sima Moghadam, R.Ph.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

STATEMENT TO THE RESPONDENT
NOTICE OF INTENDED ACTION
AND ACCUSATION
RIGHT TO HEARING

SIMA MOGHADAM, R.Ph.
Certificate of Registration No. 11250

Case Number 03-049-RPH-S

Respondent.
_____/

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the board by the Petitioner, Keith W. Macdonald, Executive Secretary for the board, alleging grounds for imposition of disciplinary action by the board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. It is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen

(15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

The Board has reserved Wednesday, April 14, 2004 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 3720 Howard Hughes Parkway, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

Failure to complete and file your Notice of Defense with the board within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 3rd day of March, 2004.

Keith W. Macdonald

Keith W. Macdonald, Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ANSWER AND
NOTICE OF DEFENSE

SIMA MOGHADAM, R.Ph.
Certificate of Registration No. 11250

Case Number 03-049-RPH-S

Respondent.

_____/

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That a hearing on the Notice of Intended Action and Accusation (is) (is not) requested (delete inapplicable term).

2. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

\\\

3. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____,2004.

_____
Sima Moghadam, R.Ph.

Financial Statements
June 30, 2021

Nevada State Board of Pharmacy

eidebailly.com

EideBailly

Nevada State Board of Pharmacy
Table of Contents
June 30, 2021

EideBailly

CPAs & BUSINESS ADVISORS

Independent Auditor's Report

To the Members of the Board
Nevada State Board of Pharmacy
Reno, Nevada

Report on the Financial Statements
We have audited the accompanying financial statements of the governmental activities and remaining fund information Nevada State Board of Pharmacy (Board) as of and for the year ended June 30, 2021, and the related notes to the financial statements, which collectively comprise the Board's basic financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility
Our responsibility is to express opinions on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Opinions
In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the governmental activities and remaining fund information of the Nevada State Board of Pharmacy, as of June 30, 2021, and the changes in financial position for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Required Supplementary Information
Accounting principles generally accepted in the United States of America require that the management's discussion and analysis on pages 4 through 8, pension information – schedule of changes in net pension liability on page 26, pension information – schedule of contributions on page 27, other post-employment benefit information – schedule of changes in net other post-employment benefits liability on page 28, other post-employment benefit information – schedule of contributions on page 29, and the notes to the required supplementary information on page 30, be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Information
Our audit was conducted for the purpose of forming an opinion on the financial statements that collectively comprise Nevada State Board of Pharmacy financial statements. The accompanying condensed schedules of net position and condensed schedules of activities are presented for purposes of additional analysis and are not a required part of the financial statements. The accompanying Schedule of Expenditures of Federal Awards is presented for purposes of additional analysis as required by the audit requirements of Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform, Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards* (Uniform Guidance) and is not a required part of the financial statements.

The condensed schedules of net position and condensed schedules of activities and the schedule of expenditures of federal awards are the responsibility of management and was derived from and relate directly to the underlying accounting and other records used to prepare the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the condensed schedules of net position and condensed schedules of activities and the schedule of expenditures of federal awards are fairly stated, in all material respects, in relation to the basic financial statements as a whole.

Report on Summarized Comparative Information

We have previously audited, in accordance with accounting standards generally accepted in the United States of America, the basic financial statements of Nevada State Board of Pharmacy, as of and for the year ended June 30, 2020 and have issued our report dated November 19, 2020, which we expressed an unmodified opinion on the respective financial statements of the governmental activities and remaining fund information.

The condensed schedules of net position and condensed schedules of activities related to the 2020 financial statements are presented for purposes of additional analysis and were derived from and relate directly to the underlying accounting and other records used to prepare the 2020 financial statements. The information has been subjected to the auditing procedures applied in the audit of the 2020 basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare those financial statements or to those financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. The condensed schedules of net position and condensed schedules of activities are consistent in relation to the basic financial statements from which they have been derived.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated November 2, 2021, on our consideration of the Nevada State Board of Pharmacy's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Nevada State Board of Pharmacy's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Nevada State Board of Pharmacy's internal control over financial reporting and compliance.

Eide Bailly LLP

Reno, Nevada
November 2, 2021

The Board members' and management's discussion and analysis of the Nevada State Board of Pharmacy's (Board) financial condition and activities for the fiscal year ended June 30, 2021 is presented in conjunction with the audited financial statements.

Financial Highlights

- Program revenue for the fiscal year ended June 30, 2021 was approximately $3,900,000 representing a $1,100,000 increase from the fiscal year ended June 30, 2020.
- Then Nevada State Legislative Commission approved fee increases for three license types at their October 2019 meeting which will have a positive impact on the Board's financials in future years. The fee increases eliminate a structural deficit the Board experienced in the previous year.
- Fees were increased from $80 to $200 for controlled substances licenses, pharmacist license fees were increased from $180 to $200, and pharmacy tech license fees were increased from $40 to $50.
- The Board has enhanced the Prescription Drug Monitoring Program to include related services for healthcare professionals and reporting for State health officials. These additions were fully funded by grant funding and will cease upon loss of grant funds. These expansions do not represent a commitment of Board funds in future years.

Overview of Annual Financial Report

Management's Discussion and Analysis (MD&A) serves as an introduction to, and should be read in conjunction with, the basic audited financial statements and supplementary information. The MD&A represents the Board members' and management's examination and analysis of the Board's financial condition and performance. Summary financial statement data, key financial and operational indicators used in the Board's strategic plan, budget, and other management tools were used for this analysis.

The Board uses the modified accrual basis of accounting for internal financial statement reporting. The financial statements have been prepared in accordance with generally accepted accounting principles as they apply to governmental units. The financial statements include a balance sheet, a statement of revenues, expenditures, and changes in fund balance, and notes to the financial statements.

The Statement of Net Position and Governmental Fund Balance Sheet present the financial position of the Board on both the modified accrual basis under the general fund and the full accrual basis as net position. This statement provides information on the Board's assets, deferred outflows, liabilities and deferred inflows, with the difference reported as net position/fund balance. Over time, increases and decreases in net position/fund balance are one indicator of whether the financial position of the Board is improving or deteriorating.

The Statement of Net Position and Governmental Fund Balance Sheet provide information about the nature and amount of resources and obligations at year-end. The Statement of Activities and Governmental Fund Revenue, Expenditures and Changes in Fund Balance presents the results of the activities over the course of the fiscal year and information as to how the fund balance and net position changed during the year. The fund balance changes under the modified accrual method when revenue is received or the expenditure is made, while changes in net assets under the full accrual method are recorded as soon as the underlying event giving rise to the change occurs, regardless of the timing of the related cash flows. This statement also provides certain information about the Board's recovery of its costs.

The notes to financial statements provide required disclosures and other information that are essential to a full understanding of material data provided in the statements. The notes present information about the Board's accounting policies, significant account balances and activities, material risks, obligations, commitments, contingencies and subsequent events, if any.

The financial statements were prepared by the Board's staff from the detailed books and records of the Board. The financial statements were audited during the independent external audit process.

Financial Analysis

The basic financial statements, as well as the required supplementary information, serve as the key financial data for the Board members' and management's monitoring and planning.

Statement of Net Position

The Board's net position remains strong at year-end with adequate liquid assets to fulfill its responsibilities even though the net position is a deficit at year end. The Board members and management believe the current financial condition and staff capabilities are sufficient to meet anticipated operating expenses and operational objectives. During the year ended June 30, 2015, the Board implemented GASB 68 and 71, Accounting and Financial Reporting for Pensions and Pension Transitions for Contributions Made Subsequent to the Measurement Date., respectively. In March 2016, the GASB issued Statement No. 82, Pension Issues – An Amendment of GASB Statements No. 67, No. 68, and No. 73, effective for periods beginning after June 15, 2016, or June 15, 2017 when an employer's pension liability is measured on a date other than the employer's most recent fiscal year-end. The objective of this statement is to address certain issues that have been raised with respect to GASB Statements No. 67, No. 68, and No. 73 regarding (1) the presentation of payroll-related measures in required supplementary information, (2) the selection of assumptions and the treatment of deviations from the guidance in an Actuarial Standard of Practice for financial reporting purposes, and (3) the classification of payments made by employers to satisfy employee (plan member) contribution requirements. Management has implemented the statement during the year ended June 30, 2018.

During the year ended June 30, 2018, the Board implemented GASB Statement No. 75. *Accounting and Financial Reporting for Postemployment Benefits other than Pensions* (GASB 75) as required. The purpose of the statement is to improve accounting and financial reporting by state and local governments for postemployment benefits other than pensions (other postemployment benefits or OPEB). It also improves information provided by state and local governmental employers about financial support for OPEB that is provided by other entities. Total OPEB Liability (referred to as the Actuarial Accrued Liability under GASB 45) must be determined using the Entry Age Normal actuarial cost method as opposed to the Projected Unit Credit actuarial cost method used under GASB 45. This change in actuarial cost method resulted in a decrease in the Total OPEB Liability.

The impact of the implementation of these standards to the current year is to include certain deferred inflows and outflows of resources and reflect a net pension liability for the PERS retirement program and a net other post-employment liability as it relates to the Board. The financial impact resulted in the net position of the Board being a deficit of $2,449,963 and $2,793,082 at June 30, 2021 and 2020, respectively.

Statement of Activities

Revenue: The program revenue received by the Board is generated through the registration, renewal and licensure of pharmacies and pharmacists. Total revenue received by the Board for fiscal year ended June 30, 2021 was approximately $5,600,000, representing a $1,400,000 increase from the fiscal year ended June 30, 2020.

Expenses: Operating expenses for the fiscal year ended June 30, 2021 were approximately $5,200,000, representing an increase over the fiscal year ended June 30, 2020 of approximately $300,000. The increase primarily relates to an increase in retirement benefits, and professional contract services with offsetting decreases in salaries.

General Fund Budgetary Highlights

Total revenue received was more than the budgeted amount by approximately $420,000. The categories of Credit Card Fees and Registrations were the primary variances. This was the first year that online renewals were accepted for all license types which resulted in credit cards being the most used form of payments. Credit card fees are equal to five percent of every transaction run as credit through the licensing system.

Total expenses were less than the budgeted amounts by approximately $391,000. Savings were primarily due to salary savings related to vacant positions, and travel being restricted due to COVID-19. A planned increase in office space was also delayed due to COVID-19 concerns which resulted in substantial savings in the operating category of approximately $190,000. All planned travel delayed due to COVID-19 concerns resulted in substantial savings in the travel category of approximately $139,000.

Economic Factors and Next Year's Budget

The Board is charged with, and given statutory authority, to provide public protection through the licensure and regulation of pharmacists, pharmacies, and other businesses and their employees involved in the manufacture, distribution, and dispensation of drugs. The Board provides direction of staff actions toward its mission of public protection through licensure and disciplinary measures.

To this end, the Board has implemented a variety of changes that include continued software development to automate various job functions which provides cost savings in personnel services. Staff has been directed to continue seeking areas in which operating expenses can be reduced without jeopardizing the high level of customer service the licensees and public have come to know.

Through the Board members' and management's review of the annual budget and monthly income and expense statements, it is expected that these tools will continue to provide the Board with sufficient long and short-term planning information.

With COVID-19 restrictions lifting, it is anticipated that vacancies will be filled as they occur. It is also anticipated that travel will resume to pre-pandemic levels, and that expansion in office space and staff will occur as budgeted.

Following are the condensed statements of net position for the years ended June 30:

	2021 Actual Government-Wide	2020 Actual Government-Wide
Assets		
Cash and cash equivalents	$ 4,310,915	$ 2,122,747
Accounts and grants receivable	76,636	29,088
Prepaid expenses and deposits	16,021	21,524
Capital assets, net of accumulated depreciation	6,338	19,286
Total assets	4,409,910	2,192,645
Deferred Outflows of Resources	1,165,813	1,302,018
Total assets and deferred outflows of resources	5,575,723	3,494,663
Liabilities		
Accounts payable and accrued expenses	207,217	171,495
Wholesaler license deposits	125,000	100,000
Grants received in advance	33,622	-
License fees received in advance	2,274,554	694,430
Net other post-employment benefit liability	1,443,826	1,344,606
Net pension liability	3,556,176	3,611,686
Total liabilities	7,640,395	5,922,217
Deferred Inflows of Resources	391,762	365,528
Total liabilities and deferred inflows of resources	8,032,157	6,287,745
Net Position		
Net position		
Invested in capital assets	6,338	19,286
Unrestricted	(2,462,772)	(2,812,368)
Total Net Position	$ (2,456,434)	$ (2,793,082)

Following are the condensed statements of activities for the years ended June 30:

	2021 Actual Government-Wide	2020 Actual Government-Wide
Expenses		
Operations	$ 1,778,933	$ 1,735,954
Personnel	3,411,467	3,073,565
Travel	36,217	75,592
Total expenses	5,226,617	4,885,111
Program Revenue		
Fees, licensing, and permits (charges for services)	3,943,720	2,865,591
General Revenue		
Grant revenue	1,344,052	1,208,099
Investment income	16,783	32,412
Other income	258,710	109,428
Total general revenue	1,619,545	1,349,939
Total revenue	5,563,265	4,215,530
Change in Net Position	$ 336,648	$ (669,581)

Nevada State Board of Pharmacy
Statement of Net Position and Governmental Fund Balance Sheet
June 30, 2021

	General Fund	Adjustments (Note 9)	Statement of Net Position
Assets			
Cash and investments	$ 4,310,915	$ -	$ 4,310,915
Prepaid expenses	16,021	-	16,021
Accounts receivable	76,636	-	76,636
Deposits	-	-	-
Capital assets, net of accumulated depreciation	-	6,338	6,338
Total assets	4,403,572	6,338	4,409,910
Deferred Outflows of Resources			
Net other post-employment benefit liability related	-	160,920	160,920
Net pension liability related	-	1,004,893	1,004,893
Total deferred inflows of resources	-	1,165,813	1,165,813
Total assets and deferred outflows of resources	4,403,572	1,172,151	5,575,723
Liabilities			
Accounts payable	24,992	-	24,992
Accrued compensated absences			
Due within one year	-	64,000	64,000
Due in more than one year	-	118,225	118,225
Wholesaler license deposits	125,000	-	125,000
Grants received in advance	33,622		33,622
Licensing fees received in advance	2,274,554	-	2,274,554
Net other post-employment benefit liability	-	1,443,826	1,443,826
Net pension liability	-	3,556,176	3,556,176
Total liabilities	2,458,168	5,182,227	7,640,395
Deferred Inflows of Resources			
Net other post-employment benefit liability related	-	102,538	102,538
Net pension liability related	-	289,224	289,224
Total deferred inflows of resources	-	391,762	391,762
Total liabilities and deferred inflows of resources	2,458,168	5,573,989	8,032,157
Fund Balance/Net Position			
Fund balance			
Nonspendable			
Prepaid expenses and deposits	16,021	(16,021)	-
Unassigned	1,929,383	(1,929,383)	-
Total fund balances	1,945,404	(1,945,404)	-
Total liabilities and fund balance	$ 4,403,572		
Net position			
Invested in capital assets		6,338	6,338
Unrestricted		(2,462,772)	(2,462,772)
Total Net Position		$ (2,456,434)	$ (2,456,434)

See Notes to Financial Statements

Nevada State Board of Pharmacy

Statement of Activities and Governmental Fund Revenue, Expenditures, and Changes in Fund Balance

Year Ended June 30, 2021

	General Fund	Adjustments (Note 9)	Statement of Activities
Expenditures/Expenses			
Board operations	$ 4,960,624	$ 265,993	$ 5,226,617
Program Revenue			
Charges for services, licensing revenue	3,943,720	-	3,943,720
Net program revenue	(1,016,904)	(265,993)	(1,282,897)
General Revenue			
Grant revenue	1,344,052	-	1,344,052
Investment income	16,783	-	16,783
Other income	258,710	-	258,710
	1,619,545	-	1,619,545
Excess (Deficiency) of Revenue over (under) Expenditures	602,641	(602,641)	-
Change in Net Position	-	336,648	336,648
Fund Balance/Net Position			
Beginning of year	1,342,763	(4,135,845)	(2,793,082)
End of Year	$ 1,945,404	$ (4,401,838)	$ (2,456,434)

See Notes to Financial Statements

Note 1 - Reporting Entity and Summary of Significant Accounting Policies

The Nevada State Board of Pharmacy (the Board) was created in 1901. The Board is regulated by the Nevada Revised Statutes, which also specify the authorized activities of the Board. The Board is the licensing and regulatory agency for pharmacists and pharmacies as well as fifteen other license types in the State of Nevada.

The financial statements of the Board have been prepared in accordance with generally accepted accounting principles as applied to governmental units. The Governmental Accounting Standards Board (GASB) is the accepted standard-setting body for establishing governmental accounting and financial reporting principles.

The following is a summary of the more significant accounting policies.

Reporting Entity

Effective July 1, 2001, Chapter 353 of the Nevada Revised Statutes (NRS) was amended to exempt certain professional and occupational boards from the state budget act and the provisions governing the administration of state funding. The provisions of Chapter 353 do not apply to boards created pursuant to chapters 623 to 625A, inclusive, 628, 630 to 640A inclusive, 641 to 644, inclusive, 654 and 656 of the NRS and the officers and employees thereof. Accordingly, the Board's budgeting and accounting practices and procedures have been removed from the oversight of the Department of Administration.

The Board's financial statements are not included in the financial statements of the State of Nevada since the State does not exercise financial or administrative control over the Board. This is in conformance with GASB codification Section 2100, Defining the Government Reporting Entity.

Basis of Presentation

The Board is defined as a single-program special-purpose entity under GASB Statement No. 14, paragraph 131 as amended by GASB Statement No. 39. This classification allows for the preparation of GASB 34 financial statements under an optional reporting method which combines the fund and government-wide statements into a single presentation. Under standard GASB 34 methodology, the government-wide statement of net position and statement of activities are presented independently from the respective fund balance sheet and statement of revenues, expenditures, and fund balance. A reconciliation of adjustments provided on the modified financial statements demonstrates the changes from the fund financial statements to the government-wide financial statements in order to assist the reader in evaluating these statements. The Board has utilized this optional method of presentation.

Basis of Accounting

The government-wide financial statements are reported using the economic resources measurement focus and the accrual basis of accounting. Revenues are recorded when earned and expenses are recorded when a liability is incurred, regardless of the timing of related cash flows.

Governmental fund financial statements are reported using the current financial resources measurement focus and the modified accrual basis of accounting. Revenue is recognized as soon as it is both measurable and available. "Measurable" means the amount of the transaction can be determined and "available" means collectable within the current period or soon enough thereafter to pay liabilities of the current period. For this purpose, the government considers revenues to be available if they are collected within 60 days of the end of the current fiscal period. Expenditures generally are recorded when a liability is incurred, as under accrual accounting.

Cash and Investments

Cash is maintained in two commercial banks in Reno, Nevada. The Board participates in the State of Nevada collateralization program to assure that funds deposited are protected.

Cash also consists of time certificates of deposit, which are stated at fair value. The net increase (decrease) in the fair value of the investments is the difference between the cost (if purchased during the fiscal year) or the fair value of the investments at the beginning of the year, and the fair value of the investments at the end of the year. Changes in fair value of the certificates are reflected, together with interest income, as investment income in the accompanying financial statements. The Board's certificates are held in its name and it participates in the State of Nevada collateralization program to assure that funds deposited are protected. By statutes, all cash must be deposited in entities that are located in the State of Nevada.

Capital Assets

Capital assets, which include furniture, fixtures, and equipment, are reported in the net position column in the government-wide financial statements. Capital assets are defined by the Board as assets with an initial, individual cost of $500 and an estimated useful life of at least one year. Such assets are recorded at historical cost. Donated assets are recorded at estimated fair market value at the date of donation. The costs of normal maintenance and repairs that do not add to the value of the asset or materially extend asset lives are expensed as incurred. Capital assets are depreciated using the straight-line method over three to twenty years.

Under the modified accrual basis of accounting, acquisitions are considered expenditures in the year purchased.

Compensated Absences

Compensated absences are accounted for in accordance with GASB Statement 16, Accounting for Compensated Absences, which requires that a liability for compensated absences relating to services already rendered and that are not contingent on a specified event be accrued as an employee earns the rights to the benefits. Compensated absences relating to future services or that are contingent on a specified event will be accounted for in the period those services are rendered, or those events take place. The Board policy permits employees to accumulate earned but unused comp time, vacation and sick benefits subject to certain limitations on hours based on years of service. The sick time paid upon termination is limited to certain payout requirements and has hereby been reflected in the accompanying financial statements based upon these limitations. For the general fund, only the portion of the compensated absences paid from available resources, within 60 days following year-end, are reflected as a liability, if applicable. The full liability is reflected in the government-wide financial statements.

Wholesaler License Deposits

In accordance with statutes, non-publicly traded companies that are wholesalers of prescription drugs must provide a bond, cash deposit or other form of security. There are two companies that provided cash as security under this statute. The cash and liability are reflected in the accompanying financial statements.

Licensing and Licensing Fees Received in Advance

Licensing revenue includes fees for applications, registration and renewal, fines and penalties for late registration and disciplinary fines and charges for administrative duties performed by the Board.

The Board administers its licensing registration on biennial periods from November through October. Licensing fees received in advance represents revenue from the biennial renewals of licenses and the registration of new licenses and is recognized ratably over the license period.

Deferred Outflows and Inflows of Resources

In addition to assets, a separate section is reported for deferred outflows of resources. This separate financial statement element, deferred outflows of resources, represents a consumption of net position that applies to a future period and will not be recognized as an outflow of resources (expense/expenditure) until then. The differences between expected and actual experience, changes in assumptions, changes in proportion, and differences between employer contributions and proportionate share of contributions as well as contributions made after the measurement period for pensions qualify for reporting in this category.

In addition to liabilities, a separate section is reported for deferred inflows of resources. This separate financial statement element, deferred inflows of resources, represents an acquisition of net position that applies to a future period and will not be recognized as an inflow of resources (revenue) until that time. Differences between expected and actual experience and between projected and actual investment earnings on pension plan investments qualify for reporting in this category.

Fund Equity and Net Position

In the governmental fund financial statements, fund balances are classified as follows:

Nonspendable - represents amounts that are either not in a spendable form or are legally or contractually required to remain intact. The Board includes fund balances that have been prepaid for expenses and deposits on hand in this category.

Restricted – represents amounts which can be spent only for specific purposes because of state or federal laws, or externally imposed conditions. The Board has no restricted fund balances.

Committed – represents amounts which can be used only for specific purposes determined by the members of the governing Board's formal action through a resolution or action. The Board has no committed funds.

Assigned - represents amounts that are intended by the Board for specific purposes but do not require action by the governing Board. The Board has no assigned funds.

Unassigned – represents all amounts not included in spendable classifications.

The Board's policy is to first apply expenditures against restricted, committed, assigned fund balances and then unassigned balances. On an annual basis, assigned fund balances are determined based upon available resources.

In the government wide financial statements equity is classified as net position and displayed in the three following components, as applicable:

- Net invested in capital assets – consists of capital assets, net of accumulated depreciation and any related debt.
- Restricted net position – consists of net position with constraints placed on their use either by (1) external groups such as creditors, grantors, contributors, or laws and regulations of other governments; or (2) law through constitutional provisions or enabling legislation.
- Unrestricted net position – net position that is neither classified as "invested in capital assets" nor as "restricted."

The Board's policy is to first apply expenditures against restricted net position and then unrestricted balances.

Pensions

For purposes of measuring the net pension liability, deferred outflows of resources, deferred inflows of resources and pension expense, information about the fiduciary net position of the Public Employees' Retirement System of Nevada (PERS) and additions to/deductions from PERS's fiduciary net position have been determined on the same basis as they are reported by PERS. For this purpose, benefit payments (including refunds of employee contributions) are recognized when due and payable in accordance with the benefit terms. Investments are reported at fair value.

Postemployment Benefits Other Than Pensions (OPEB)

For purposes of measuring the net OPEB liability, deferred outflows of resources and deferred inflows of resources related to OPEB, and OPEB expense, information about the fiduciary net position of the Self Insurance Trust Fund, Public Employees' Benefits Program (PEBP) and additions to/deductions from PEBP's fiduciary net position have been determined on the same basis as they are reported by PEBP. For this purpose, PEBP recognizes benefit payments when due and payable in accordance with the benefit terms. PEBP's cash and cash equivalents consist of short-term, highly liquid investments that are both (a) readily convertible to known amounts of cash and (b) so near to materiality that they present insignificant risk of changes in value due to charging interest rates.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Note 2 - Compliance with Nevada Revised Statutes and Nevada Administrative Code

The Board conformed to all significant statutory constraints on its financial administration during the fiscal year.

Note 3 - Deposits with Financial Institutions

The Board maintains its checking accounts and certificates of deposit in one commercial bank account and one brokerage account. The time certificates of deposit are held in the name of the Board. The accounts are insured by the Federal Deposit Insurance Corporation (FDIC) up to $250,000 in the aggregate per bank for the checking accounts and $250,000 for the time deposits.

The bank balances at June 30, 2021 is covered by the FDIC, and the amount not covered by the FDIC is collateralized with securities held by the Nevada Pooled Collateral program. By provisions of statutes, the Board is required to deposit all money in banks or savings and loan associations located in the State of Nevada.

Note 4 - Capital Assets

The Board has custodial responsibility to the State of Nevada for furniture, fixtures and equipment acquired with resources of the Board. The capital asset activity during the year is as follows:

	July 1, 2020	Increases	Decreases	June 30, 2021
Capital assets, being depreciated				
Office furniture and equipment	$ 755,339	$ -	$ -	$ 755,339
Software	129,060	-	-	129,060
Vehicle	123,225	-	-	123,225
	1,007,624	-	-	1,007,624
Less accumulated depreciation				
Office furniture and equipment	(727,801)	(2,945)	-	(730,746)
Software	(142,028)	(6,860)	-	(148,888)
Vehicle	(118,509)	(3,143)	-	(121,652)
	(988,338)	(12,948)	-	(1,001,286)
Net capital assets	$ 19,286	$ (12,948)	$ -	$ 6,338

Note 5 - Long-Term Obligations

Activity on long-term obligations as provided in the government-wide financial statements is as follows:

	July 1, 2020	Increases	Decreases	June 30, 2021	Current Portion
Licensing fees received in advance	$ 694,430	$ 4,575,930	$ (2,995,806)	$ 2,274,554	$ 2,274,554
Compensated absences	135,329	110,486	(63,590)	182,225	64,000
	$ 829,759	$ 4,686,416	$ (3,059,396)	$ 2,456,779	$ 2,338,554

Note 6 - Operating Lease

The Board currently leases office space in Reno and Las Vegas, Nevada. The leases for Reno and Las Vegas expire on December 31, 2028 and March 31, 2022, respectively. The monthly rental payments range from $2,845 to $15,172. The Board also leases a mail machine with monthly payments of $641 which expires in May of 2025.

The following is a schedule by years of future minimum rental payments:

Years Ending June 30,	
2022	$ 166,479
2023	162,453
2024	167,098
2025	171,239
2026	169,114
Thereafter	444,632
	$ 1,281,015

Rent expense for the year ended June 30, 2021 was $179,647.

Note 7 - Pensions

General Information About the Pension Plan

Plan Description

PERS (System) administers a cost-sharing, multiple-employer, defined benefit public employees' retirement system which includes both Regular and Police/Fire members. The System was established by the Nevada Legislature in 1947, effective July 1, 1948. The System is administered to provide a reasonable base income to qualified employees who have been employed by a public employer and whose earnings capacities have been removed or substantially impaired by age or disability.

Benefits Provided

Benefits, as required by the Nevada Revised Statutes (NRS or statute), are determined by the number of years of accredited service at time of retirement and the member's highest average compensation in any 36 consecutive months with special provisions for members entering the System on or after January 1, 2010 and for members entering the System on or after July 1, 2015. Benefit payments to which participants or their beneficiaries may be entitled under the plan include pension benefits, disability benefits, and survivor benefits.

Monthly benefit allowances for members are computed as 2.5% of average compensation for each accredited year of service prior to July 1, 2001. For service earned on and after July 1, 2001, this multiplier is 2.67% of average compensation. For members entering the System on or after January 1, 2010, there is a 2.5% service time factor and for regular members entering the System on or after July 1, 2015, there is a 2.25% multiplier. The System offers several alternatives to the unmodified service retirement allowance which, in general, allow the retired employee to accept a reduced service retirement allowance payable monthly during his or her lifetime and various optional monthly payments to a named beneficiary after his or her death.

Post-retirement increases are provided by authority of NRS 286.575 – 286.579.

Vesting

Regular members entering the System prior to January 1, 2010 are eligible for retirement at age 65 with five years of service, at age 60 with 10 years of service, or at any age with thirty years of service. Regular members entering the System on or after January 1, 2010, are eligible for retirement at age 65 with five years of service, or age 62 with 10 years of service, or any age with thirty years of service. Regular members who entered the System on or after July 1, 2015 are eligible for retirement at age 65 with 5 years of service, or at age 62 with 20 years of service or at age 55 with 30 years of service or at any age with 33 1/3 years of service.

The normal ceiling limitation on monthly benefits allowances is 75% of average compensation. However, a member who has an effective date of membership before July 1, 1985, is entitled to a benefit of up to 90% of average compensation. Both Regular and Police/Fire members become fully vested as to benefits upon completion of five years of service.

Contributions

The authority for establishing and amending the obligation to make contributions and member contribution rates is set by statute. New hires, in agencies which did not elect the Employer-Pay Contribution (EPC) plan prior to July 1, 1983 have the option of selecting one of two contribution plans. Contributions are shared equally by employer and employee. Employees can take a reduced salary and have contributions made by the employer (EPC) or can make contributions by a payroll deduction matched by the employer.

The System's basic funding policy provides for periodic contributions at a level pattern of cost as a percentage of salary throughout an employee's working lifetime in order to accumulate sufficient assets to pay benefits when due.

The System receives an actuarial valuation on an annual basis indicating the contribution rates required to fund the System on an actuarial reserve basis. Contributions actually made are in accordance with the required rates established by the Nevada Legislature. These statutory rates are increased/decreased pursuant to NRS 286.421 and 286.450.

The actuary funding method used is the Entry Age Actuarial Cost Method. It is intended to meet the funding objective and result in a relatively level long-term contributions requirement as a percentage of salary.

For the fiscal year ended June 30, 2020, the Statutory Employer/employee matching rate was 15.25% for Regular employees. The Employer-pay contribution (EPC) rate was 29.25%, for June 30, 2020 for Regular employees.

Pension Liabilities, Pension Expense, and Deferred Outflows of Resources and Deferred Inflows of Resources Related to Pensions

At June 30, 2021, the Board reported a liability of $3,556,176 for its proportionate share of the net pension liability. The net pension liability was measured as of June 30, 2020, and the total pension liability used to calculate the net pension liability was determined by an actuarial valuation as of that date. The Board's proportion of the net pension liability was based on total contributions due on wages paid during the measurement period. Each employer's proportion of the net pension liability is based on their combined employer contributions relative to the total combined employer contributions for all employers for the period ended June 30, 2020. At June 30, 2020, the Board's proportion was .02553% percent, which was a decrease of .00096% from its proportion measured at June 30, 2019.

For the years ended June 30, 2021, the Board recognized pension expense of $479,895. Amounts totaling $304,004 resulting from Board contributions subsequent to the measurement date will be recognized as a reduction of the net pension liability in year ended June 30, 2021. For the year ended June 30, 2021, the Board contributed $304,004 under the statutes requirements based on covered payroll of $2,104,627 which equates to 14.44% overall to the plan. At June 30, 2021, the Board reported deferred outflows of resources and deferred inflows of resources related to pension from the following sources:

	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	$ 110,488	$ 45,919
Changes of assumptions	99,889	-
Net difference between projected and actual investment earnings on pension plan investments	-	134,337
Changes in proportion	490,512	108,968
Contributions subsequent to the measurement date	304,004	-
	$ 1,004,893	$ 289,224

Amounts reported as deferred outflows of resources and deferred inflows of resources, without regard to the contributions subsequent to the measurement date, related to pensions will be recognized in pension expense as follows:

Years Ending June 30,	
2022	$ 110,291
2023	168,038
2024	116,199
2025	34,253
2026	(14,581)
Thereafter	(2,535)
	$ 411,665

The net difference between projected and actual investment earnings on pension plan investments will be recognized over five years, all the other above deferred outflow and deferred inflows will be recognized over the average expected remaining services lives, which was 6.13 years for the measurement period ending June 30, 2020.

Reconciliation of the net pension liability at June 30, 2021 is as follows:

Beginning net pension liability	$ 3,611,686
Pension expense	479,895
Employer contributions	(266,075)
Current year net deferred (inflows) and outflows	(269,330)
Ending net pension liability	$ 3,556,176

Actuarial Assumptions

The System's net pension liability was measured as of June 30, 2020, and the total pension liability used to calculate the net pension liability was determined by an actuarial valuation as of that date. The total pension liability was determined using the following actuarial assumptions, applied to all periods included in the measurement:

Inflation rate	2.75%
Payroll growth	5.00%, including inflation
Investment rate of return	7.50%
Productivity pay increase	0.50%
Projected salary increases	Regular: 4.25% to 9.15%, depending on service. Rates include inflation and productivity increases.
Consumer price index	2.75%
Other assumptions	Same as those used in the June 30, 2020 funding actuarial valuation

Actuarial assumptions used in the June 30, 2019 valuation were based on the results of the experience review completed in 2018.

The discount rate used to measure the total pension liability was 7.50% as of June 30, 2020. The projection of cash flows used to determine the discount rate assumed that employee and employer contributions will be made at the rate specified in statute. Based on that assumption, the pension plan's fiduciary net position at June 30, 2020, was projected to be available to make all projected future benefit payments of current active and inactive employees. Therefore, the long-term expected rate of return on pension plan investments was applied to all periods of projected benefit payments to determine the total pension liability as of June 30, 2020.

Investment Policy

The System's policies which determine the investment portfolio target asset allocation are established by the System. The asset allocation is reviewed annually and is designed to meet the future risk and return needs of the System. The following was the System's adopted policy target asset allocation as of June 30, 2020:

Asset Class	Target Allocation	Long-Term Geometric Expected Real Rate of Return *
Domestic Equity	42%	5.50%
International Equity	18%	5.50%
Domestic Fixed Income	28%	0.75%
Private markets	12%	6.65%

*As of June 30, 2020, PERS' long-term inflation assumption was 2.75%.

Discount Rate and Pension Liability Discount Rate Sensitivity

The following presents the net pension liability of the PERS as of June 30, 2020, calculated using the discount rate of 7.50%, as well as what the PERS net pension liability would be if it were calculated using a discount rate that is 1 percentage-point lower (6.50%) or 1 percentage-point higher (8.50%) than the current discount rate:

	1% Decrease Discount Rate (6.50%)	Discount Rate (7.50%)	1% Increase Discount Rate (8.50%)
Net pension liability	$ 5,545,837	$ 3,556,176	$ 1,901,423

Pension Plan Fiduciary Net Position

Additional information supporting the Schedule of Employer Allocations and the Schedule of Pension Amounts by Employer is located in the PERS Comprehensive Annual Financial Report (CAFR) available on the PERS website at www.nvpers.org under Quick Links – Publications.

Note 8 - Other Post Employment Retirement Benefits (OPEB)

General Information About the OPEB Plan

Plan Description

Employees of the Board are provided with OPEB through the Self Insurance Trust Fund, Public Employees' Benefits Program (PEBP) - a cost-sharing multiple employer defined benefit OPEB plan administered by the Public Employees' Benefits Program Board (PEBP Board) which was created in 1983 by the Nevada Legislature to administer group health, life and disability insurance for covered employees, both active and retired, of the State, and certain other participating public employers within the State of Nevada. PEBP does not provide for refunds of employee contributions. The Self Insurance Trust Fund issues a publicly available financial report that can be obtained at https://pebp.state.nv.us/. The Board is reporting plan information consistently with the PEBP's accounting methods and assumptions as disclosed in the annual report. No information has come to our attention that indicates significant changes to the plan's disclosures.

Benefits Provided

Benefits other than pensions are provided to eligible retirees and their dependents through the payment of subsidies from the State Retirees' Health & Welfare Benefits Fund. The "base" subsidy rates are set by PEBP and approved by the Legislature and vary depending on the number of dependents and the medical plan selected. These subsidy rates are subtracted from the premium to arrive at the "participant premium". The "years of service" subsidy rates are then used to adjust the "participant premium" based on years of service. The current subsidy rates can be found on the PEBP website at www.pebp.state.nv.us. Benefits include health, prescription drug, dental and life insurance coverage. As required by statute, benefits are determined by the number of years

of service at the time of retirement and the individual's initial date of hire. Officers and employees hired after December 31, 2011 are not eligible to receive subsidies to reduce premiums. The following individuals and their dependents are eligible to receive subsidies from the Retirees' Fund:

Any PEBP covered retiree with State service whose last employer was the State or a participating local government entity and who:

- Was initially hired by the State prior to January 1, 2010 and has at least five years of public service; or
- Was initially hired by the State on or after January 1, 2010, but before January 1, 2012 and has at least fifteen years of public service; or
- Was initially hired by the State on or after January 1, 2010, but before January 1, 2012 and has at least five years of public service and has a disability; or
- Any PEBP covered retiree with State service whose last employer was not the State or a participating local government entity and who has been continuously covered under PEBP as a retiree since November 30, 2008.

State service is defined as employment with any Nevada State agency, the Nevada System of Higher Education and any State Board or Commission. Participating local government entity is defined as a county, school district, municipal corporation, political subdivision, public corporation or other local governmental agency that has an agreement in effect with PEBP to obtain group insurance.

Contributions

Per NRS 287 contribution requirements of the participating entities and covered employees are established and may be amended by the PEBP Board. The Boards' contractually required contribution for the year ended June 30, 2020 was $42,134, actuarially determined as an amount that is expected to finance the costs of benefits earned by employees during the year. Employees are not required to contribute to the OPEB plan.

OPEB Liabilities, OPEB Expense, and Deferred Outflows of Resources and Deferred Inflows of Resources Related to OPEB

At June 30, 2021, the Board reported a liability of $1,443,826 for its proportionate share of the net OPEB liability. The net OPEB liability was measured as of June 30, 2020, and the total OPEB liability used to calculate the net OPEB liability was determined by an actuarial valuation as of that date. The Board's proportion of the net OPEB liability was based on a projection of the Board's long-term share of contributions to the OPEB plan relative to the projected contributions of all participating state agencies, actuarially determined. At June 30, 2020, the Board's proportion was 0.0960%, which was a decrease of .0005% from its proportion measured at June 30, 2019.

For the year ended June 30, 2021, the Board recognized OPEB expense of $82,360. At June 30, 2021, the Board reported deferred outflows of resources and deferred inflows of resources related to OPEB from the following sources:

	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	$ -	$ 73,030
Changes of assumptions	115,596	29,205
Asset experience	-	303
Fund contributions subsequent to the measurement date	45,324	-
	$ 160,920	$ 102,538

Amounts reported as deferred outflows of resources and deferred inflows of resources related to OPEB will be recognized in OPEB expense as follows:

Years Ending June 30,	
2021	$ (11,965)
2022	5,717
2023	11,226
2024	8,080
	$ 13,058

Actuarial Assumptions

The total OPEB liability in the June 30, 2020 actuarial valuation was determined using the following actuarial assumptions, applied to all periods included in the measurement, unless otherwise specified:

Inflation	2.50 percent
Salary increases	2.75 percent, average
Investment rate of return	3.51 percent
Healthcare cost trend rates	6.25 percent for 2020, see report for additional years

Mortality rates were based on Pub-2010 Public Retirement Plans General Mortality Table weighted by Headcount, projected by MP-2019.

The actuarial assumptions used in the June 30, 2020 valuation were based on the results of an actuarial valuation date of January 1, 2019, adjusted by using roll-forward procedures to determine the liability at the measurement date.

Discount Rate

The discount rate basis under GASB 75 is required to be consistent with a 20-Year Municipal Bond Index. The Bond Buyer General Obligation 20-Bond Municipal Bond Index is used for the determination of the discount rate.

The discount rates as of July 1, 2020 is 2.21%. Additional detail regarding the discount rates as of June 30, 2020, is provided in the "Actuarial Assumptions and Methods" section of the report proved by the PEBP Board.

Sensitivity of the Board's Proportionate Share of the Net OPEB Liability to Changes in the Discount Rate

The following presents the Board's proportionate share of the net OPEB liability, as well as what the Board's proportionate share of the net OPEB liability would be if it were calculated using a discount rate that is 1-percentage-point lower or 1-percentage-point higher than the current discount rate:

	1% Decrease 1.21%	Discount Rate 2.21%	1% Increase 3.21%
Net OPEB liability	$ 1,615,714	$ 1,443,826	$ 1,298,593

Sensitivity of the Board's proportionate share of the net OPEB liability to changes in the healthcare cost trend rates.

The following presents the Board's proportionate share of the net OPEB liability, as well as what the Board's proportionate share of the net OPEB liability would be if it were calculated using healthcare cost trend rates that are 1-percentage-point lower or 1-percentage-point higher than the current healthcare cost trend rates:

	Health Care Cost Trend Rates		
	1% Decrease (5.25% Decreasing to 3.5%)	(6.25% Decreasing to 4.5%)	1% Increase (7.25% Decreasin to 5.5%)
Net OPEB liability	$ 1,350,458	$ 1,443,826	$ 1,555,602

OPEB Plan Fiduciary Net Position

Detailed information about the OPEB plan's fiduciary net position is available in the separately issued PEBP financial report.

Note 9 - Conversion to Government-Wide Financial Statements

Adjustments on the face of the financial statements were made to the fund balance sheet and statement of revenue, expenditures, and changes in fund balance in order to reconcile the fund financial statements to the government-wide statements of net position and activities. These adjustments detail the effect of the capitalization of fixed assets of $1,007,624, accumulated depreciation of $1,001,286, depreciation expense of $12,948, long-term accrued compensated absences of $182,225, net deferred inflows and outflows of $774,051 the net pension liability of $3,556,176, and the net OPEB liability of $1,443,826.

Nevada State Board of Pharmacy

Pension Information - Schedule of Changes in Net Pension Liability

Last Ten Fiscal Years

	2020	2019	2018	2017	2016	2015	2014
Proportion of the net pension liability	0.02553%	0.02649%	0.02559%	0.02264%	0.01972%	0.01766%	0.01720%
Proportionate share of the net liability	$3,556,176	$3,611,686	$3,490,261	$3,010,553	$2,654,412	$2,024,299	$1,793,062
Covered payroll	$2,104,627	$1,835,896	$1,711,106	$1,457,180	$1,117,746	$1,053,952	$1,002,366
Proportionate share of the net pension liability as a percentage of covered payroll	168.97%	196.73%	203.98%	206.60%	237.48%	192.07%	178.88%
Plan fiduciary net position as a percentage of the total pension liability	77.04%	76.46%	75.24%	74.40%	72.20%	75.10%	76.30%

Note: Only seven years of information is available due to reporting changes with GASB 68 for Fiscal Year 2015.

Nevada State Board of Pharmacy

Pension Information - Schedule of Contributions

Last Ten Fiscal Years

	2021	2020	2019	2018	2017	2016	2015
Contractually required contributions	$ 304,004	$ 266,075	$ 254,976	$ 237,423	$ 184,648	$ 153,565	$ 125,087
Contributions in relation to contractually required contributions	(304,004)	(266,075)	(254,976)	(237,423)	(184,648)	(153,565)	(125,087)
Contribution deficiency (excess)	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Covered payroll	$2,104,627	$1,845,447	$1,835,986	$1,711,106	$1,457,180	$1,117,745	$1,053,952
Contributions as a percentage of covered payroll	14.44%	14.42%	13.89%	13.88%	12.67%	13.74%	11.87%

Note: Only seven years of information is available due to reporting changes with GASB 68 for Fiscal Year 2015.

Nevada State Board of Pharmacy

Other Post-Employment Benefit Information - Schedule of Changes in Net Other Post-Employment Benefits Liability

Last Ten Fiscal Years

	2020	2019	2018	2017
Board's Proportion of the Net OPEB Liability	0.0960%	0.0965%	0.1000%	0.0846%
Board's Proportionate Share of the Net OPEB Liability	$ 1,443,826	$ 1,344,606	$ 1,325,428	$ 1,101,166
Board's Covered-Employee Payroll	$ 2,104,627	$ 1,845,447	$ 1,711,106	$ 1,407,868
Board's Proportionate Share of the Net OEPB Liability as a Percentage of its Covered-Employee Payroll	68.60%	72.87%	77.46%	78.30%
Plan Fiduciary Net Position as a Percentage of the Total OPEB Liability	0.00%	0.00%	0.00%	0.00%

Note: Only four years of information is available due to reporting changes with GASB 75 for Fiscal Year 2017.

Nevada State Board of Pharmacy

Other Post-Employment Benefit Information - Schedule of Contributions

Last Ten Fiscal Years

	2021	2020	2019	2018
Contractually Required Contribution	$ 42,134	$ 39,504	$ 39,654	$ 32,195
Contributions in Relation to the Contractually Required Contribution	(42,134)	(39,504)	(39,654)	(32,195)
Contribution Deficiency (Excess)	$ -	$ -	$ -	$ -
Board's Covered-Employee Payroll	$ 2,104,627	$ 1,845,447	$ 1,711,106	$ 1,407,868
Contributions as A Percentage of Covered-Employee Payroll	2.00%	2.14%	2.32%	2.29%

Note: Only four years of information is available due to reporting changes with GASB 75 for Fiscal Year 2017.

Note 1 - Other Post-Employment Benefit (OPEB)

Changes of Benefit Terms

None.

Changes of Assumptions

The assumed discount rate used by the actuary to determine the post-employment benefits liability at June 30, 2021 was decreased to 2.21% from 3.51% at June 30, 2020. The effect of the change would result in an increase in the liability.

Supplementary Information
June 30, 2021

Nevada State Board of Pharmacy

eidebailly.com

EideBailly

Nevada State Board of Pharmacy
Condensed Schedules of Net Position
Years Ended June 30, 2021 and 2020

	2021 Actual Government-Wide	2020 Actual Government-Wide
Assets		
Cash and cash equivalents	$ 4,310,915	$ 2,122,747
Accounts and grants receivable	76,636	29,088
Prepaid expenses and deposits	16,021	21,524
Capital assets, net of accumulated depreciation	6,338	19,286
Total assets	4,409,910	2,192,645
Deferred Outflows of Resources	1,165,813	1,302,018
Total assets and deferred outflows of resources	5,575,723	3,494,663
Liabilities		
Accounts payable and accrued expenses	207,217	171,495
Wholesaler license deposits	125,000	100,000
Grants received in advance	33,622	-
License fees received in advance	2,274,554	694,430
Net other post-employment benefit liability	1,443,826	1,344,606
Net pension liability	3,556,176	3,611,686
Total liabilities	7,640,395	5,922,217
Deferred Inflows of Resources	391,762	365,528
Total liabilities and deferred inflows of resources	8,032,157	6,287,745
Net Position		
Net position		
Invested in capital assets	6,338	19,286
Unrestricted	(2,462,772)	(2,812,368)
Total Net Position	$ (2,456,434)	$ (2,793,082)

Nevada State Board of Pharmacy
Condensed Schedules of Activities
Years Ended June 30, 2021 and 2020

	2021 Actual Government-Wide	2020 Actual Government-Wide
Expenses		
Operations	$ 1,778,933	$ 1,735,954
Personnel	3,411,467	3,073,565
Travel	36,217	75,592
Total expenses	5,226,617	4,885,111
Program Revenue		
Fees, licensing, and permits (charges for services)	3,943,720	2,865,591
General Revenue		
Grant revenue	1,344,052	1,208,099
Investment income	16,783	32,412
Other income	258,710	109,428
Total general revenue	1,619,545	1,349,939
Total revenue	5,563,265	4,215,530
Change in Net Position	$ 336,648	$ (669,581)

EideBailly

CPAs & BUSINESS ADVISORS

Independent Auditors' Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

To the Members of the Board
Nevada State Board of Pharmacy
Reno, Nevada

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the governmental activities and the remaining fund information of the Nevada State Board of Pharmacy (Board), as of and for the year ended June 30, 2021, and the related notes to the financial statements which collectively comprise the Nevada State Board of Pharmacy's basic financial statements, and have issued our report thereon dated November 2, 2021.

Internal Control over Financial Reporting
In planning and performing our audit of the financial statements, we considered the Board's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Board's internal control. Accordingly, we do not express an opinion on the effectiveness of the Board's internal control.

Our consideration of internal control over financial reporting was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control over financial reporting that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that have not been identified. However, as described in the accompanying schedule of findings and questioned costs, we identified certain deficiencies in internal control that we consider to be material weaknesses and significant deficiencies.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. We consider the deficiency described in the accompanying findings and questioned costs as item 2021-001 to be a material weakness.

A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance. We consider the deficiency described in the accompanying findings and questioned costs as item 2021-002 to be a significant deficiency.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Board's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statement. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards.*

Nevada State Board of Pharmacy's Response to Findings

Nevada State Board of Pharmacy's response to the findings identified in our audit are described in the accompanying schedule of findings and responses. Nevada State Board of Pharmacy's responses were not subjected to the auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on the responses.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Eide Bailly LLP

Reno, Nevada
November 2, 2021

EideBailly

CPAs & BUSINESS ADVISORS

Independent Auditors' Report on Compliance for the Major Program; Report on Internal Control over Compliance Required by the Uniform Guidance

To the Members of the Board
Nevada State Board of Pharmacy
Reno, Nevada

Report on Compliance for Each Major Federal Program

We have audited Nevada State Board of Pharmacy' compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on Nevada State Board of Pharmacy's major federal program for the year ended June 30, 2021. Nevada State Board of Pharmacy's major federal program is identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with federal statues, regulations, and the terms and conditions of items federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for Nevada State Board of Pharmacy's major federal program based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America and our 2021 audit in accordance with the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 *U.S. Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on the major federal program occurred. An audit includes examining, on a test basis, evidence about Nevada State Board of Pharmacy's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for the major federal program. However, our audit does not provide a legal determination of Nevada State Board of Pharmacy's compliance.

Opinion on the Major Federal Program
In our opinion, Nevada State Board of Pharmacy complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on its major federal program for the year ended June 30, 2021.

Report on Internal Control over Compliance
Management of Nevada State Board of Pharmacy is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered Nevada State Board of Pharmacy's internal control over compliance with the types of requirements that could have a direct and material effect on the major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for the major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Nevada State Board of Pharmacy's internal control over compliance.

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness* in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Eide Bailly LLP

Reno, Nevada
November 2, 2021

Federal Grantor/Pass-Through Grantor/ Program Title	Federal Financial Assistance Listing/Federal CFDA Number	Pass-through Entity Identifying Number	Expenditures
Department of Health and Human Services			
Pass through the State of Nevada Division of Public and Behavioral Health			
Injury Prevention and Control Research and State and Community Based Programs	93.136	NU17CE925001-02	$ 988,321
Injury Prevention and Control Research and State and Community Based Programs	93.136	NU17CE925001-01	29,987
			1,018,308
Block Grants for Prevention and Treatment of Substance Abuse	93.959	3B08TI0010039-19S2	75,000
Total Department of Health and Human Services			1,093,308
Department of Justice			
Bureau of Justice Assistance			
Harold Rogers Prescription Drug Monitoring Program	16.754	N/A	249,012
Total Federal Financial Assistance			$ 1,342,320

See Notes to Schedule of Expenditures of Federal Awards

Note 1 - Basis of Presentation

The accompanying schedule of expenditures of federal awards (schedule) includes the federal award activity of Nevada State Board of Pharmacy (Board) under programs of the federal government for the year ended June 30, 2021. The information in this schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of Nevada State Board of Pharmacy, it is not intended to and does not present the financial position or changes in net position of Nevada State Board of Pharmacy.

Note 2 - Summary of Significant Accounting Policies

Expenditures reported in the schedule are reported on the modified accrual basis of accounting. When applicable, such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement. No federal financial assistance has been provided to a subrecipient.

Note 3 - Indirect Cost Rate

The Board has elected to use the 10% de minimis indirect cost rate.

Section I – Summary of Auditor's Results

Financial Statements

Type of auditor's report issued:	Unmodified
Internal control over financial reporting:	
Material weaknesses identified	Yes
Significant deficiencies identified not considered to be material weaknesses	Yes
Noncompliance material to financial statements noted?	No

Federal Awards

Internal control over major program:	
Material weaknesses identified	No
Significant deficiencies identified not considered to be material weaknesses	None Reported
Type of auditor's report issued on compliance for major programs	Unmodified
Any audit findings disclosed that are required to be reported in in accordance with Uniform Guidance 2 CFR 200.516	No

Identification of major programs:

Name of Federal Program	CFDA Number
Injury Prevention and Control Research and State and Community Based Programs	93.136

Dollar threshold used to distinguish between Type A and Type B programs:	$750,000
Auditee qualified as low-risk auditee?	No

Section II – Financial Statement Findings

2021-001: Financial Close and Reporting - Material Weakness

Criteria: Management is responsible for establishing and maintaining an effective system of internal control over financial reporting. One of the key components of an effective system of internal control over financial reporting is having the capability to prepare full disclosure financial statements in accordance with generally accepted accounting principles (GAAP).

Condition: We proposed several audit adjustments for corrections to year-end adjustments. In addition, year-end reconciliation for deferred revenue was not reviewed except for the prepare. The absence of controls over the reconciliations and year-end adjustments of the financial statements and related financial statement disclosures increases the possibility that a misstatement of the financial statements could occur and not be prevented or detected and corrected in a timely manner.

Cause: Procedures have not been implemented to ensure final review procedures over the financial statements once all year-end adjustments have been made, including all reconciliations.

Effect: Financial information prepared by the Board may not comply with generally accepted accounting principles.

Recommendation: We recommend the Board implement procedures to provide for internal controls over year-end reconciliations and adjustments.

Views of Responsible Officials: Nevada State Board of Pharmacy agrees with this finding.

2021-002: Review of the Actuary Reports - Significant Deficiency

Criteria:	Management is responsible for establishing and maintaining an effective system of internal control over financial reporting. Properly reviewing the actuary repots on the pension (PERS) and on the other post-employment benefit obligation (OPEB) is a key component to effective internal control over financial reporting.
Condition:	During our testing over PERS and OPEB related balances, we noted the actuary reports were not adequately reviewed by Management to ensure consistency with current information and reasonableness over the assumptions used by the actuaries.
Cause:	The Board did not have adequate controls to provide for the review of the PERS and OPEB actuarial reports.
Effect:	PERS and OPEB obligation balances at year-end may be misstated and contributions paid into these plans are not appropriate.
Recommendation:	We recommend the Board implement internal controls to provide for the review of the actuarial reports and retain evidence of such a review.
Views of Responsible Officials:	Nevada State Board of Pharmacy agrees with this finding.

SFY22 MONTHLY BUDGET REPORT
NEVADA STATE BOARD OF PHARMACY
CURRENT MONTH: Nov 21

REVENUES	APPROVED BUDGET	BUDGET AMENDMENTS	REVISED BUDGET	CURRENT MONTH REVENUE/EXPENSE	PRIOR MONTH(s) REVENUE/EXPENSE	PROJECTIONS THROUGH 6/30/2022	TOTAL REVENUE/EXPENSE SFY22	DIFFERENCE
Beginning Balance	$ 4,267,562	$ 125,940	$ 4,393,502	$ -	$ 4,393,502	$ -	$ 4,393,502	$ -
Renewal Fees	$ 1,512,000		$ 1,512,000	$ 107,339	$ 1,413,739	$ -	$ 1,521,078	$ 9,078
Registration Fees	$ 668,834		$ 668,834	$ 102,792	$ 579,042	$ 87,000	$ 768,834	$ 100,000
Recovered Costs	$ -	$ 15,000	$ 15,000	$ -	$ 18,177	$ 25,448	$ 43,625	$ 28,625
CC Processing Fees	$ -	$ 75,000	$ 75,000	$ 8,625	$ 82,576	$ 60,373	$ 151,574	$ 76,574
Change MGR RPh	$ -	$ 7,500	$ 7,500	$ 550	$ 3,200	$ 5,250	$ 9,000	$ 1,500
Inspections	$ -	$ 750	$ 750	$ -	$ 150	$ 210	$ 360	$ (390)
Interest Income	$ 15,000		$ 15,000	$ -	$ 1,792	$ 2,508	$ 4,300	$ (10,700)
Indirect Grant Income	$ 2,670	$ (2,670)	$ -	$ -	$ -	$ -	$ -	$ -
Late Fees	$ 17,530		$ 17,530	$ 2,855	$ 5,605	$ 11,844	$ 20,304	$ 2,774
Unclaimed Property Refund	$ -	$ 28,050	$ 28,050	$ -	$ 28,050	$ -	$ 28,050	$ -
Total Revenues	**$ 6,483,596**	**$ 249,570**	**$ 6,733,166**	**$ 222,161**	**$ 6,525,833**	**$ 192,633**	**$ 6,940,627**	**$ 207,461**

EXPENSES								
Payroll	$ 3,340,540		$ 3,340,540	$ 263,814	$ 1,030,795	$ 1,821,520	$ 3,116,129	$ (224,411)
Operating	$ 825,000		$ 825,000	$ 50,590	$ 194,526	$ 426,694	$ 671,810	$ (153,190)
Equipment	$ 30,000		$ 30,000	$ -	$ 6,063	$ 23,937	$ 30,000	$ -
In-State Travel	$ 110,000		$ 110,000	$ 13,719	$ 19,505	$ 76,775	$ 110,000	$ -
Out-of-State Travel	$ 65,000		$ 65,000	$ -	$ -	$ 65,000	$ 65,000	$ -
DAG Cost	$ 12,000		$ 12,000	$ 1,467	$ 2,103	$ 9,897	$ 13,467	$ 1,467
Aid for Education	$ 2,000		$ 2,000	$ -	$ -	$ 2,000	$ 2,000	$ -
Reserve	$ 2,099,056	$ 249,570	$ 2,348,626	$ -	$ -		$ 2,932,221	$ 583,595
Total Expenses	**$ 6,483,596**	**$ 249,570**	**$ 6,733,166**	**$ 329,590**	**$ 1,252,993**	**$ 2,425,823**	**$ 6,940,627**	**$ 207,461**
Balance	$ -	$ -	$ -				$ -	$ -

HEMOPHILIA ALLIANCE

11/30/2021
The Honorable Members of the Nevada Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada, 89521
RE: Notice of Intent to Act Upon a Regulation – specifically B. Amendment of Nevada Administrative Code 639

Dear Board of Pharmacy Member,

The Hemophilia Alliance is a national organization comprised of the over 120 Hemophilia Treatment Centers that are recognized by the Health Resources Services Administration (HRSA) as uniquely qualified to support the care and treatment of patients with hemophilia. We are sharing comments with you today regarding your October 22, 2021, Notice of Intent to Act Upon a Regulation – specifically B. Amendment of Nevada Administrative Code 639 and the BOP's intent to impose limitations of certain compounded drugs.

In July 2020, Ferring Pharmaceuticals, and its US distributor, CSL Behring, announced a voluntary recall of all batches of STIMATE® Nasal Spray (a solution of desmopressin acetate used to control bleeding in patients with mild hemophilia A and/or type 1 von Willebrand disease [VWD]). Since the July 2020 recall, many patients who relied on STIMATE® for bleeding control have experienced serious hardship. The only alternatives for bleeding events are to use injectable clotting factor medications, or intravenous DDAVP which is administered in the clinic or emergency room. They are both much more expensive and time-consuming treatment for patients, particularly for women of childbearing age, who must treat with injections of clotting factor for three days each month in the absence of desmopressin nasal spray.

With the prospect of a product shortage extending well into 2023, our organizations successfully petitioned the FDA to place STIMATE® on the FDA's 506E National Drug Shortage list. We encouraged STAQ Pharma, Inc., an FDA-registered and FDA-inspected 503B outsourcing facility located in Denver, CO, to produce the appropriate concentration of desmopressin for patient use via nasal spray route of administration. This regulation will effectively prevent the use of this significant effort to use FDA licensed and inspected 503B outsourcing facilities from providing needed patient access to essential therapeutics that, in this case would negatively impact the Nevada hemophilia patient. The complexity of safely compounding this product extemporaneously is significant because of the strength, stability and delivery system (imported from Germany). The FDA requirements for oversight and quality assurance for 503B outsourcing facilities assures patient access and safety that cannot be assured in a one-off compounding process without huge resource commitment from the compounder and the Nevada Board of Pharmacy.

HEMOPHILIA ALLIANCE

Additionally, Nevada has a proportional share of its bleeding disorder population who live in rural areas and don't have quick and easy access to their Hemophilia Treatment Center (HTC). It is costly for them to take time away from work, costly to travel, and costly to pay their out-of-pocket expenses for more expensive clotting factor. This can and does result in patients forgoing treatment and suffering through the bleeding episodes which potentially could cause more serious long-term complications.
Please consider the following:

- The use of a 503B outsourcing facility is the most expedient, safest, and least expensive way to alleviate the 18-month shortage of desmopressin (Stimate®) nasal spray;
- The process HA undertook will safely and cost effectively alleviate this shortage;
- The bleeding disorder community will immediately benefit from a safely and consistently compounded desmopressin nasal spray until such time a commercially available product is re-introduced to the market via a FDA approved 503A facility; and
- Failure to allow the use of this FDA approved process will have a negative impact to Nevada patients limiting their access to a needed, more effective, less costly, quality assured and more easily administered therapeutic agent than previously available to them.

Today, we can offer Nevada patients a safe and effective option for Mild Hemophilia A and VWD. To impose limitations on certain compounded drugs such as those supplied to HTC pharmacies by heavily regulated 503B compounding facilities could lead to a profoundly negative effect on NV bleeding disorder patients – just the opposite of your intentions. The Hemophilia Alliance respectfully asks that you reevaluate your position on imposing limitations on 503B outsourced therapeutic agents especially in such cases like desmopressin nasal spray. This is a safe and effective solution already is in place and effectively protects the bleeding disorders community of Nevada. The Hemophilia Alliance appreciates your consideration and is available to assist you if you wish.

Sincerely,
Joseph N Pugliese

Joseph Pugliese

President and CEO
Hemophilia Alliance

Cc: George Oestreich, PharmD, MBA
Mark Plencner, R. Ph.
Attachments: Letter to Payers

HEMOPHILIA ALLIANCE

HFA Hemophilia Federation of America

NATIONAL HEMOPHILIA FOUNDATION
for all bleeding disorders

July 27, 2021

Pharmacy Director
State Medicaid Agency
Office Address
State and Zip Code

Re: Request for coverage of DDAVP nasal spray

Dear Director,

We write today to respectfully request coverage for Desmopressin Acetate Nasal Spray, on your Medicaid program. The Hemophilia Alliance (HA) is a not–for–profit national organization which advocates on behalf of patients to ensure they are not disadvantaged and to promote policies and procedures leading to successful patient outcomes. The National Hemophilia Foundation (NHF) and Hemophilia Federation of America (HFA) are national non-profit organizations that represent individuals with bleeding disorders across the United States. Our common mission is to ensure that individuals affected by hemophilia and other inherited bleeding disorders have timely access to necessary quality medical care, therapies, and services, regardless of financial circumstances or place of residence.

In July 2020, Ferring Pharmaceuticals, and its US distributor, CSL Behring, announced a voluntary recall of all batches of STIMATE® Nasal Spray (a solution of desmopressin acetate used to control bleeding in patients with mild hemophilia A and/or type 1 von Willebrand disease). The US recall was part of a global recall of the product, initiated when Ferring detected out-of-specification assay results in some vials of STIMATE® marketed outside the US. By letter dated February 3, 2021, Ferring noted that it had completed its investigation, was working to address the issues, and advised our organizations that it expects to restart manufacturing for first deliveries of STIMATE® to the market no earlier than the second half of 2023.

Since the July 2020 recall, many patients who relied on STIMATE® for bleeding control have experienced serious hardship. Desmopressin nasal spray has been an important therapeutic for these patients for management of bleeding complications and to facilitate surgical procedures and has been a first-line therapy for more than 25 years. Alternatives to STIMATE® include infusion products (which patients may not know how to self-administer). Pandemic circumstances, of course, heighten the difficulty for patients who may now need to visit emergency rooms or doctors' offices to obtain treatment for acute bleeding episodes. Clearly, a self-administered intranasal spray product is the preferred and least costly route of administration for the patient as compared to visiting an infusion center for an IV or an emergency room where costs are much greater.

With the prospect of a product shortage extending well into 2023, our organizations successfully petitioned the FDA to place STIMATE® on the FDA's 506E National Drug Shortage list. The Hemophilia Alliance then began searching for another source of a desmopressin nasal spray that could meet patients' needs. We encouraged STAQ Pharma, Inc., an FDA-registered and FDA-inspected 503B outsourcing facility located in Denver, CO, to produce the appropriate concentration of desmopressin for patient use via nasal spray route of administration. They have produced a product that has successfully passed the 75-day stability mark. We plan to start shipping August 1st. STAQ will continue to test the product at 30-day intervals with the goal of reaching 12-month dating.

We therefore ask that State Medicaid Agency cover this product as you did Stimate when it was available (using your analogous edits and policy). We are hopeful that this new treatment option will help patients who currently have no therapeutically equivalent options to treat their bleeding disorder in a timely and appropriate manner. It is also likely that the renewed availability of this therapeutic will provide lower cost and reduce the need for other services for the appropriate hemophilia patient. The product will be added to First DataBank™ and Medi-Span™. Please see Attachment A for additional information.

Thank you very much for your consideration. For more information, please contact: Joe Pugliese via cell: (215) 439- 7173 or email: joe@hemoalliance.org or George L. Oestreich, PharmD., MPA at (573)230-7075 or george@hemoalliance.org .

Sincerely,

Hemophilia Federation of America
National Hemophilia Foundation
The Hemophilia Alliance

Exhibit A

Desmopressin Acetate Nasal Spray 1.5 mg/ml 0.6ml (6 sprays of 150mcg) vial*
NDC: 73177-0114-15

J Code 3490

WAC price: $400 per vial

Actual acquisition price (AAC): $300 per vial

Terms: Net 30 days

DDAVP Dosages: 150 µg for body weight <50 kg (one spray into one nostril);
300 µg for body weight >50 kg (one spray into each nostril)

There are 6 actuations per vial which yields 3- 6 doses depending on the size of the patient (see references for additional information).

References

https://reference.medscape.com/drug/ddavp-stimate-noctiva-desmopressin-342819

https://ashpublications.org/blood/article/90/7/2515/238641/Desmopressin-DDAVP-in-the-Treatment-of-Bleeding

The Hemophilia Alliance mailing address is:
Hemophilia Alliance
20 Vine Street, #1227
Lansdale, PA 19446

McDONALD CARANO

Joshua J. Hicks
jhicks@mcdonaldcarano.com

Reply to Reno

November 22, 2021

Via Email and U.S. Mail

Dave Wuest, Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Suite 206
Reno Nevada 89521
dwuest@pharmacy.nv.gov

Re: Proposed Regulation LCB File No. R002-21

Dear Mr. Wuest,

Our office represents Sincerus Pharmaceuticals, Inc. ("**Sincerus**"). Sincerus objects to the Board's continued attempts to adopt the premature and unnecessary regulation LCB File No. R002-21 (the "**Regulation**") without meaningfully engaging with any of the affected stakeholders: patients, hospitals, physicians and outsourcing facilities. The Regulation should be rejected—or, at a minimum, held in abeyance—for each of the independent reason listed below.

Pursuant to NRS 233B.0603(1), Sincerus, as an interested party, requests that the Board issue a meaningful statement of the need for and purpose of the Regulation, incorporating the Board's responses to each of the considerations below urged against the Regulation's adoption.

1. **The Regulation Is More Stringent Than, and Is Preempted by, Section 503B of the Federal Food, Drug and Cosmetic Act**

The Board states in its Notice of Intent—contrary to a position it had maintained previously—that the Regulation "is not required by federal law" and that the Board "is not aware of any similar federal regulation amendments of the same regulation activity in which the state regulation is more stringent." This is false in at least two ways.

First, the Board had previously maintained that the Regulation was required under Section 503B of the FDCA, 21 U.S.C. § 353(b)(a)(8), which is incorporated into Nevada law by NAC 639.6915. Sincerus, and others, have submitted extensive discussion of Section 503B to the Board in the past demonstrating that Section 503B permits products compounded by outsourcing facilities to be furnished to hospitals and physicians for further dispensing to patients—the very

conduct that the Regulation now seeks to prohibit.[1] Without addressing any of these legal arguments, the Board now claims, for the first time, that the Regulation is not required by Section 503B after all.

More important, the Board's attempt to sidestep Section 503B does not resolve the core of the problem: the Regulation *is more stringent* than federal regulation on the very same issue, and is in fact preempted by federal law. Federal law *permits* the *dispensing* of compounded products prepared by outsourcing facilities *by entities other than* the *outsourcing facilities* themselves. Specifically, the statute provides, in relevant part, that certain exemptions applicable to outsourced products will apply if:

> The drug will not be sold or transferred ***by an entity other than*** the outsourcing facility that compounded such drug. ***This*** paragraph ***does not prohibit*** administration of a drug in a health care setting or ***dispensing*** *a drug pursuant to a prescription* executed in accordance with [21 USC 353(b)(1)].

21 USC 353b(a)(8) (emphasis added).

It is clear from the text of the federal statute that Congress intended to prohibit a 503B outsourcing facility from selling compounded drug product to a *wholesaler*. In other words, Congress intended for there to be only a single transaction between the entity compounding the drug product and the entity dispensing or administering the product in a healthcare setting. This setup would allow for the traditional route for outsourced compounded products, whereby a healthcare provider purchases a compounded drug product and subsequently dispenses and/or administers the product to a patient.

The Regulation prohibits this very conduct and is thus more stringent that federal law. More important, according to federal preemption principles, a state law or requirement is preempted when it "stands as an obstacle to the accomplishment and execution of the full purposes and objectives of Congress."[2] Thus, state requirements are preempted where they interfere with the delicate balance of policy objectives undertaken by Congress and/or a federal agency such as

[1] December 12, 2021 Letter to the Board from Hogan Lovells LLP on behalf of Sincerus Pharmaceuticals, Inc.; December 11, 2021 Letter from the Outsourcing Facilities Association. These letters are incorporated herein by reference in full.

[2] *See Arizona v. United States*, 132 S Ct. 2492, 2501 (2012) (quoting *Hines v. Davidowitz*, 312 US 341, 349 n.4 (2001)).

FDA.[3] In addition, state requirements are preempted where they undermine a federal policy favoring a uniform national approach rather than patchwork state regulation.[4]

Here, the Regulation contradicts the clear language and intent of the statute and will impede the FDA's ability to implement the statute in a coherent and effective manner and ensure a consistent approach to regulated entities nationwide. In fact, the FDA has specifically identified state differences in licensing requirements for outsourcing facilities and differences among states' interpretations of the wholesaling prohibition that might cause as areas of concern. Federal law simply leaves no room for states to take a divergent view on these issues.

2. At Least One Other State Board of Pharmacy Has Taken a Diametrically Opposed Position to the Proposed Regulation

On August 27, 2021, the Ohio Board of Pharmacy published an updated Inspection Guide,[5] which stated the following:

> Personally Furnishing Compounded Drugs Obtained from an Outsourcing Facility
>
> An outsourcing facility is permitted to provide non-patient specific compounded sterile drug products to healthcare professionals. These products are compounded under current good manufacturing practice (CGMP) requirements and the facilities are inspected by the FDA on a risk-based schedule. For more information on outsourcing facilities, including how to find those licensed by the Board of Pharmacy, visit: www.pharmacy.ohio.gov/outsourcing
>
> **The Board has confirmed with the FDA that non-patient specific drugs purchased directly from an outsourcing facility *may be further prescribed and personally furnished to a patient*.** Please be advised that the 7-day supply limitation that applies to personally furnishing compounded drugs provided by a pharmacy (see 4729:7-2-05 (E)) does not apply to compounded drugs purchased from an outsourcing facility.

---

[3] *See Buckman Co. v. Plaintiffs' Legal Committee*, 531 U.S. 341, 350 (2001).

[4] *Nash v. Florida Indus. Comm.*, 389 U.S. 235, 239 (1967) ("a state law cannot stand that 'either frustrates the purpose of the national legislation or impairs the efficiency of those agencies of the Federal government to discharge the duties, for the performance of which they were created.' ").

[5] State of Ohio Board of Pharmacy, *Inspection Guide, Terminal Distributor of Dangerous Drugs Veterinary Clinic,* 4 (8/27/21), p.5 (emphasis added). Although this guide refers to veterinary clinics, the Ohio Board of Pharmacy was clarifying rules about outsourced products that apply to *all* drugs, human and veterinarian. Indeed, Section 503B only applies explicitly to human drugs.

In the past, the Board has stated that there were no other states that addressed the issue of dispensing of outsourced drugs by hospitals or physicians, and thus, no apparent regulatory conflict would result from the Regulation. As is clear from the above official pronouncement by another Board of Pharmacy, that is no longer the case. The Ohio Board of Pharmacy's position alone should be enough to reject the proposed Regulation. At minimum, the Board should hold the Regulation in abeyance pending further discussions with the FDA and the Ohio Board of Pharmacy.

Critically, the FDA has highlighted the importance of alignment among the states and consistency regarding licensure and registration of compounders registered as outsourcing facilities under Section 503B of the FDCA. For example, as FDA noted in its preliminary recommendations for aligning federal and state regulation of 503B compounding outsourcing facilities, "FDA-State regulation alignment is particularly important in three specific areas: licensure and registration, filling of patient-specific prescriptions, and compliance with current good manufacturing practice (CGMP) requirements."[6] FDA noted that consistency in the federal and state regulation of outsourcing facilities "is important to their success, and by extension, successful implementation of the Drug Quality and Security Act [section 503B]."[7] FDA further highlighted that greater alignment between federal and state requirements would reduce conflicts, burdens, and confusion on the part of outsourcing facilities, which "in turn will help foster the success of the outsourcing facilities, which the [statute] created to help to address national concerns about oversight and quality of compounding practices."[8] The Regulation will undermine all of the foregoing FDA's goals.

3. The Board Continues to Ignore Upcoming FDA Guidance That Will Address the Very Conduct that the Regulation Seeks to Prohibit

As noted in our letter of May 24, 2021, the FDA issued an agenda of all guidance planned for publication in 2021. That agenda included guidance on the "prohibition on Wholesaling Under Section 503B of the Federal Food, Drug and Cosmetic Act." The forthcoming guidance from the FDA is expected to address the exact type of circumstances in which an outsourcing facility such as Sincerus can provide compounded drugs to a health care facility or a practitioner for further dispensing.

---

[6] *Nash v. Florida Indus. Comm.*, 389 U.S. 235, 239 (1967) ("a state law cannot stand that 'either frustrates the purpose of the national legislation or impairs the efficiency of those agencies of the Federal government to discharge the duties, for the performance of which they were created.'").

[7] *Id.*

[8] *Id.* at 3-4.

To date, the Board has refused to address the upcoming federal guidance, relying, instead, on the self-professed need to clarify an "ambiguity" in Section 503B by the Regulation. As an initial matter, and as discussed above, there is no ambiguity: the text of the federal statute is clear. In any event, any apparent ambiguity would counsel in favor of, not against, waiting for the FDA to issue formal guidance. Based on my client's discussions with the FDA, such guidance is expected within weeks after the appointment of a new FDA Commissioner. That is, now that President Biden has nominated a new permanent head of the FDA, it is very likely that mere weeks after the Board's December 2, 2021 public hearing on the Regulation, the FDA guidance will issue its guidance that entirely contradict the Regulation. We know this because of the position the FDA has taken with the Ohio Board of Pharmacy, *see supra*. Accordingly, as in our letter almost six months ago, our client again respectfully requests that the Board suspend proceedings on the Regulation until such time as FDA guidance is issued and any new rules can be crafted to be in harmony with federal law.

4. The Regulation Has Been Promulgated Without Any Meaningful Stakeholder Input

Notwithstanding the serious economic and clinical impact that the proposed Regulation will have, the record reflects *no* attempts by the Board to consult any affected stakeholders in connection with the passage of this Regulation.

First, the Board does not appear to have consulted the FDA (unlike the Ohio Board of Pharmacy). As is apparent from the conversations that the Ohio Board of Pharmacy had with the agency, the FDA intends to clarify (to the extent such clarification is necessary) that outsourced drugs may be further dispensed to patients by hospitals or physicians.

Second, the Board does not appear to have consulted other Boards of Pharmacy, for the same reasons noted above.

Third, the Board does not appear to have consulted hospitals or hospital associations. The proposed Regulation also prohibits ***hospital outpatient dispensing*** of outsourced drugs—including drugs covered by the 340B program—which is a widely used practice for non-patient-specific drugs—providing patient access to unavailable drugs by the safest means possible. For example, 503B-compounded drugs are often dispensed on an outpatient basis for home hospice use and for home dialysis.[9] Outsourcing facilities have a played a critical role in addressing chronic shortages of a number of outpatient drugs, including peritoneal dialysis solutions, which have been exacerbated during the COVID-19 emergency. In addition, outsourcing facilities frequently

[9] *See* Advancing American Kidney Health, Executive Order 13879, 84 FR 33817, 33818 (July 15, 2019) (creating payment incentives for greater use of home dialysis to "improve quality of life and care for patients who require dialysis.").

compound for outpatient dispensing certain drugs for parenteral antimicrobial therapy, where customized dosing and admixture are often necessary.[10] The Regulation entirely prohibits such outpatient dispensing and will have significant impact on patient care. We attach a list of 125 compounded products typically dispensed by hospitals and physicians that will be affected by the Regulation.

Fourth, the Board does not appear to have consulted any patient advocates. As discussed above, patients requiring outpatient compounded drugs—prepared in a cGMP environment in FDA-regulated 503B outsourcing facilities—will not be able to obtain them from the hospital or from their physician. This will result in diminished patient care, medication adherence and unnecessary delays.

Fifth, the Board does not appear to have consulted any outsourcing facilities. In particular, the Board has stated—without any analysis or justification—that the Regulation "should have no adverse economic impact . . . on the regulated entities or on the public." Not so. The Regulation will cause severe (or existential) harm to outsourcing facilities that prepare compounds for further dispensing by hospitals or physicians. The Regulation will also create undue regulatory burden by requiring outsourcing facilities to comply with an inconsistent hodge-podge of state regulatory requirements, including the Regulation's requirement to have policies to prevent dispensing by hospitals and physicians (addressed further below). Further, the Regulation effectively relegates outsourcing facilities to the level of 503A compounding pharmacies (which can only dispense pursuant to patient-specific prescriptions)—none of which have to expend the significant resources to register with the FDA and implement strict cGMP manufacturing requirements. Accordingly, the Regulation creates significant economic disincentives for outsourcing facilities to register as such with the FDA, undermining the federal scheme, and incentivizing potentially less safe compounded practices by other actors.

Sixth, the small business impact statement included in the Notice of Intent to Act Upon a Regulation dated October 22, 2021 ("Notice") is so generic as to be meaningless. The purported need for the Regulation is "for the protection, health and safety of the public." There are no examples provided of how the public's protection, health and safety has been in jeopardy. The Notice states that "there should be no adverse economic impact from this regulation amendment on the regulated entities or on the public." This is now the third letter submitted by my client pointing out adverse economic impacts. The Notice says the Regulation will "improve the delivery

[10] *See, e.g.*, 2018 Infectious Disease Society of America Clinical Practice Guideline for the Management of Outpatient Parenteral Antimicrobial Therapy, *available at* https://academic.oup.com/cid/article/68/1/e1/5175018#124458579. These drugs, which are compounded by outsourcing facilities and relied upon for outpatient dispensing, include cefazolin, ceftazidime, gentamicin, metronidazole, polymyxin B, vancomycin, and sodium thiosulfate.

of safe and reliable pharmaceutical care in Nevada." No examples or evidence for this statement are provided. The Notice is nothing more than a series of boilerplate self-serving conclusory statements that lack any kind of meaningful detail and omits adverse impacts on regulated entities. The Notice is therefore defective and fails to meet the requirements of Nevada law.

5. The Regulation Is Arbitrary and Will Not Advance Its Professed Justification

The sole justification offered for the Regulation is that the Regulation is "necessary for the protection, health and safety of the public" and that the Regulation will "ensur[e] the delivery of safe and reliable pharmaceutical care." On its face, the Regulation does not advance this goal, and is arbitrary.

The premise of the Regulation appears to be that drugs compounded by outsourcing facilities are not "safe or reliable," undermine public "health and safety," and, as such, ought not be dispensed to patients.[11] Curiously, the Regulation nonetheless allows that these purportedly unsafe drugs be *dispensed to patients by the outsourcing facilities themselves*. The Board does not explain—nor could it—how a drug that is purportedly unsafe to be dispensed by a hospital or physician may nonetheless be dispensed by the outsourcing facility itself. This contradiction belies the very foundation of need for the Regulation, and underscores the arbitrariness of the Regulation.

The truth is that the FDA has repeatedly advocated for providers, including hospitals, to obtain their compounded drugs from outsourcing facilities precisely because they are manufactured in a safer, cGMP compliant environment. Most recently, the FDA issued a draft guidance on Hospital and Health System Compounding Under Section 503A of the Federal Food, Drug, and Cosmetic Act, where it repeatedly encouraged hospitals to procured medications from outsourcing facilities:

> To the extent that hospitals and health systems have a need for compounded drug products, **FDA encourages them to obtain such products from outsourcing facilities**.
>
> . . .
>
> **Outsourcing facilities, which are subject to CGMP requirements and other conditions that help to ensure drug quality** and a clinical need for the drug products they compound from bulk drug substances, may compound and distribute drug products to healthcare facilities without first receiving prescriptions for identified individual patients.

[11] This premise is false because outsourcing facilities are subject to CGMP requirements and other conditions that help to ensure drug quality.

. . .

> **We encourage hospitals and health systems to look to outsourcing facilities**, or to register their pharmacies as outsourcing facilities, **when they wish to obtain non-patient-specific compounded drug products.**[12]

The Board has articulated no reasoned, factual basis to support its claim that drugs compounded by outsourcing facilities—inspected by the FDA and state boards, and required to comply with strict cGMP requirements—are unsafe for the general public, particularly where the Board allows the very same drugs to be administered to patients by providers and *dispensed* by outsourcing facilities themselves.

6. The Regulation Is Duplicative and Unnecessary

Although not stated in the current Notice of Intent, the Board's prior justification for moving the Regulation forward was a supposed need to protect the "new drug application process," which some Board members felt may be undermined by outsourcing facilities manufacturing drugs in bulk without seeking a new drug application from the FDA. The Regulation is entirely unnecessary to achieve this goal, which, in any event, is the purview of the federal agency, not this Board.

Section 503B—which is incorporated into Nevada law by NAC 639.6915—already contains adequate mechanism to protect the "new drug application process." In particular, Section 503B prohibits outsourcing facilities from compounding drugs that are "essentially a copy of an approved drug." Both the FDA, and other boards of pharmacy, have taken enforcement actions when outsourcing facilities violated this provision. The Regulation does not additionally advance this already-addressed goal—instead, it creates undue burden, cost and impact on patients, doctors, hospitals and outsourcing facilities. Simply put, the Regulation is duplicative and unnecessary.

7. The Regulation Contains Impracticable Provisions

The Regulation purports to mandate that outsourcing facilities "establish and implement procedures to prohibit other persons and entities from dispensing . . . drugs compounded by the outsourcing facilities." However, it is entirely unclear (and the Board has provided no guidance) how an outsourcing facility could ever "implement" these unspecified procedures over third-party entities that it does not control. In effect, the Board intends to hold outsourcing facilities responsible for the actions of unrelated third parties. Unsurprisingly, no such regulations exist for any other drug manufacturers for the simple reason that they are impractical and imbue the Board

[12] FDA, *Hospital and Health System Compounding Under Section 503A of the Federal Food, Drug, and Cosmetic Act*, Guidance for Industry, October 2021.

with an unreasonable degree of enforcement discretion in potential violation of the parties' due process rights.

* * *

Regulation R002-21 is premature, overly broad, and unnecessary. The Regulation should be put on hold or sent back to workshop for redrafting. Passing the Regulation at this point in time will create confusion and delay in the drug distribution supply chain, negatively impacting health care providers and their patients. Thank you for your consideration of these comments, and we ask that you make this letter part of the administrative record at the upcoming hearing on the Regulation currently scheduled for December 2, 2021.

Sincerely,

Joshua J. Hicks

Att.

JJH/ns

Cc: Brett Kandt, General Counsel to the Nevada State Board of Pharmacy (via email to bkandt@pharmacy.nv.gov)

Outsourcing facilities are required to provide FDA with a list of drugs they compounded during the previous six-month period upon initial registration and in June and December each year. The following represents common preparations that outsourcing facilities reported to the FDA for the reporting period ending December 2019 (2019-2). Injectable preparations have been excluded. It is common for prescribers to order compounded dosage forms including but not limited to creams, capsules, gels, ophthalmic drops, pastes, tablets, and troches to then dispense this compounded medication to patients.

Active Ingredients	Active Ingredients Info	Dosage	Package Description
.alpha.-Estradiol 3-Benzoate; Estriol	.0001 g/1 g; .0004 g/1 g	cream	30 G in 1 Jar
.alpha.-Estradiol 3-Benzoate; Estriol; Testosterone	.00045 g/1 g; .00105 g/1 g; .008 g/1 g	cream	30 G in 1 Jar
7-Keto-Dehydroepiandrosterone	.05 g	capsule	1 Capsule in 1 Vial, Multi-Dose
Aluminum Hydroxide; Magnesium Hydroxide; Lidocaine Hydrochloride; Diphenhydramine Hydrochloride; Dimethicone	13.36 mg/1 mL; 13.36 mg/1 mL; 6.68 mg/1 mL; .835 mg/1 mL; 1.336 mg/1 mL	suspension	5 Ml in 1 Syringe
Anastrozole	.00025 g	capsule	1 Capsule in 1 Vial, Plastic
Benzocaine	95 mg/1 g	paste	480 G in 1 Jar
Benzocaine; Lidocaine Hydrochloride; Tetracaine Hydrochloride	.12 g/1 g; .04 g/1 g; .08 g/1 g	cream	240 G in 1 Jar
Benzocaine; Lidocaine; Tetracaine	.2 g/1 g; .06 g/1 g; .04 g/1 g	gel	100 G in 1 Jar
Butalbital	50 mg/50 mg	capsule	50 Mg in 1 Capsule

Calcium Gluconate; Propylene Glycol; Methylcellulose (1500 Mpa.s)	25 mg/1 g; 20 mg/1 g; 30 mg/1 g	gel	454 G in 1 Jar
Cantharidin	10 mg/1 mL	gel	10 Ml in 1 Vial, Multi-Dose (5446-0572-03)
Chloramphenicol; Sulfamethoxazole; Amphotericin B	50 mg; 50 mg; 5 mg	capsule	1 Capsule in 1 Not Applicable (5446-1157-03)
Cholecalciferol	50000 [iU]/1 mL	suspension	10 Ml in 1 Vial
Chorionic Gonadotropin	600 [iU]	troche	1 Troche in 1 Vial, Plastic
Cyclosporine	20 mg/1 mL	suspension	10 Ml in 1 Bottle, Dropper
Diclofenac Sodium	16 mg/1 g	gel	24 Packet in 1 Box (71300-6573-1) > 2.5 G in 1 Packet
Diltiazem Hydrochloride	20 mg/1 g	cream	30 G in 1 Jar (5446-1086-03)

Diphenhydramine Hydrochloride; Magnesium Hydroxide; Aluminum Hydroxide; Dimethicone; Lidocaine Hydrochloride	.8 mg/1 mL; 13.4 mg/1 mL; 13.4 mg/1 mL; 1.34 mg/1 mL; 6.6 mg/1 mL	suspension	5 Ml in 1 Syringe, Plastic (62295-5023-5)
Doxycycline	100 mg/1 mL	suspension	240 Ml in 1 Bottle
Doxycycline Anhydrous	50 mg/1 mL	suspension	240 Ml in 1 Bottle
Doxycycline Hyclate	300 mg	tablet	100 Tablet in 1 Bottle (71591-022-01)
Doxycycline Hydrochloride	50 mg/50 mg	suspension	12000 Mg in 1 Bottle
Edetate Disodium	30 mg/1 mL	solution/ drops	10 Ml in 1 Bottle, Dropper (70360-058-39)
Enrofloxacin	204 mg	tablet	100 Tablet in 1 Bottle (71591-029-01)
Estriol	2 mg	capsule	100 Capsule in 1 Vial, Plastic

			(26436-5343-1)
Estriol; .alpha.-Estradiol 3-Benzoate; Testosterone	.001 g/1 g; .000257 g/1 g; .0005 g/1 g	cream	30 G in 1 Jar
Estriol; Estradiol	2 mg/1 g; .5 mg/1 g	cream	30 G in 1 Bottle, Pump (26436-5228-3)
Estriol; Testosterone; Estradiol	1 mg/1 g; 1.5 mg/1 g; 1 mg/1 g	cream	35 G in 1 Bottle, Pump (26436-5364-3)
Famotidine	10 mg/10 mg	suspension	4800 Mg in 1 Container
Fluconazole	300 mg	tablet	100 Tablet in 1 Bottle (71591-031-01)
Fluocinonide; Hydroquinone; Tretinoin	.0001 g/1 g; .04 g/1 g; .0005 g/1 g	cream	30 G in 1 Jar
Fluoxetine Hydrochloride	5 mg/5 mg	capsule	10 Mg in 1 Capsule
Gabapentin	25 mg	tablet	100 Tablet in 1 Bottle (71591-035-01)
Human Chorionic Gonadotropin	1000 [iU]	tablet, orally disintegrating	1 Tablet, Orally

			Disintegrating in 1 Vial, Plastic
Hydrocodone Bitartrate	10 mg/10 mg	capsule	10 Mg in 1 Capsule
Hydrocortisone; Chloramphenicol; Sulfamethoxazole; Amphotericin B	25 mg/1 g; 50 mg/1 g; 50 mg/1 g; 5 mg/1 g	capsule	1 G in 1 Not Applicable (5446-0457-03)
Hyoscyamine Sulfate; Magnesium Hydroxide; Aluminum Hydroxide; Dimethicone; Lidocaine Hydrochloride	.007 mg/1 mL; 17 g/1 mL; 17 g/1 mL; 1.7 g/1 mL; 5.7 mg/1 mL	suspension	35 Ml in 1 Bottle, Dispensing
Ibutamoren Mesylate	.025 g	capsule	1 Capsule in 1 Vial, Plastic
Ketoconazole; Amikacin Sulfate; Triamcinolone Acetonide	1 g/100 mL; .67 g/100 mL; .1 g/100 mL	ointment	3 Ml in 1 Syringe
Ketoconazole; Enrofloxacin; Triamcinolone Acetonide	1 g/100 mL; .23 g/100 mL; .1 g/100 mL	ointment	3 Ml in 1 Syringe (71591-004-06)
Ketoconazole; Gentamicin Sulfate; Triamcinolone Acetonide	1 g/100 mL; .67 g/100 mL; .1 g/100 mL	ointment	3 Ml in 1 Syringe
Ketoprofen	100 mg/1 g	cream	30 Packet in 1 Box (71300-6442-1) > 1 G in 1 Packet

Levocetirizine Dihydrochloride; Clobetasol Propionate	20 g/100 mL; .05 g/100 mL	shampoo	120 Ml in 1 Bottle, Plastic
Lidocaine	300 mg/1 g	ointment	114.12 G in 1 Bottle
Lidocaine Hydrochloride	40 mg/40 mg	solution/ drops	120 Mg in 1 Bottle, Dropper
Lidocaine Hydrochloride; Prilocaine Hydrochloride; Tetracaine Hydrochloride; Phenylephrine Hydrochloride	100 mg/1 g; 100 mg/1 g; 40 mg/1 g; 20 mg/1 g	gel	34 G in 1 Jar
Lidocaine Hydrochloride; Tetracaine	150 mg/150 mg; 150 mg/150 mg	cream	900 Mg in 1 Syringe, Plastic
Lidocaine Hydrochloride; Tetracaine Hydrochloride	.23 g/1 g; .07 g/1 g	cream	120 G in 1 Jar
Lidocaine Hydrochloride; Tetracaine Hydrochloride; Epinephrine Bitartrate	.04 g/1 g; 5 mg/1 g; .5 mg/1 g	gel	3 G in 1 Syringe, Plastic
Lidocaine Hydrochloride; Tetracaine Hydrochloride; Phenylephrine Hydrochloride	200 mg/1 g; 40 mg/1 g; 20 mg/1 g	gel	30 G in 1 Jar
Lidocaine Hydrochloride; Tetracaine Hydrochloride; Prilocaine Hydrochloride	100 mg/1 g; 40 mg/1 g; 100 mg/1 g	gel	100 G in 1 Jar
Lidocaine Hydrochloride; Tetracaine; Epinephrine	30 mg/30 mg; 30 mg/30 mg; 30 mg/30 mg	gel	270 Mg in 1 Syringe, Plastic

Lidocaine; Benzocaine; Tetracaine	2.4 g; 6 g; 2.4 g	cream	1 Cream in 1 Jar (73271-2088-1)
Lidocaine; Dibucaine Hydrochloride; Phenylephrine Hydrochloride; Prilocaine	15 g/100 mL; .5 g/100 mL; 10 g/100 mL; 50 g/100 mL	ointment	120 Ml in 1 Bottle, Pump
Lidocaine; Prilocaine Hydrochloride; Tetracaine Hydrochloride	100 mg/1 mL; 100 mg/1 mL; 40 mg/1 mL	gel	30 Ml in 1 Jar (5446-0407-10)
Lidocaine; Prilocaine Hydrochloride; Tetracaine Hydrochloride; Phenylephrine	100 mg/1 mL; 100 mg/1 mL; 40 mg/1 mL; 20 mg/1 mL	gel	30 Ml in 1 Jar (5446-1018-10)
Lidocaine; Prilocaine; Tetracaine	1.5 g; 1.5 g; .6 g	gel	1 Gel in 1 Jar (73271-0552-1)
Lidocaine; Racepinephrine; Tetracaine Hydrochloride	40 mg/1 mL; .5 mg/1 mL; 5 mg/1 mL	gel	5 Ml in 1 Syringe (5446-0607-01)
Lidocaine; Tetracaine	230 mg/1 g; 70 mg/1 g	cream	100 G in 1 Bottle, Pump (72627-3102-1)
Lidocaine; Tetracaine; Benzocaine	60 mg/1 g; 40 mg/1 g; 200 mg/1 g	ointment	90 G in 1 Bottle
Magnesium Hydroxide; Aluminum Hydroxide; Dimethicone; Lidocaine Hydrochloride	1.2 g/1 mL; 1.2 g/1 mL; .12 g/1 mL; 2 mg/1 mL	suspension	40 Ml in 1 Bottle, Dispensing

Metformin Hydrochloride	500 mg	capsule	100 Capsule in 1 Vial, Plastic > 1 Capsule in 1 Capsule
Methimazole	25 mg/1 mL	cream	1 Ml in 1 Syringe
Metronidazole	50 mg/50 mg	suspension	24000 Mg in 1 Container
Metronidazole Benzoate	160 mg/1 mL	suspension	240 Ml in 1 Bottle
Mitomycin	.5 mg/1 mL	irrigant	1 Syringe in 1 Package (71266-6412-2) > 40 Ml in 1 Syringe (71266-6412-1)
Mupirocin; Clotrimazole; Betamethasone Acetate	10 mg/1 g; 20 mg/1 g; .25 mg/1 g	ointment	15 G in 1 Jar (5446-0605-01)
Mycophenolate Sodium	50 mg/50 mg	suspension	24000 Mg in 1 Container
Naltrexone	.00517 g	capsule	1 Capsule in 1 Vial, Plastic
Naltrexone Hydrochloride	4 mg/4 mg	capsule	4 Mg in 1 Capsule

Neomycin Sulfate; Polymyxin B Sulfate; Dexamethasone	3.5 mg/1 g; 10000 U/1 g; 1 mg/1 g	ointment	.1 G in 1 Syringe, Plastic
Omeprazole	10 mg/10 mg	suspension	4800 Mg in 1 Container
Ondansetron Hydrochloride	8 mg/1 mL	cream	1 Ml in 1 Syringe, Plastic
Oxandrolone	25 mg	capsule	30 Capsule in 1 Vial, Dispensing (26436-1115-1)
Oxytocin; Tadalafil	50 U; 12 mg	capsule	1 Capsule in 1 Capsule (73271-9125-1)
Papaverine; Sildenafil	.02 g; .15 g	troche	1 Troche in 1 Vial, Plastic
Pentoxifylline	400 mg	capsule	100 Capsule in 1 Vial, Plastic > 1 Capsule in 1 Capsule
Phenylephrine Hydrochloride; Tropicamide	25 mg/1 mL; 10 mg/1 mL	solution/ drops	15 Ml in 1 Bottle, Dropper

			(5446-0815-01)
Phenylephrine Hydrochloride; Tropicamide; Ketorolac Tromethamine; Ciprofloxacin Hydrochloride	100 mg/1 mL; 10 mg/1 mL; 1.25 mg/1 mL; 3 mg/1 mL	solution/ drops	1 Ml in 1 Syringe, Plastic (5446-1270-01)
Phenylephrine; Lidocaine; Tetracaine	.0005 g/1 g; .02 g/1 g; .01 g/1 g	ointment	400 G in 1 Jar
Polyethylene Glycol 3350	1 g/1 g	powder	8.5 G in 1 Pouch
Polymyxin B Sulfate; Neomycin Sulfate	800 U/1 mL; .16 mg/1 mL	irrigant	500 Ml in 1 Bottle (5446-0746-02)
Ponazuril	90 mg/1 mL	suspension	60 Ml in 1 Bottle (71591-043-60)
Povidone-Iodine	50 mg/1 mL	solution/ drops	.4 Ml in 1 Syringe, Plastic (61141-4538-4)
Prasterone	.05 g	capsule	1 Capsule in 1 Vial, Plastic
Prasterone; Pregnenolone	.01 g; .025 g	capsule	1 Capsule in 1 Vial, Plastic
Prasterone; Sildenafil	.01 g/1 g; .05 g/1 g	cream	30 G in 1 Vial, Plastic

Praziquantel; Pyrantel Pamoate; Mebendazole	22.7 mg; 65.376 mg; 50 mg	tablet	100 Tablet in 1 Bottle, Plastic
Praziquantel; Pyrantel Pamoate; Oxantel Pamoate	22.7 mg; 65.376 mg; 252 mg	tablet	100 Tablet in 1 Bottle, Plastic
Prednisolone	5 mg/1 mL	suspension	240 Ml in 1 Bottle (71591-047-01)
Prednisolone Sodium Phosphate; Moxifloxacin Hydrochloride	7.5 mg/7.5 mg; 7.5 mg/7.5 mg	solution/ drops	75 Mg in 1 Bottle, Dropper
Pregnenolone; Progesterone	.01 g; .075 g	capsule	1 Capsule in 1 Vial, Plastic
Pregnenolone; Progesterone; Prasterone	.2 g; .02 g; .015 g	capsule	1 Capsule in 1 Vial, Plastic
Prilocaine Hydrochloride; Lidocaine Hydrochloride; Tetracaine	80 mg/80 mg; 80 mg/80 mg; 80 mg/80 mg	gel	720 Mg in 1 Syringe, Plastic
Progesterone	60 mg	capsule	30 Capsule in 1 Vial, Dispensing (26436-5247-1)
Promethazine Hydrochloride	25 mg/1.2 mL	ointment	3 Ml in 1 Syringe,

			Plastic (5446-1341-01)
Proparacaine Hydrochloride	5 mg/1 mL	solution/ drops	.4 Ml in 1 Syringe, Plastic (61141-4536-4)
Racepinephrine Hydrochloride; Tetracaine Hydrochloride; Lidocaine Hydrochloride	1.5 mg/3 mL; 15 mg/3 mL; 120 mg/3 mL	gel	3 Ml in 1 Syringe
Salicylic Acid; Ciclopirox	20 g/100 mL; .77 g/100 mL	shampoo	400 Ml in 1 Cartridge
Salicylic Acid; Ciclopirox; Clobetasol Propionate	30 g/100 mL; .77 g/100 mL; .05 g/100 mL	shampoo	120 Ml in 1 Bottle, Plastic
Salicylic Acid; Podophyllum Resin; Cantharidin	300 mg/1 mL; 50 mg/1 mL; 10 mg/1 mL	gel	10 Ml in 1 Vial, Multi-Dose (5446-0970-03)
Secnidazole	140 mg/1 mL	suspension	30 Ml in 1 Bottle (71591-052-01)
Sildenafil	.154 g	troche	1 Troche in 1 Vial, Plastic
Sildenafil Citrate	50 mg	troche	1 Troche in 1 Package (73271-4005-1)

Sildenafil; Papaverine	.15 g; .02 g	troche	1 Troche in 1 Vial, Plastic
Sodium Chloride	1000 mg	capsule	1 Capsule in 1 Capsule
Tacrolimus	.3 mg/1 mL	suspension	10 Ml in 1 Bottle, Dropper
Tadalafil	10 mg	troche	1 Troche in 1 Package (73271-8010-1)
Testosterone	100 mg/1 g	cream	30 G in 1 Jar (26436-0163-5)
Testosterone; Tadalafil	.01 g; .02 g	tablet	1 Tablet in 1 Vial, Plastic
Tetracaine	160 mg	capsule	1 Capsule in 1 Capsule (5446-1179-03)
Tetracaine Hydrochloride	60 mg/1 g	gel	10 G in 1 Syringe
Tetracaine Hydrochloride; Benzocaine; Lidocaine Hydrochloride Anhydrous	106 mg/106 mg; 106 mg/106 mg; 106 mg/106 mg	cream	960 Mg in 1 Syringe
Tetracaine Hydrochloride; Racepinephrine Hydrochloride; Lidocaine Hydrochloride	5 mg/1 mL; 1 mg/1 mL; 40 mg/1 mL	gel	3 Ml in 1 Syringe, Plastic

Tetracaine; Benzocaine; Lidocaine	40 mg/1 mL; 200 mg/1 mL; 60 g/1 mL	cream	120 Ml in 1 Bottle, Pump (70713-103-01)
Tetracaine; Lidocaine	.07 g/1 g; .23 g/1 g	ointment	400 G in 1 Jar
Tetracaine; Lidocaine; Benzocaine	40 mg/1 g; 60 mg/1 g; 200 mg/1 g	cream	100 G in 1 Jar
Tetracaine; Phenylephrine; Prilocaine; Lidocaine	1.2 g; .6 g; 3 g; 3 g	gel	1 Gel in 1 Jar (73271-1142-1)
Tramadol Hydrochloride	50 mg/1 mL	suspension	60 Ml in 1 Bottle, Plastic
Tretinoin	.02 g/1 g	cream	30 G in 1 Vial, Plastic
Triamcinolone Acetonide	50 mg/1 mL	suspension	2 Ml in 1 Vial (62295-3317-2)
Tropicamide; Phenylephrine Hydrochloride	10 mg/1 mL; 25 mg/1 mL	solution/ drops	1 Bottle, Dropper in 1 Bag (71449-098-47) > 10 Ml in 1 Bottle, Dropper
Tropicamide; Phenylephrine Hydrochloride; Cyclopentolate Hydrochloride	10 mg/1 mL; 25 mg/1 mL; 10 mg/1 mL	solution/ drops	1 Bottle, Dropper in 1 Bag (71449-093-46) > 5 Ml in 1

			Bottle, Dropper
Ursodiol	300 mg	tablet	100 Tablet in 1 Bottle
Vardenafil	.075 g	troche	1 Troche in 1 Vial, Plastic

epicur® PHARMA

November 23, 2021

Nevada Board of Pharmacy
985 Damonte Ranch Pkwy Ste 206
Reno, NV 89521

RE: Comment on Proposed Amendment to NAC 639; Dispensing Drugs Compounded by a Pharmacy, Practitioner or Outsourcing Facility

Dear Nevada Board of Pharmacy:

Epicur Pharma, a registered 503 outsourcing facility, thanks the Board for considering comments before making a final decision to amend the regulation at issue, NAC 639.

We hope the Board will reconsider the restriction on allowing an outsourcing facility product to be dispensed. Outsourcing facility products are safer and have higher assurances of quality than traditionally compounded preparations. By placing the same restrictions on cGMP outsourcing facility products as those placed on preparations compounded to meet USP standards, the Board is exposing Nevada residents to needless and avoidable risk.

FDA has Recently Spoken on this Issue and the DQSA Clearly Allows Dispensing

The FDA, which is tasked with primary regulation of outsourcing facilities, has recently spoken on the subject of further dispensing 503B products and has informed at least one other board of pharmacy (Ohio's) that cGMP outsourcing facility products may be further dispensed by practitioners (see attached guidance). The proposed rule the Nevada Board is considering directly contradicts the FDA's position in a sector of industry that is primarily regulated by the FDA. FDA has also given public notice that it will be releasing a guidance document this year on the issue of further dispensing. At a minimum the Nevada Board should wait to see what that guidance document conveys before adopting the proposed rule.

The Federal Government has stated clearly that there are two exceptions to the not for resale language in 503B's prohibition on wholesaling. Administration OR dispensing pursuant to a prescription.

> 21 U.S.C.S. § 353b
>
> (8) Prohibition on wholesaling. The drug will not be sold or transferred by an entity other than the outsourcing facility that compounded such drug. This paragraph does not prohibit administration of a drug in a health care setting **or dispensing a drug pursuant to a prescription** executed in accordance with section 503(b)(1) [21 USCS § 353(b)(1)].

In Nevada's proposed rule the Board is clearly acknowledging the first exception of administration, and clearly ignores the second. The reason for ignoring the second exception has not been addressed in any of its Board meetings discussing this issue.

Other States have Spoken on this Issue and Allow Dispensing

States are beginning to address practitioners dispensing 503B products. Recently, California, Georgia, Kansas, Minnesota, Missouri, Ohio, Pennsylvania, and Utah have clarified that federal law should be followed in their state regarding the dispensing of 503B products. As noted earlier, the DQSA is clear that dispensing is allowed and FDA has clarified to Ohio that outsourcing facility products may be further dispensed to clients by a practitioner per federal law.

The FDA's NDA Process is Already Protected by the FDA

The Nevada Board's previously stated goal of protecting the FDA's drug approval process by enacting this rule is unnecessary. The FDA protects its NDA process with its Essentially Copies guidance document (attached). Through this guidance FDA protects its NDA process and prevents outsourcing facilities from manufacturing copies of any marketed FDA approved drug. In addition, FDA requires outsourcing facilities to report every human use drug it manufactures to the FDA once every 6 months. By requiring these reports FDA is alerted to any copies of FDA approved drugs every 6 months.

epicur® PHARMA

CGMP Manufacturing Differs Significantly from USP Compounding

Traditionally compounded preparations are subject to USP standards. These standards were designed to safely supply drug preparations for one specific patient. In contrast, outsourcing facilities are required to follow cGMP standards. cGMP standards are designed to manufacture large batches to safely supply drug products for widespread distribution to patients. As the Board is aware, cGMP standards differ greatly from USP in terms of method, testing, documentation and even mindset. What the Board may not be aware of, is that outsourcing facilities are held to the same cGMP standards that traditional manufacturers are held to. There is no such thing as reduced cGMP or cGMP-lite. The FDA holds 503B outsourcing facilities to the same manufacturing standards that companies such as Pfizer or Johnson & Johnson are held to under cGMP.

Treating USP Compounds and CGMP Products the Same puts Nevada Residents at Risk

The higher assurances of quality that cGMP supplies, which allow for safe widespread distribution, come at a price. It is much more expensive to manufacture a cGMP product than it is to compound a preparation. By grouping all "compounding" together as the Board proposes to do in the proposed amendment at issue, practitioners will do the same. If a practitioner views all compounded products as equivalent, with the only difference being price, the practitioner will be incentivized to purchase the less expensive USP preparation. This unquestionably puts Nevada patients at higher risk of receiving a less safe product.

In addition, outsourcing facilities may be disincentivized from being licensed in Nevada, again depriving Nevada patients, human and animal, from having access to higher quality, safer, outsourcing facility products.

epicur®
PHARMA

[illegible]

Conclusion

We ask that the Board allow practitioners to administer and dispense outsourcing facility products as federal law unambiguously allows.

Respectfully submitted,

Michael Juliano

In-House Counsel
Epicur Pharma
856-988-1889
Mjuliano@EpicurPharma.com

STATE OF OHIO
BOARD OF PHARMACY

INSPECTION GUIDE

Terminal Distributor of Dangerous Drugs

Veterinary Clinic

Updated 8/27/2021

To review updates, please see the update history section at the end of this document.

This document is reference material for licensees and applicants. The document does not bind the State of Ohio Board of Pharmacy, and does not confer any rights, privileges, benefits, or immunities for or on any person, applicant or licensee.

Positive Identification Guidance

"Positive identification" means a method of identifying a person that does not rely on the use of a private personal identifier such as a password, but must use a secure means of identification that includes any of the following:

(1) A manual signature on a hard copy record;

(2) A magnetic card reader;

(3) A bar code reader;

(4) A biometric method;

(5) A proximity badge reader;

(6) A board approved system of randomly generated personal questions;

(7) A printout of every transaction that is verified and manually signed within a reasonable period of time by the individual who performed the action requiring positive identification. The printout must be maintained for three years and made readily retrievable; or

(8) Other effective methods for identifying individuals that have been approved by the board.

NOTE: A method relying on a magnetic card reader, a bar code reader, a proximity badge reader, or randomly generated questions for identification must also include a private personal identifier, such as a password, for entry into a secure mechanical or electronic system.

REMINDER: Positive identification should be at the conclusion of a drug transaction. For electronic systems, positive identification required at log-in does not document the specific drug transaction and causes other security problems. For example, a nurse does not document the administration of a medication when they log in to an electronic drug record keeping system.

Personally Furnishing Compounded Drugs Obtained from an Outsourcing Facility

An outsourcing facility is permitted to provide non-patient specific compounded sterile drug products to healthcare professionals. These products are compounded under current good manufacturing practice (CGMP) requirements and the facilities are inspected by the FDA on a risk-based schedule. For more information on outsourcing facilities, including how to find those licensed by the Board of Pharmacy, visit: www.pharmacy.ohio.gov/outsourcing

The Board has confirmed with the FDA that non-patient specific drugs purchased directly from an outsourcing facility may be further prescribed and personally furnished to a patient. Please be advised that the 7-day supply limitation that applies to personally furnishing compounded drugs provided by a pharmacy (see 4729:7-2-05 (E)) does not apply to compounded drugs purchased from an outsourcing facility.

Compounded Drug Products That Are Essentially Copies of Approved Drug Products Under Section 503B of the Federal Food, Drug, and Cosmetic Act

Guidance for Industry

U.S. Department of Health and Human Services
Food and Drug Administration
Center for Drug Evaluation and Research (CDER)
Office of Compliance/OUDLC

January 2018
Compounding and Related Documents

Compounded Drug Products That Are Essentially Copies of Approved Drug Products Under Section 503B of the Federal Food, Drug, and Cosmetic Act

Guidance for Industry

Additional copies are available from:
Office of Communications
Division of Drug Information, WO51, Room 2201
Center for Drug Evaluation and Research
Food and Drug Administration
10903 New Hampshire Ave., Silver Spring, MD 20993
Phone: 301-796-3400; Fax: 301-847-8714
druginfo@fda.hhs.gov
http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/default.htm

U.S. Department of Health and Human Services
Food and Drug Administration
Center for Drug Evaluation and Research (CDER)
Office of Compliance/OUDLC

January 2018
Compounding and Related Documents

TABLE OF CONTENTS

Contains Nonbinding Recommendations

Guidance for Industry[1]

Compounded Drug Products That Are Essentially Copies of Approved Drug Products Under Section 503B of the Federal Food, Drug, and Cosmetic Act

This guidance represents the current thinking of the Food and Drug Administration (FDA or the Agency) on this topic. It does not create any rights for any person and is not binding on FDA or the public. You can use an alternative approach if the approach satisfies the requirements of the applicable statutes and regulations. To discuss an alternative approach, contact the FDA staff responsible for this guidance as listed in the title page.

I. INTRODUCTION AND SCOPE

For a drug product compounded by an outsourcing facility to qualify for the exemptions under section 503B of the Federal Food, Drug, and Cosmetic Act (FD&C Act), it must not be "essentially a copy of one or more approved drug products,"[2] and must meet the other conditions in section 503B.[3] This guidance sets forth FDA's policies concerning the *essentially a copy* provision of section 503B.[4]

In general, FDA's guidance documents do not establish legally enforceable responsibilities. Instead, guidances describe the Agency's current thinking on a topic and should be viewed only as recommendations, unless specific regulatory or statutory requirements are cited. The use of the word *should* in Agency guidances means that something is suggested or recommended, but not required.

---

[1] This guidance was prepared by multiple offices in the Center for Drug Evaluation and Research, in consultation with the Office of Regulatory Affairs at the Food and Drug Administration.

[2] See section 503B(a)(5).

[3] See section 503B(a)(11).

[4] This guidance does not apply to drugs compounded for use in animals, to biological products subject to licensure in a biologics license application, or to repackaged drug products. For policies pertaining to mixing, diluting, and repackaging biological products, see FDA's guidance *Mixing, Diluting, and Repackaging Biological Products Outside the Scope of an Approved Biologics License Application*. For policies pertaining to repackaged drug products, see FDA's guidance *Repackaging of Certain Human Drug Products by Pharmacies and Outsourcing Facilities*.

All FDA guidances are available on the FDA guidance web page. FDA updates guidances regularly. To make sure you have the most recent version of a guidance, always consult the guidance web page at http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/default.htm.

II. BACKGROUND

A. Section 503B of the FD&C Act

In 2013, the Drug Quality and Security Act created a new section 503B of the FD&C Act, which describes a new category of compounders called *outsourcing facilities*.[5] Section 503B of the FD&C Act describes the conditions that must be satisfied for human drug products compounded by, or under the direct supervision of, a licensed pharmacist in an outsourcing facility to qualify for exemptions from the following three sections of the FD&C Act:

- Section 502(f)(1) (concerning the labeling of drugs with adequate directions for use)
- Section 505 (concerning the approval of drugs under new drug applications (NDAs) or abbreviated new drug applications (ANDAs))
- Section 582 (concerning drug supply chain security requirements).

In contrast to drug products compounded under section 503A of the FD&C Act, drug products compounded by outsourcing facilities under section 503B cannot qualify for exemption from current good manufacturing practice (CGMP) requirements in section 501(a)(2)(B) of the FD&C Act. Outsourcing facilities are also subject to FDA inspections according to a risk-based schedule, specific adverse event reporting requirements, and other conditions that help to mitigate the risks of the drug products they compound.

One of the conditions that must be met for a compounded drug product to qualify for the exemptions under section 503B of the FD&C Act is that "the drug is not essentially a copy of one or more approved drugs."[6] Section 503B(d)(2) defines *essentially a copy of an approved drug* as —

- A drug that is identical or nearly identical to an approved drug, or a marketed drug not subject to section 503(b) and not subject to approval in an application submitted under section 505, unless, in the case of an approved drug, the drug appears on the drug shortage list in effect under section 506E at the time of compounding, distribution, and dispensing (section 503B(d)(2)(A)); or
- A drug, a component of which is a bulk drug substance that is a component of an approved drug or a marketed drug that is not subject to section 503(b) and is not subject to approval in an application submitted under section 505, unless there is a change that produces for an individual patient a clinical difference, as determined

[5] See Pub.L. No.113-54, §102(a), 127 Stat. 587, 587-588 (2013). Under section 503B(b), a compounder can elect to register with FDA as an outsourcing facility. Section 503B(d)(4) defines an *outsourcing facility* as a facility at one geographic location or address that is engaged in the compounding of sterile drugs; has elected to register as an outsourcing facility; and complies with all of the requirements of section 503B. An outsourcing facility is not required to be a licensed pharmacy, although compounding must be done by, or under the direct supervision of, a licensed pharmacist. In addition, an outsourcing facility may or may not obtain prescriptions for identified individual patients.

[6] See section 503B(a)(5).

by the prescribing practitioner, between the compounded drug and the comparable approved drug (section 503B(d)(2)(B)).

A compounded drug product only qualifies for the exemptions in section 503B if it is compounded by an outsourcing facility that compounds all of its drugs, both sterile and non-sterile, in accordance with all of the conditions of section 503B.[7] A complete list of the conditions that must be met for a drug product to qualify for the exemptions in section 503B appears in the guidance *For Entities Considering Whether to Register As Outsourcing Facilities Under Section 503B of the Federal Food, Drug, and Cosmetic Act.*

B. Compounding, Generally

Compounded drug products serve an important role for patients whose clinical needs cannot be met by an FDA-approved drug product, such as for a patient who has an allergy and needs a medication to be made without a certain dye contained in an FDA-approved drug product, or an elderly patient or a child who cannot swallow a pill and needs a medicine in a liquid form that is not available in an approved product. Drug products for identified individual patients can be compounded by licensed pharmacists in State-licensed pharmacies and Federal facilities and by licensed physicians operating under section 503A of the FD&C Act.[8] Drug products can also be compounded by outsourcing facilities for identified individual patients pursuant to prescriptions or for distribution to health care practitioners without receiving prescriptions. Sections 503A and 503B restrict the compounding of drug products that are essentially copies of commercially available (section 503A) or approved drug products (section 503B).

C. Compounded Drugs that are Essentially Copies of Approved Drug Products

Although compounded drugs can serve an important need, they can also pose a higher risk to patients than FDA-approved drugs. Drug products compounded by outsourcing facilities in accordance with the conditions of section 503B are exempt from FDA drug approval requirements and the requirement to be labeled with adequate directions for use. There are greater assurances of quality when drugs are compounded by outsourcing facilities that meet the conditions of section 503B and CGMP requirements than there are for drugs compounded by entities that are not required to comply with CGMP requirements and are not routinely overseen by FDA. However, as with all compounded drugs, drugs compounded by outsourcing facilities have not undergone FDA premarket review for safety, effectiveness, and quality, and lack a premarket inspection and finding of manufacturing quality that is part of the drug approval process. Because they are subject to a lower regulatory standard, compounded drugs should only be distributed to health care facilities or dispensed to patients to fulfill the needs of patients whose medical needs cannot be met by an FDA-approved drug.

---

[7] See sections 503B(a)(11) and 503B(d)(4)(A)(iii).

[8] Section 503A of the FD&C Act describes the conditions that must be met for a human drug product compounded by a licensed pharmacist in a State-licensed pharmacy or Federal facility, or by a licensed physician, to qualify for exemptions from sections 501(a)(2)(B), 502(f)(1), and 505 of the FD&C Act. The conditions applicable to compounders seeking to operate under section 503A are discussed in separate guidance documents applicable to these entities.

The restrictions on compounding drugs that are essentially copies of approved products ensure that outsourcing facilities do not compound drug products under the exemptions in section 503B for use in patients who could use an approved product. Compounding copies of these products would unnecessarily expose patients to drug products that have not been shown to be safe and effective.

In addition to these immediate public health risks, section 503B's prohibition on producing a drug product that is essentially a copy of an approved drug product protects the integrity and effectiveness of the new drug and abbreviated new drug approval processes. Sponsors would be less likely to invest in, and seek approval of, innovative, life-saving medications if an outsourcing facility could, after a drug is approved, compound "substitutes" that may be less expensive because they have not gone through the drug approval process.

Sponsors would also be less likely to seek approval of an ANDA for a generic drug if outsourcing facilities were permitted to compound drugs that are essentially copies of approved drugs without going through the ANDA process. An ANDA must include data to demonstrate that the drug has the same active ingredient and is bioequivalent to an approved drug. FDA also conducts a premarketing inspection of proposed manufacturing facilities before approving the application. Section 503B's restrictions on producing a drug product that is essentially a copy of an approved drug product protect the integrity of both the new drug and the abbreviated new drug approval processes.

D. Compounded Drugs that are Essentially Copies of Unapproved Non-Prescription Drug Products

The definition of *essentially a copy of an approved drug* in section 503B(d)(2) also refers to drug products that are not subject to section 503(b) (i.e., non-prescription drug products) and that are not subject to approval in an application submitted under section 505. Congress did not provide exemptions under section 503B for such drugs, which ensures that outsourcing facilities do not compound unapproved over-the-counter drug products under the exemptions in section 503B. Such products may only be produced under the requirements that apply generally to conventional drug manufacturers. Section 503B also protects FDA's over-the-counter (OTC) drug monograph process. FDA has an ongoing process to evaluate the safety and effectiveness of OTC medications, and if the Agency determines that an OTC drug meeting certain conditions is generally recognized as safe and effective, it will publish a final monograph specifying those conditions. Compounding copies of such drug products would undermine the OTC drug monograph process under which drug manufacturers must comply with the published monograph, which includes a set of specific regulatory requirements that limit the formulation of the drug product, and both the content and format of its labeling.

III. POLICY

Under section 503B(a)(5) of the FD&C Act, a compounded drug must not be essentially a copy of one or more approved drugs.[9]

[9] FDA is considering the applicability of the policies described in this guidance to hospitals and health systems and

A. Definition of *Essentially a Copy of an Approved Drug*

The definition of *essentially a copy of an approved drug* has two components, specified in sections 503B(d)(2)(A) and 503B(d)(2)(B) of the Act. Section 503B(d)(2)(A) applies to a compounded drug that is "identical or nearly identical" to an approved drug or an unapproved non-prescription drug. All other compounded drugs are evaluated under section 503B(d)(2)(B). FDA applies these provisions as depicted in the diagrams in Appendices A and B.

The definition of *essentially a copy of an approved drug* in section 503B(d)(2) addresses both drug products approved under section 505 and marketed drug products that are not subject to section 503(b) and that are not subject to approval in an application submitted under section 505.

For purposes of this provision:

- *Approved drug* means a drug product that (1) is approved under section 505 of the FD&C Act, (2) does not appear on the list described in subsection 503B(a)(4) of drugs that have been withdrawn or removed from the market because such drugs or components of such drugs have been found to be unsafe or not effective.
- *Marketed drug not subject to section 503(b) and not subject to approval in an application submitted under section 505* means any non-prescription drug product marketed without an approved application.[10] We refer to these products as *covered OTC drug products* throughout the remainder of this guidance document.
- A drug *appears on the drug shortage list in effect under section 506E* if the drug is in "currently in shortage" status (and not in "resolved" status), as indicated in FDA's drug shortage database.[11]

In addition, FDA does not intend to take action against an outsourcing facility for failing to compound in accordance with section 503B(a)(5) if it fills orders for a compounded drug that is essentially a copy of an approved drug that has been discontinued and is no longer marketed.[12]

---

intends to address these issues in separate guidance or rulemaking. FDA regards a health system as collection of hospitals that are owned and operated by the same entity and that share access to databases with drug order information for their patients. There is no definition of "health system" that applies to all sections of the FD&C Act. However, this is the definition of a "health system" used in section 506F of the Act concerning hospital repackaging of drugs in shortage.

[10] This includes unapproved OTC drugs whether they are marketed under FDA's OTC Drug Monograph Review program or outside the monograph system.

[11] See http://www.accessdata.fda.gov/scripts/drugshortages/default.cfm.

[12] FDA maintains a list of approved drug products that sponsors have indicated are not marketed in the discontinued section of the list of Approved Drug Products with Therapeutic Equivalence Evaluations (Orange Book). See http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm. Specifically, the list includes approved drug products that have never been marketed, are for exportation, are for military use, have been discontinued from marketing and we have not determined that they were withdrawn for safety or effectiveness reasons, or have had their approvals withdrawn for reasons other than safety or effectiveness subsequent to being discontinued from marketing.

In the discussion that follows, in subsection 1, we explain how we intend to apply the definition of *essentially a copy of an approved drug* in section 503B(d)(2) when the compounded drug is compared to an approved drug, and then in subsection 2, we explain how we intend to apply this definition when the compounded drug is compared to a covered OTC drug product.

1. Application of the "Essentially a Copy" Definition in Section 503B(d)(2) When the Compounded Drug Is Compared to an Approved Drug (see Appendix A)

a. Compounded drugs that are identical or nearly identical to an approved drug (section 503B(d)(2)(A))

Under section 503B(d)(2)(A), a compounded drug is essentially a copy of an approved drug if the compounded drug is identical or nearly identical to an approved drug unless the approved drug appears on the drug shortage list in effect under section 506E at the time of compounding, distribution, and dispensing.

i. Identical or nearly identical (Appendix A, box 1)

FDA intends to consider a compounded drug product to be identical or nearly identical to an approved drug if the compounded drug product and the FDA-approved drug have the same:

- active ingredient(s),
- route of administration,[13]
- dosage form,[14]
- dosage strength, and
- excipients.[15]

A compounded drug product that has all of these characteristics in common with an FDA-approved drug product is essentially a copy of an approved drug, unless the

---

[13] See https://www.fda.gov/Drugs/DevelopmentApprovalProcess/FormsSubmissionRequirements/ElectronicSubmissions/DataStandardsManualmonographs/ucm071667.htm. Additionally, if the approved drug can be used (regardless of how it is labeled) by the same route of administration prescribed for the compounded drug, we intend to treat the compounded drug as though it has the same route of administration for purposes of this analysis. For example, if the approved drug is an injectable drug sold in a vial that is labeled for intra-muscular use, but this drug can also be drawn from the vial by a smaller needle for subcutaneous administration, a compounded drug product sold in a similar vial and prescribed for sub-cutaneous use would be considered to have the same route of administration under this analysis.

[14] See https://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/ucm162038.htm.

[15] In some cases, information about the excipients contained in an approved drug is not publicly available and not known to the outsourcing facility. In such cases, FDA does not intend to consider whether the compounded drug has the same excipients that the approved drug is labeled to contain in determining whether a compounded drug is identical or nearly identical to an approved drug.

approved drug appears on FDA's drug shortage list at the time of compounding, distribution, and dispensing. If a compounded drug product is identical or nearly identical to an approved drug that is ***not*** on FDA's drug shortage list at the time of compounding, distribution, and dispensing, the compounded product is essentially a copy, and an outsourcing facility may not produce it under section 503B.

In establishing this policy, FDA considered the following. Under section 503B(d)(2)(A), the identical or nearly identical compounded product cannot be exempted from the copying restriction by a prescriber determination that there is a change to the compounded product that produces a clinical difference for an individual patient. Compounded products meeting the criteria outlined above are not expected to contain changes from an approved drug that would produce such a difference.

A compounded drug that is identical, or nearly identical, to an approved drug is not considered essentially a copy if the approved drug is in shortage at the time of compounding, distribution, and dispensing.[16] In such a case, the outsourcing facility can compound the drug provided that it complies with the other conditions of 503B. It is important to patients and prescribers that compounded drugs prepared to address a shortage closely resemble the drug in shortage, and for that reason, the statute seeks to allow compounders to compound drugs that are as close as possible to the drug in shortage.[17]

A compounded drug product with the characteristics described in our policy would be the same as the approved drug in several important respects. The active ingredient is the substance in a drug product that is intended to furnish pharmacological activity or other direct effect in the diagnosis, cure, mitigation, treatment, or prevention of disease or to affect the structure or function of the body. Dosage form is the way of identifying the drug in its physical form, and route of administration describes the way a drug is administered to the body. Inactive ingredients (also known as "excipients") may include preservatives, dyes, and flavorings. The dosage strength of a drug product indicates the amount of the active ingredient that is present in each dosage.

If the outsourcing facility compounds a product that differs on one or more of these characteristics, we generally would not consider the product to be identical or nearly identical to the approved drug. As described below, if the compounded drug product is not considered identical or nearly identical under section 503B(d)(2)(A), it would then be evaluated under section 503B(d)(2)(B).

Outsourcing facilities seeking to compound drugs under this provision should also take note that other provisions of the FD&C Act contain requirements for drug product

---

[16] For the purposes of this guidance, *distribution* means that a compounded human drug product has left the facility in which the drug was compounded. Distribution includes delivery or shipment to a physician's office, hospital, or other health care setting for administration and dispensing to an agent of a patient or to a patient for the patient's own use.

[17] See footnote 11.

formulation and packaging that are important for patient safety. In particular, drug products compounded in accordance with section 503B remain subject to adulteration and misbranding provisions of the FD&C Act including, but not limited to, section 501(b) (concerning drug products that are recognized in an official compendium and whose strength differs from, or whose quality or purity falls below, the standards set forth in such compendium) and section 502(g) (concerning drug products that are recognized in an official compendium and that are not packaged and labeled as prescribed therein).

ii. Compounded drugs that are identical or nearly identical to an approved drug on FDA's drug shortage list after the shortage is resolved (Appendix A, box 2)

As explained above, under section 503B (d)(2)(A), a compounded drug is not essentially a copy of an approved drug if the approved drug appears on FDA's drug shortage list at the time of compounding, distribution, and dispensing. However, FDA recognizes that there may be circumstances in which a drug product is in shortage when the outsourcing facility compounds the drug, but the shortage is resolved before the outsourcing facility distributes it. FDA does not intend to take action against an outsourcing facility for filling orders that it received for a compounded drug that is identical, or nearly identical, to an approved drug that was on FDA's drug shortage list at the time that the outsourcing facility received the order, provided the drug also appeared on the FDA drug shortage list within 60 days of the outsourcing facility distributing or dispensing the drug.[18]

b. Compounded drugs that contain a bulk drug substance that is a component of an approved drug (see Appendix A, boxes 3 and 4)

Under section 503B(d)(2)(B), a compounded drug product is essentially a copy of an approved drug if a component of the compounded drug product is a bulk drug substance[19] that is also a component of an approved drug, unless there is a change that produces, for an individual patient, a clinical difference, as determined by the prescribing practitioner, between the compounded drug and the comparable approved drug.

i. Using the same bulk drug substance (Appendix A, box 3)

---

[18] An outsourcing facility may not be able to predict when a drug shortage will be resolved, and the facility may have orders for a compounded drug in-house that were in progress when the drug was removed from FDA's drug shortage list (e.g., the outsourcing facility may have compounded a drug while it was in shortage, but the shortage ended while the outsourcing facility awaited the results of sterility testing before release). This policy provides some regulatory flexibility when an outsourcing facility fills orders that it received for a compounded drug while the drug was in shortage. FDA may take regulatory action, however, if an outsourcing facility continues to fill new orders for the compounded drug after the approved drug is removed from FDA's drug shortage list, or if it continues to fill orders more than 60 days after the drug has been removed from FDA's drug shortage list.

[19] Title 21, section 207.1 and 207.3 of the Code of Federal Regulations define the term *bulk drug substance* to mean "any substance that is intended for incorporation into a finished drug product and is intended to furnish pharmacological activity or other direct effect in the diagnosis, cure, mitigation, treatment, or prevention of disease, or to affect the structure or any function of the body. [It] does not include intermediates used in the synthesis of the substance."

If a component of the compounded drug is a bulk drug substance that is also a component of an approved drug, the compounded drug product is essentially a copy of an approved drug, and cannot be compounded under section 503B, unless there is a prescriber determination of clinical difference, as described below.[20] This provision applies to a compounded drug whether it was compounded from bulk drug substances or from drugs in finished form.

ii. Prescriber determination of clinical difference (Appendix A, box 4)

If an outsourcing facility compounds a drug, the component of which is a bulk drug substance that is a component of an approved drug, there must be a change that produces a clinical difference for an individual patient as determined by the prescribing practitioner. If an outsourcing facility intends to rely on such a determination to establish that a compounded drug is not essentially a copy of an approved drug, the outsourcing facility should ensure that the determination is noted on the prescription or order (which may be a patient-specific prescription or a non-patient specific order) for the compounded drug.

FDA is aware that a health care practitioner who orders a compounded drug from an outsourcing facility for office stock will not know the identity of the individual patients who will receive the compounded drug at the time of the order. In that case, the outsourcing facility should obtain a statement from the practitioner that specifies the change between the compounded drug and the comparable approved drug and indicates that the compounded drug will be administered or dispensed only to a patient for whom the change produces a clinical difference, as determined by the prescribing practitioner for that patient. Such assurances should be provided by the health care practitioner or a person able to make the representation for the health care practitioner.

For example, a hospital may need an FDA-approved drug combined with a particular diluent in infusion bags to administer to patients during surgery, and this preparation may not be contemplated in the approved product labeling. The pharmacy manager for the hospital could order the compounded drug from an outsourcing facility and document on the order that the compounded drug will only be administered to patients for whom the prescriber determines that this formulation will produce a clinical difference from the comparable approved drug. Similarly, a physician who regularly treats patients with an allergy to an inactive ingredient in a particular approved injectable drug product could order a compounded version of the drug for office use from an outsourcing facility provided that he or she includes a statement on the order that removing the particular inactive ingredient produces a clinical difference for his or her individual patients and that he or she will provide the drug only to patients with that particular clinical need.

[20] FDA expects that if a compounded drug has the same bulk drug substance as an approved drug, the two drugs have the same active ingredient.

Many outsourcing facilities compound non-sterile drugs in addition to sterile drugs.[21] All drugs compounded by an outsourcing facility must be compounded in accordance with section 503B, including the prohibition on compounding drug products that are essentially copies of approved drug products in order for any of them to qualify for the exemptions provided in section 503B.[22] For example, a hospice may need a compounded liquid formulation of a drug that is only approved in capsules to treat elderly patients who cannot swallow capsules. The pharmacy manager for the hospice could order the compounded drug from an outsourcing facility and document on the order that the liquid formulation produces a clinical difference for hospice patients who are unable to swallow capsules and that the compounded drug will be dispensed only to a patient whose prescribing practitioner determines that the liquid formulation will produce this clinical difference for the patient.

FDA does not believe that a particular format is needed, provided that an order for office stock (i.e., not patient-specific) clearly identifies the relevant change and the clinical difference that the change will produce for patient(s), as determined by the prescriber. For example, the following would be sufficient:

- "Liquid form, compounded drug will be prescribed to patients who can't swallow tablet" (if the comparable drug is a tablet)
- "Dilution for infusion solution to be administered to patients who need this formulation during surgery" (if the comparable drug is not available at that concentration, pre-mixed with the particular diluent in an infusion bag)
- "1 mg, pediatric patients need lower dose" (if the comparable drug is only available in 25 mg dose)

An order that only identifies the product formulation, without more information, would not be sufficient to establish that the determination described by section 503B(d)(2)(B) has been made.

Many outsourcing facilities also compound drug products based on prescriptions for identified individual patients. The following are examples of statements on a patient-specific prescription that could be used to document the prescriber's determination that a compounded drug has a change that produces a clinical difference for a particular patient:

- "No Dye X, patient allergy" (if the comparable drug contains the dye)
- "Liquid form, patient can't swallow tablet" (if the comparable drug is a tablet)

---

[21] An entity that *only* compounds non-sterile drugs does not meet the statutory definition of an outsourcing facility in section 503B(d)(4) of the FD&C Act. The definition states, in part, that an outsourcing facility "is engaged in the compounding of sterile drugs" (section 503B(d)(4)(i)).

[22] Under section 503B(a)(11), a compounded drug can qualify for the exemptions from section 503B only if all of the facility's compounded drugs are compounded in accordance with section 503B.

- "150 mg drug X in 120 ml cherry-flavored Syrup USP, patient needs alcohol-free preparation (if the comparable drug is only available in formulations that contain alcohol)

However, if a prescription identifies only a patient name and product formulation, this would not be sufficient to establish that the determination described by section 503B(d)(2)(B) has been made. Note also that the clinical difference identified on either a patient-specific prescription or order, or non-patient specific order, must be produced by the "change" between the outsourcing facility's product and the approved drug (i.e., a change in product formulation). Other factors such as a lower price are not sufficient to establish that the compounded product is not essentially a copy of the approved drug.

If a prescription or order does not make clear that the determination required by section 503B(d)(2)(B) has been made, the outsourcing facility may contact the prescriber or health care facility, and if the prescriber or health care facility contact confirms it, make a notation on the prescription or order that the prescriber has determined that the compounded product contains a change that produces a clinical difference for patient(s). The notations should be as specific as those described above, and should include the date of the conversation with the health care facility contact or prescriber and the name of the individual who provided the determination.[23]

At this time, FDA generally does not intend to question the determinations of clinical difference that are documented in a prescription or order as described above. However, we do intend to consider whether a prescription or order relied upon by an outsourcing facility to establish that a drug is not essentially a copy documents that the determination was made.

iii. Essentially a copy of one or more approved drug products

Under section 503B(a)(5), a compounded drug product must not be essentially a copy of **one or more** (emphasis added) approved drug products. When applying section 503B(d)(2)(B), FDA intends to consider a compounded drug product that has bulk drug substances that are components of one or more approved drugs to be essentially a copy of an approved drug product, unless the prescribing practitioner determines that there is a change that produces a clinical difference for an individual patient between the compounded drug product and the comparable approved drug. For example, if there are two approved drug products that are tablets, one containing 5 mg of active ingredient A and the other containing 10 mg of active ingredient B and the outsourcing facility compounded a tablet that offered both active ingredients in the same dosage strengths, the compounded drug would be essentially a copy absent a prescriber determination of clinical difference.

[23] See section IV of this guidance.

2. *Application of the "Essentially a Copy" Definition in Section 503B(d)(2) When the Compounded Drug Is Compared to a Covered OTC Drug Product (Appendix B)*

a. Compounded drugs that are identical or nearly identical to a covered OTC drug product (section 503B(d)(2)(A)) (Appendix B, box 1)

Under section 503B(d)(2)(A), a compounded drug is not considered essentially a copy of an approved drug if it is identical or nearly identical to ***an approved drug*** that appears on FDA's drug shortage list at the time of compounding, distribution, and dispensing. The statute does not provide a similar exemption from the definition in section 503B(d)(2) if the compounded drug is identical or nearly identical to a ***covered OTC drug*** on FDA's drug shortage list. Therefore, FDA intends to apply the same policy described above in section III.A.1.a to OTC monograph drugs, with one exception.

If a compounded drug is identical or nearly identical to a covered OTC drug under section 503B(d)(2)(A), the compounded drug is essentially a copy of an approved drug, and the appearance of the covered OTC drug on FDA's shortage list does not change that result; the drug cannot be compounded under section 503B.[24] If the compounded drug is not identical or nearly identical to a comparable drug, it must be evaluated under section 503B(d)(2)(B), as described below.

b. Compounded drugs that contain a bulk drug substance that is a component of an covered OTC drug product (section 503B(d)(2)(B)) (Appendix B, box 2)

Under section 503B(d)(2)(B), a compounded drug product is essentially a copy and cannot be compounded under section 503B if a component of the compounded drug product is a bulk drug substance[25] that is also a component of a covered OTC drug, unless there is a change that produces for an individual patient a clinical difference, as determined by the prescribing practitioner, between the compounded drug and the comparable ***approved*** drug. A clinical difference between the compounded drug and an unapproved drug (such as a covered OTC drug) does not exempt the compounded drug from the definition in section 503B(d)(2)(B).

c. Essentially a copy of one or more approved drug products[26]

Under section 503B(a)(5), a compounded drug product must not be essentially a copy of **one or more** approved drug products. When applying section 503B(d)(2)(B), FDA intends to consider a compounded drug product that has bulk drug substances that are components of one or more approved drugs to be essentially a copy of an approved drug product unless the prescribing practitioner determines that there is a change that produces a clinical difference for an individual patient between the compounded drug product and

[24] The compounded drug would not be essentially a copy if it was also identical or nearly identical to an approved drug on FDA's drug shortage list, but this would be a very rare case.

[25] See footnote 19.

[26] This scenario is not depicted in the diagrams in the appendices.

the comparable approved drug. For example, if there are two approved drug products that are tablets, one containing active ingredient A and the other containing active ingredient B, and the outsourcing facility compounded a tablet that offered both active ingredients, the compounded drug containing active ingredients A and B would be essentially a copy absent a prescriber determination of clinical difference.

If a bulk drug substance is a component of a covered OTC drug *and* an approved drug, the bulk drug substance can be evaluated as a component of an approved drug, as described in section III.A.1 of this guidance.

B. Recordkeeping

Outsourcing facilities should maintain records to demonstrate compliance with the essentially a copy provision in section 503B(a)(5). For example, where an outsourcing facility has compounded a drug that is evaluated under 503B(d)(2)(B) and a component of the compounded drug is a bulk drug substance that is a component of an approved drug, the outsourcing facility should maintain prescription or order records of a prescriber's determination of clinical difference as described above in section III.A.1.b.ii.

In addition, if the outsourcing facility compounded a drug that is identical or nearly identical to an approved drug product that appeared on FDA's drug shortage list, the outsourcing facility should maintain documentation (e.g., a notation on the order for the compounded drug) regarding the status of the drug on FDA's drug shortage list at the time of compounding, distribution, and dispensing.[27]

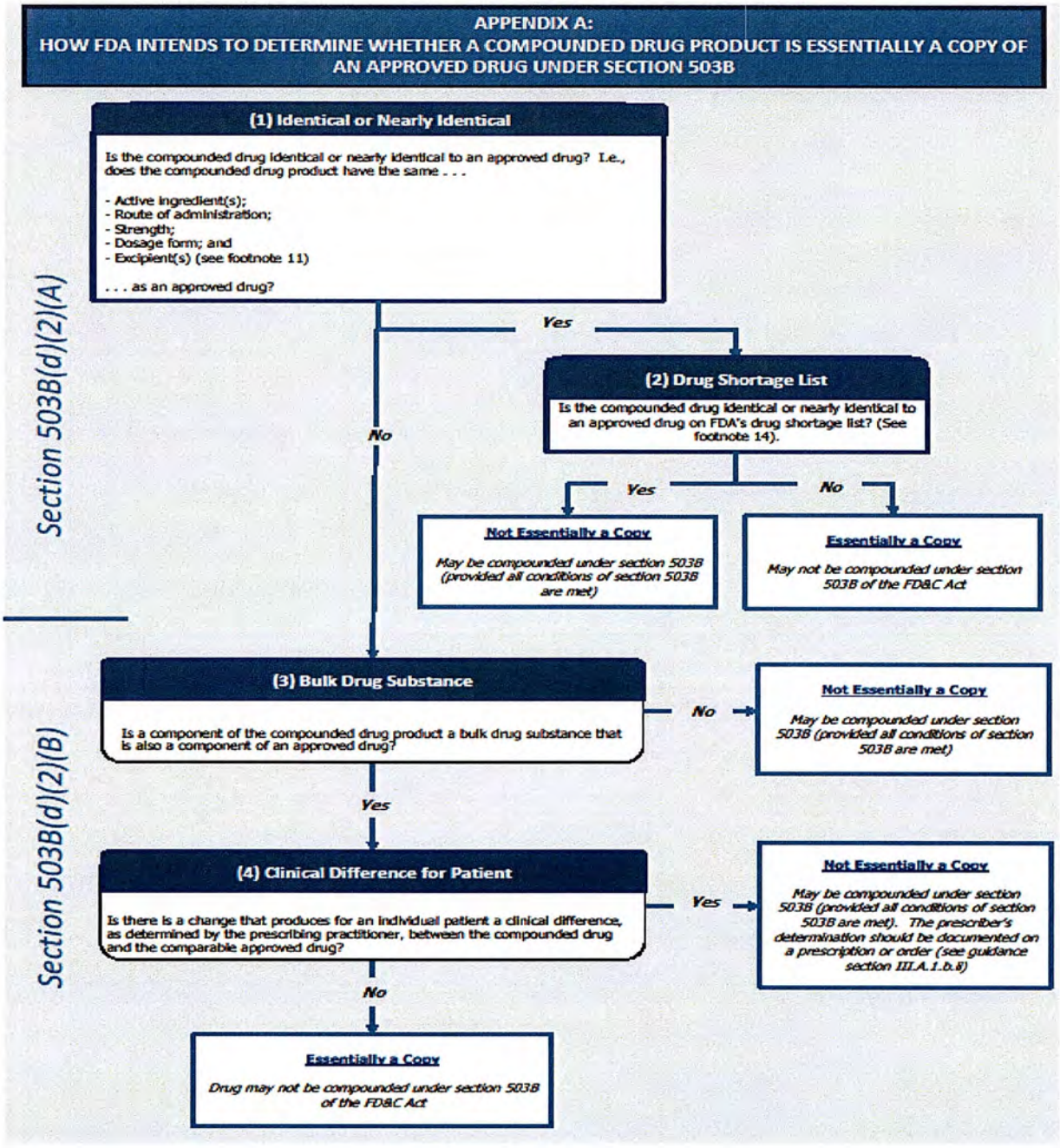
FDA recommends that outsourcing facilities maintain the records described above for a period of at least three years.

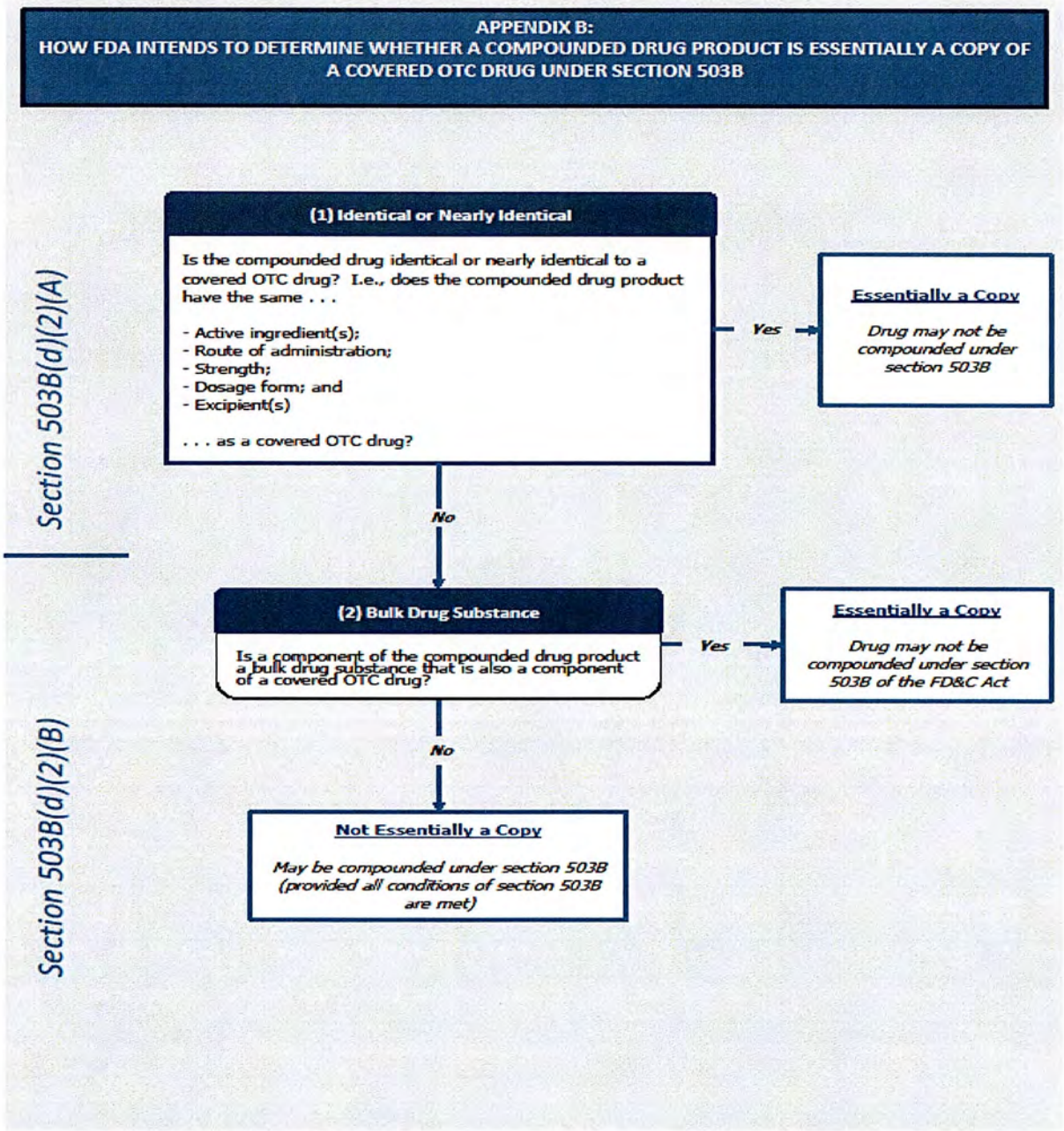
IV. PAPERWORK REDUCTION ACT

This guidance contains information collection provisions that are subject to review by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). See footnotes 23 and 27. These provisions require review and are not in effect until they display a currently valid OMB control number. The information collection provisions in this guidance have been submitted to OMB for review as required by section 3507(d) of the Paperwork Reduction Act of 1995. FDA will publish a notice in the Federal Register announcing OMB's decision regarding the information collection provisions in this guidance.

[27] See section IV of this guidance.

APPENDICES A & B




APPENDIX B:
HOW FDA INTENDS TO DETERMINE WHETHER A COMPOUNDED DRUG PRODUCT IS ESSENTIALLY A COPY OF A COVERED OTC DRUG UNDER SECTION 503B
Section 503B(d)(2)(A)
(1) Identical or Nearly Identical
Is the compounded drug identical or nearly identical to a covered OTC drug? I.e., does the compounded drug product have the same . . .
- Active ingredient(s);
- Route of administration;
- Strength;
- Dosage form; and
- Excipient(s)
. . . as a covered OTC drug?
Yes
Essentially a Copy
Drug may not be compounded under section 503B
No
Section 503B(d)(2)(B)
(2) Bulk Drug Substance
Is a component of the compounded drug product a bulk drug substance that is also a component of a covered OTC drug?
Yes
Essentially a Copy
Drug may not be compounded under section 503B of the FD&C Act
No
Not Essentially a Copy
May be compounded under section 503B (provided all conditions of section 503B are met)

Agenda Item 5H

EXHIBIT 5

DUBIN0001

DECLARATION OF MA LOURDES JAUREGUI, RPH

I, MA LOURDES JAUREGUI, declares under penalty of perjury that the following assertions are true and correct of my own personal knowledge unless stated upon information and belief:

1. I was the managing pharmacist of Trinity Pharmacy ("Trinity") located at 2797 S. Maryland Parkway, Suite 28, Las Vegas, Nevada. I am writing this declaration because I am unavailable for the scheduled hearing for alleged violations against Stephen Dubin, MD ("Dubin") regarding the Nevada State Board of Pharmacy's ("Board") case number 20-020.

2. I have personal knowledge of all matters stated herein and, if called as a witness, could and would testify competently thereto, except as to those matters stated upon information and belief, and as to those matters, I believe them to be true.

3. On or about September 10, 2020, the Board's investigator, Dena McClish, requested certain prescription records from Trinity.

4. On or about September 10, 2020, I forwarded the requested prescription records, which included the following:

   a) True and correct copies of Trinity's (redacted) prescription records for patient A.D. on December 18, 2018 are attached hereto as Exhibit "1". However, I was not the pharmacist who filled this particular prescription. It was filled by a floater pharmacist.

   b) True and correct copies of Trinity's (redacted) prescription records for patient M.G. on December 19, 2018 are attached hereto as Exhibit "2".

   c) True and correct copies of Trinity's (redacted) prescription records for patient M.H. on December 19, 2018 are attached hereto as Exhibit "3".

d) True and correct copies of Trinity's (redacted) prescription records for patient D.B. on December 20, 2018 are attached hereto as Exhibit "4".

5. Exhibit "1" contains a prescription for patient A.D. which was telephoned by "Honey" on behalf of Dr. Dubin. "Honey" indicated that the prescription was authorized by Dr. Dubin. I did not speak with Dr. Dubin himself. The prescription for patient A.D. was taken by the floater pharmacist on December 18, 2018 for alprazolam 1 mg tablet. The alprazolam was dispensed on December 21, 2018 at 10:54 a.m. Dr. Dubin never signed this prescription.

6. Exhibit "2" contains a prescription for patient M.G. which was telephoned by "Speedy" at 4:00 p.m. on December 19, 2018 on behalf of Dr. Dubin. "Speedy" indicated that the prescription was authorized by Dr. Dubin. I did not speak with Dr. Dubin himself. The prescription for patient M.G. was written in my handwriting for Percocet 10/325 mg, 60 tablets for a 15 day supply. The prescription was dispensed on December 21, 2018 at 10:55 a.m. On the prescription signature information, the patient or the guardian signed for receipt of the prescription. Dr. Dubin signed this prescription within 72 hours of December 19, 2018, but is undated.

7. Exhibit "3" contains a prescription for patient M.H. which was telephoned by "Speedy" at 1:00 p.m. on December 19, 2018. "Speedy" indicated that the prescription was authorized by Dr. Dubin. I did not speak with Dr. Dubin himself. The prescription for patient M.H. was for lorazepam 0.5 mg tablet, 45 tablets. The prescription was dispensed on December 21, 2018 at 10:55 a.m. On the prescription signature information, the patient or the guardian signed for receipt of the prescription. Dr. Dubin never signed this prescription.

8. Exhibit "4" contains a prescription for patient D.B. which was telephoned by "Honey" at 4:00 p.m. on December 20, 2018. "Honey" indicated that the prescription was authorized by Dr. Dubin. I did not speak with Dr. Dubin himself. The prescription for patient D.B. was for morphine sulfate OS 20mg/ml, quantity 30. The prescription was dispensed on December 20, 2018 at 5:58 p.m. On the prescription signature information, the patient or the guardian signed for receipt of the prescription. Dr. Dubin signed this prescription within 72 hours of December 20, 2018, but is undated.

9. Exhibit "4" also contains a prescription for patient D.B. which was telephoned by "Honey" at 4:00 p.m. on December 20, 2018. "Honey" indicated that the prescription was authorized by Dr. Dubin. I did not speak with Dr. Dubin himself. The prescription for patient D.B. was for lorazepam O/C, quantity 30. The prescription was dispensed on December 20, 2018 at 5:58 p.m. Dr. Dubin never signed this prescription.

10. My understanding was that the prescriptions for hospice patients from Jireh Healthcare were all considered emergency oral prescriptions. However, I did not notate on the telephoned or oral prescriptions, "Authorization for Emergency Dispensing" nor did I speak with Dr. Dubin directly. I understood that I did have to receive a signed prescription back from the practitioner within 72 hours after the telephoned prescription, which admittedly was not always accomplished.

Further, Your Declarant Sayeth Naught.

Dated: 11/18/2021

Ma Lourdes Jauregui, RPH

JIREH HEALTHCARE SERVICES LLC

(HOSPICE AGENCY)

PATIENT NAME: A[redacted] D[redacted]

DOB: [redacted]

START OF CARE:

09/07/2018 TO 12/31/2018

EXHIBIT 6

Claim Number	From Service Date	To Service Date	Beneficiary Nam	Claim Status	Total Charge	Type Of Bill	Admit Date
21900700422207NVR	12/1/2018	12/31/2018	A[redacted] D[redacted]	P - Paid	$7,790.97	813 - Hospice (...	9/7/2018
21833900538807NVR	11/1/2018	11/30/2018	A[redacted] D[redacted]	P - Paid	$8,724.43	813 - Hospice (...	9/7/2018
21830901126607NVR	10/1/2018	10/31/2018	A[redacted] D[redacted]	P - Paid	$9,083.84	813 - Hospice (...	9/7/2018
21827601222707NVR	9/7/2018	9/30/2018	A[redacted] D[redacted]	P - Paid	$6,942.12	812 - Hospice (...	9/7/2018

Claim Number	From Service Date	To Service Date	Beneficiary Nam	Claim Status	Total Charge	Type Of Bill	Admit Date
21900700421907NVR	12/1/2018	12/31/2018	[redacted]	P - Paid	$6,986.61	813 - Hospice (...	10/10/2018
21833900542507NVR	11/1/2018	11/30/2018	[redacted]	P - Paid	$8,197.48	813 - Hospice (...	10/10/2018
21833900230804NVR	10/10/2018	10/31/2018	[redacted]	P - Paid	$6,230.74	817 - Hospice (...	10/10/2018
21830901121107NVR	10/10/2018	10/31/2018	[redacted]	P - Paid	$5,630.74	812 - Hospice (...	10/10/2018

Claim Number	From Service Date	To Service Date	Beneficiary Nam	Claim Status	Total Charge	Type Of Bill	Admit Date
21900901108507NVR	12/1/2018	12/26/2018	[redacted]	P - Paid	$6,626.68	814 - Hospice (...	6/13/2018
21833900542007NVR	11/1/2018	11/30/2018	[redacted]	P - Paid	$7,635.75	813 - Hospice (...	6/13/2018
21830901128607NVR	10/1/2018	10/31/2018	[redacted]	P - Paid	$8,065.97	813 - Hospice (...	6/13/2018
21827601223807NVR	9/1/2018	9/30/2018	[redacted]	P - Paid	$7,382.91	813 - Hospice (...	6/13/2018
21824701185107NVR	8/1/2018	8/31/2018	[redacted]	P - Paid	$8,276.79	813 - Hospice (...	6/13/2018
21821800581907NVR	7/1/2018	7/31/2018	[redacted]	P - Paid	$9,216.50	813 - Hospice (...	6/13/2018
21818600817807NVR	6/13/2018	6/30/2018	[redacted]	P - Paid	$5,126.72	812 - Hospice (...	6/13/2018

Claim Number	From Service Date	To Service Date	Beneficiary Nam	Claim Status	Total Charge	Type Of Bill	Admit Date
21900700421507NVR	12/20/2018	12/22/2018	D[redacted] B[redacted]	P - Paid	$680.54	811 - Hospice (...	12/20/2018

12/31/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/30/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/29/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/28/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/27/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/26/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/25/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/24/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/23/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/22/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/21/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/20/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/19/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/18/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/17/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/16/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/15/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/14/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/13/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/12/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/11/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/10/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/9/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/8/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/7/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/6/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/5/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/4/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/3/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/2/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/1/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/30/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/29/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/28/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0

11/27/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/26/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
11/25/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
11/24/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
11/23/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
11/22/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
11/21/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
11/20/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
11/19/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
11/18/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
11/17/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
11/16/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
11/15/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
11/14/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
11/13/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
11/12/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
11/11/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
11/10/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
11/9/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
11/8/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
11/7/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
11/6/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare		178.2523	0
11/5/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare		226.8452	0
11/4/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare		226.8452	0
11/3/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare		226.8452	0
11/2/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare		226.8452	0
11/1/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare		226.8452	0
10/31/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare		226.8452	0
10/30/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare		226.8452	0
10/29/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare		226.8452	0
10/28/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare		226.8452	0
10/27/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare		226.8452	0
10/26/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare		226.8452	0
10/25/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare		226.8452	0
10/24/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare		226.8452	0
10/23/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare		226.8452	0
10/22/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare		226.8452	0
10/21/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare		226.8452	0
10/20/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare		226.8452	0
10/19/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare		226.8452	0
10/18/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare		226.8452	0
10/17/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare		226.8452	0
10/16/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare		226.8452	0
10/15/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare		226.8452	0
10/14/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare		226.8452	0
10/13/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare		226.8452	0
10/12/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare		226.8452	0

10/11/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/10/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/9/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/8/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/7/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/6/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/5/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/4/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/3/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/2/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/1/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
9/30/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/29/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/28/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/27/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/26/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/25/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/24/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/23/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/22/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/21/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/20/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/19/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/18/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/17/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/16/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/15/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/14/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/13/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/12/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/11/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/10/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/9/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/8/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/7/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0

Jireh Healthcare Services LLC

HospiceMD™

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

Personal Information

LEVEL OF CARE RC, 09/07/18

MR#	M0466	SSN	[redacted]	DOB	[redacted] (75 yrs)
LAST NAME	D[redacted]	FIRST NAME	A[redacted]	MI	
ADDRESS	[redacted]venue			APT / SUITE #	
CITY	Las Vegas	STATE	NV	ZIP	89120
PHONE	(702) [redacted]	CELL		PRIM LANGUAGE	Chinese
RACE	White	ETHNICITY	Caucasian	MARITAL ST	
GENDER	Female	RELIGION		DENOMINATION	

Insurance

PAY SOURCE	INSURANCE	SHARE OF COST	POLICY / MBI #	GROUP#	BIN#	EFFECTIVE DATE	AUTH TYPE	R&B AUTH NO	R&B AUTH VALID TILL
Primary	Medicare	$0.00	[redacted]			9/7/2018			

Dates of Service, Diagnosis & Allergies

REF DATE	9/6/2018	SOC	9/7/2018	RE-CERT	5/4/2019
		EOC	4/5/2019	DISC CODE	Prognosis Extended
ADMIT TYPE	New Admission				
STARTING CERT#	1				
PRIMARY DX	Alzheimer's disease with late onset (G30.1)			DISEASE	Alzheimer's
SECOND DX	Delirium due to known physiological condition (F05)			DISEASE	
COMORBIDITIES	Anxiety, debility, failure to thrive				

ALLERGIES	LAST UPDATED
NKA	10/9/18

Place of Service (POS)

TYPE	Home	FACILITY NAME			
EFFECTIVE DATE		ROOM NO		PCG	
ADDRESS	[redacted]venue	CITY	Las Vegas	STATE-ZIP	NV 89120 -
PHONE	(702) [redacted]	ALT-PHONE		FAX	

Authorized Rep (AR) / Emergency Contact (EC)

AR/EC , , Address: , , , Phone: , Alt Phone: , AR/EC is:

Referral Source & Attending MD

MEDICAL DIRECTOR	STEPHEN DUBIN, Phone:, Fax:(702) 362-9930, NPI:1023311040
REFERRING/ATTENDING/PATIENT CHOICE	CARLOS INOCENCIO, Phone:(702) 733-0744, Fax:(702) 796-8262, NPI:1558319293

Vendors

PHARMACY	MAIN:Trinity Pharmacy (Las Vegas)
DME	MAIN:Advantage Home Medical Services, Inc. (Las Vegas)

JIREH HEALTHCARE SERVICES
:320 PASEO DEL PRADO STE B101
.AS VEGAS NV 891020048
'023591388 7023592388

CNTL # 3436259
b. MED. REC. # M0466
TYPE OF BILL 081A
5 FED. TAX NO. 251927052
6 STATEMENT COVERS PERIOD FROM 090718 THROUGH

PATIENT NAME [redacted]
D[redacted], A[redacted]

9 PATIENT ADDRESS [redacted] AVE.
LAS VEGAS NV 89120 USA

BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT
[redacted]	F	090718	12	3	2		30

31 OCCURRENCE CODE	DATE
:7	090718

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0650		Q5001	090718	1	000	000
0001	PAGE 1 OF 1	CREATION DATE	090718	TOTALS	000	

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI
Medicare Part A		Y	Y	000	000	1427366699

58 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
D[redacted] A[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES | 64 DOCUMENT CONTROL NUMBER | 65 EMPLOYER NAME

Diagnosis codes: G301 | F05 | F419 | F0280 | F329 | I10

76 ATTENDING NPI 1558319293 LAST Inocencio FIRST Carlos
77 OPERATING NPI
78 OTHER NPI 1023311040 LAST Dubin FIRST Stephen Paul
79 OTHER NPI

REMARKS
81CC b B3 251G00000X

UB-04 CMS-1450 APPROVED OMB NO. 0938-0997 OCR/Original NUBC

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

DUBIN0013

JIREH HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
LAS VEGAS NV 891020048
7023591388 7023592388

a. PAT. CNTL # 3476845
b. MED. REC. # M0466
4 TYPE OF BILL 0812
5 FED. TAX NO. 251927052
6 STATEMENT COVERS PERIOD FROM 090718 THROUGH 093018

8 PATIENT NAME a [redacted]
9 PATIENT ADDRESS a [redacted] AVE.
b LAS VEGAS c NV d 89120 e USA

DI[redacted] A[redacted]

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT
[redacted]	F	090718	12	3	2		30

31 OCCURRENCE CODE	DATE
27	090718

39 VALUE CODES CODE	AMOUNT
a 61	2982000

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0551	RN Clinical Visit	G0299	090718	8	9308	9308
0561	Social Services Clinical V	G0155	090718	4	4654	4654
0651	651-Routine Home Care	Q5001	090718	24	5,29336	000
0551	RN Clinical Visit	G0299	091018	4	4654	4654
0571	Hospice Aide Clinical Visi	G0156	091018	3	7500	7500
0571	Hospice Aide Clinical Visi	G0156	091118	3	7500	7500
0571	Hospice Aide Clinical Visi	G0156	091218	3	7500	7500
0250	N427241000350UN60.000		091218	1	1952	1952
0571	Hospice Aide Clinical Visi	G0156	091318	3	7500	7500
0571	Hospice Aide Clinical Visi	G0156	091418	3	7500	7500
0551	RN Clinical Visit	G0299	091718	4	4654	4654
0571	Hospice Aide Clinical Visi	G0156	091718	3	7500	7500
0571	Hospice Aide Clinical Visi	G0156	091818	3	7500	7500
0571	Hospice Aide Clinical Visi	G0156	091918	3	7500	7500
06[illegible]	657-Physician Charges	99205	091918	1	22500	000
05[illegible]	Hospice Aide Clinical Visi	G0156	092018	3	7500	7500
0571	Hospice Aide Clinical Visi	G0156	092118	3	7500	7500
0551	RN Clinical Visit	G0299	092418	4	4654	4654
0571	Hospice Aide Clinical Visi	G0156	092418	3	7500	7500
0571	Hospice Aide Clinical Visi	G0156	092518	3	7500	7500
0571	Hospice Aide Clinical Visi	G0156	092618	3	7500	7500
0571	Hospice Aide Clinical Visi	G0156	092718	3	7500	7500
	PAGE 1 OF 2	CREATION DATE	100318	TOTALS	6,94212	

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE
Medicare Part A		Y	Y	000	5,51836

56 NPI 1427366699
57 OTHER PRV ID

58 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
[redacted] A[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES
64 DOCUMENT CONTROL NUMBER
65 EMPLOYER NAME

67 G301 F05 F419 F0280 F329 I10

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

74 PRINCIPAL PROCEDURE CODE DATE | a. OTHER PROCEDURE CODE DATE | b. OTHER PROCEDURE CODE DATE | 75
c. OTHER PROCEDURE CODE DATE | d. OTHER PROCEDURE CODE DATE | e. OTHER PROCEDURE CODE DATE

76 ATTENDING NPI 1558319293 QUAL
LAST Inocencio FIRST Carlos

77 OPERATING NPI QUAL
LAST FIRST

78 OTHER NPI 1023311040 QUAL
LAST Dubin FIRST Stephen Paul

79 OTHER NPI QUAL
LAST FIRST

80 REMARKS
81CC a
b B3 251G00000X
c
d

04 CMS-1450 NUBC-UB04-1 APPROVED OMB NO. 0938-0997 NUBC

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

DUBIN0014

UIREH HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
AS VEGAS NV 891020048
023591388 7023592388

PAT. CNTL # 3476845
MED. REC. # M0466
TYPE OF BILL 0812
5 FED. TAX NO. 251927052
6 STATEMENT COVERS PERIOD FROM 090718 THROUGH 093018

PATIENT NAME [redacted]
PATIENT ADDRESS [redacted] AVE.
LAS VEGAS NV 89120 USA
[redacted], [redacted]

BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT
[redacted]	F	090718	12	3	2		30

OCCURRENCE CODE	OCCURRENCE DATE
27	090718

39 VALUE CODES CODE	AMOUNT
a 61	2982000

REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0571	Hospice Aide Clinical Visi	G0156	092818	3	7500	7500
0001	*PAGE* 2 *OF* 2	*CREATION DATE*	100318	*TOTALS*	6,94212	

PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI
Medicare Part A		Y	Y	000	5,51836	1427366699

INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
[redacted]	18	[redacted]		

TREATMENT AUTHORIZATION CODES — 64 DOCUMENT CONTROL NUMBER — 65 EMPLOYER NAME

Diagnosis codes: G301 F05 F419 F0280 F329 I10

ADMIT DX — 70 PATIENT REASON DX — 71 PPS CODE — 72 ECI

PRINCIPAL PROCEDURE CODE DATE — OTHER PROCEDURE CODE DATE

76 ATTENDING NPI 1558319293 LAST Inocencio FIRST Carlos

77 OPERATING NPI — LAST — FIRST

78 OTHER NPI 1023311040 LAST Dubin FIRST Stephen Paul

79 OTHER NPI — LAST — FIRST

REMARKS

81CC b B3 251G00000X

JIREH HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
AS VEGAS NV 891020048
023591388 7023592388

a PAT. CNTL # 3535014
b. MED. REC. # M0466
4 TYPE OF BILL 0813
5 FED. TAX NO. 251927052
6 STATEMENT COVERS PERIOD FROM 100118 THROUGH 103118

PATIENT NAME [redacted]
9 PATIENT ADDRESS a [redacted] AVE.
b LAS VEGAS c NV d 89120 e USA

BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18–28 CONDITION CODES	29 ACDT STATE	30
[redacted]	F	090718	12	3	2		30			

OCCURRENCE CODE	OCCURRENCE DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 OCCURRENCE SPAN CODE	FROM	THROUGH	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
27	090718													

	39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	61	2982000				
b						
c						
d						

REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0551	RN Clinical Visit	G0299	100118	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	100118	3	7500	7500	
0250	N400228203150UN30.000		100118	1	4000	4000	
0651	651-Routine Home Care	Q5001	100118	31	7,03220	000	
0571	Hospice Aide Clinical Visi	G0156	100218	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	100318	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	100418	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	100518	3	7500	7500	
0551	RN Clinical Visit	G0299	100818	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	100818	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	100918	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	101018	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	101118	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	101218	3	7500	7500	
05[illegible]	Hospice Aide Clinical Visi	G0156	101518	3	7500	7500	
025[illegible]	N465862006399UN60.000		101518	1	3000	3000	
0250	N427241000350UN120.000		101518	1	4452	4452	
0571	Hospice Aide Clinical Visi	G0156	101618	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	101718	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	101818	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	101918	3	7500	7500	
0551	RN Clinical Visit	G0299	102218	4	4803	4803	
	PAGE 1 OF 2	*CREATION DATE*	110518	**TOTALS**	9,08384		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI
Medicare Part A		Y	Y	000	7,03220	1427366699

57 OTHER PRV ID

58 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES
64 DOCUMENT CONTROL NUMBER
65 EMPLOYER NAME

G301	F05	F419	F0280	F329	I10

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

74 PRINCIPAL PROCEDURE CODE DATE
a OTHER PROCEDURE CODE DATE
b OTHER PROCEDURE CODE DATE
c OTHER PROCEDURE CODE DATE
d OTHER PROCEDURE CODE DATE
e OTHER PROCEDURE CODE DATE
75

76 ATTENDING NPI 1558319293 QUAL
LAST Inocencio FIRST Carlos

77 OPERATING NPI QUAL
LAST FIRST

78 OTHER NPI 1023311040 QUAL
LAST Dubin FIRST Stephen Paul

79 OTHER NPI QUAL
LAST FIRST

80 REMARKS
81 CC
a
b B3 251G00000X
c
d

CMS-1450 APPROVED OMB NO. 0938-0997 OCR/Original NUBC 24384604
THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

DUBIN0016

OTHER HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
AS VEGAS NV 891020048
023591388 7023592388

CNTL # 3535014 | b. MED. REC. # M0466 | FORM CF BILL 0813

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH
251927052	100118	103118

PATIENT NAME [redacted] | 9 PATIENT ADDRESS [redacted] AVE.

[redacted], A | b LAS VEGAS | c NV | d 89120 | e USA

10	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES 18 19 20 21 22 23 24 25 26 27 28	29 ACDT STATE	30
[redacted]	F	090718	12	3	2		30			

31 OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 CODE	OCCURRENCE SPAN FROM	THROUGH	36 CODE	OCCURRENCE SPAN FROM	THROUGH	37
7	090718													

	39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
a	61	2982000				
b						
c						
d						

REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0571	Hospice Aide Clinical Visi	G0156	102218	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	102318	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	102418	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	102518	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	102618	3	7500	7500	
0551	RN Clinical Visit	G0299	102918	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	102918	3	7500	7500	
0250	N459762372004UN30.000		102918	1	2000	2000	
0571	Hospice Aide Clinical Visi	G0156	103018	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	103118	3	7500	7500	
0001	PAGE 2 OF 2	CREATION DATE	110518	TOTALS	9,08384		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
edicare Part A		Y	Y	000	7,03220	57 OTHER PRV ID	

58 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
[redacted] A	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX									67
G301	F05	F419	F0280	F329	I10				

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

74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75

c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE

76 ATTENDING	NPI 1558319293	QUAL	
LAST Inocencio		FIRST Carlos	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI 1023311040	QUAL	
LAST Dubin		FIRST Stephen Paul	
79 OTHER	NPI	QUAL	
LAST		FIRST	

REMARKS

80 CC	
a	
b	B3 251G00000X
c	
d	

CMS-1450 NUCF UB04-1 APPROVED OMB NO. 0938-0997 OCR/Original NUBC 24JAN04 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE

DUBIN0017

JTREK HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
AS VEGAS NV 891020048
023591388 7023592388

CNTL # 3566453 | OF BILL 0813
b. MED REC # M0466
5 FED TAX NO. 251927052 | 6 STATEMENT COVERS PERIOD FROM 110118 THROUGH 113018 | 7

ATIENT NAME [redacted] | 9 PATIENT ADDRESS [redacted] AVE.
D[redacted], A[redacted] | b LAS VEGAS | c NV | d 89120 | e USA

10	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES 18 19 20 21 22 23 24 25 26 27 28	29 ACDT STATE	30
[redacted]	F	090718	12	3	2		30			

OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 CODE	OCCURRENCE SPAN FROM	THROUGH	36 CODE	OCCURRENCE SPAN FROM	THROUGH	37
7	090718													

	39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
a	61	2982000				
b						
c						
d						

REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0651	651-Routine Home Care	Q5001	110118	5	1,13423	000	
0571	Hospice Aide Clinical Visi	G0156	110118	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	110218	3	7500	7500	
0551	RN Clinical Visit	G0299	110518	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	110518	4	10000	10000	
0250	Non-injectable		110518	1	86677	86677	
0651	651-Routine Home Care	Q5001	110618	25	4,45631	000	
0571	Hospice Aide Clinical Visi	G0156	110618	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	110718	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	110818	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	110918	4	10000	10000	
0551	RN Clinical Visit	G0299	111218	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	111218	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	111318	4	10000	10000	
05[redacted]	Hospice Aide Clinical Visi	G0156	111418	4	10000	10000	
05[redacted]	Hospice Aide Clinical Visi	G0156	111518	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	111618	4	10000	10000	
0551	RN Clinical Visit	G0299	111918	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	111918	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	112018	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	112118	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	112218	4	10000	10000	
	PAGE 1 OF 2	CREATION DATE	120418	TOTALS	8,72443		

PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
edicare Part A		Y	Y	000	5,59054	57 OTHER PRV ID	

INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
[redacted], A[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

67										68
G301	F05	F419	F0280	F329	I10					

ADMIT DX	70 PATIENT REASON DX				71 PPS CODE	72 ECI	73

PRINCIPAL PROCEDURE CODE	DATE	a OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	74

[redacted]HER PROCEDURE	DATE	d OTHER PROCEDURE CODE	DATE	e OTHER PROCEDURE CODE	DATE

76 ATTENDING	NPI 1558319293	QUAL	
LAST Inocencio		FIRST Carlos	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI 1023311040	QUAL	
LAST Dubin		FIRST Stephen Paul	
79 OTHER	NPI	QUAL	
LAST		FIRST	

REMARKS

81CC	
a	
b	B3 251G00000X
c	
d	

M CMS-1450 NUCF-UB04 1 APPROVED OMB NO. 0938-0997 OCR/Original NUBC National Uniform Billing Committee 24394504 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

DUBIN0018

OTHER HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
AS VEGAS NV 891020048
023591388 7023592388

CNTL # 3588453 | BILL TYPE 0813
b. MED. REC. # M0466
5 FED. TAX NO 251927052 | 8 STATEMENT COVERS PERIOD FROM 110118 THROUGH 113018

PATIENT NAME [redacted] A[redacted]
6 PATIENT ADDRESS [redacted] AVE.
b LAS VEGAS | c NV | d 89120 | e USA

9	10	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
[redacted]		F	090718	12	3	2		30													

31 CODE	31 OCCURRENCE DATE	32 CODE	32 OCCURRENCE DATE	33 CODE	33 OCCURRENCE DATE	34 CODE	34 OCCURRENCE DATE	35 CODE	35 OCCURRENCE SPAN FROM	THROUGH	36 CODE	36 OCCURRENCE SPAN FROM	THROUGH	37
7	090718													

	39 CODE	39 VALUE CODES AMOUNT	40 CODE	40 VALUE CODES AMOUNT	41 CODE	41 VALUE CODES AMOUNT
a	61	2982000				
b						
c						
d						

REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0571	Hospice Aide Clinical Visi	G0156	112318	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	112618	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	112718	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	112818	1	2500	2500	
0571	Hospice Aide Clinical Visi	G0156	112918	4	10000	10000	
0551	RN Clinical Visit	G0299	113018	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	113018	4	10000	10000	
0001	PAGE 2 OF 2	CREATION DATE	120418	TOTALS	8,72443		

PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
Medicare Part A		Y	Y	000	5,59054	57 OTHER PRV ID	

INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO
[redacted] A[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

67	67A	67B	67C	67D	67E	67F	67G	67H	67I	67J	67K	68
G301	F05	F419	F0280	F329	I10							

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

PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	74

c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE

76 ATTENDING	NPI 1558319293	QUAL	
LAST Inocencio		FIRST Carlos	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI 1023311040	QUAL	
LAST Dubin		FIRST Stephen Paul	
79 OTHER	NPI	QUAL	
LAST		FIRST	

REMARKS

80 CC
a
b B3 251G00000X
c
d

CMS-1450 NUCF-UB04-1 APPROVED OMB NO 0938-0997 OCR/Original NUBC 2439454 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE

DUBIN0019

UTREM HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
AS VEGAS NV 891020048
023591388 7023592388

CNTL # 3650256 | OF BILL 0817
b. MED. REC. # M0466
5 FED. TAX NO. 251927052 | 6 STATEMENT COVERS PERIOD FROM 120118 THROUGH 123118 | 7

a PATIENT NAME [redacted] | 9 PATIENT ADDRESS a [redacted] AVE.
D[redacted], A[redacted] | b LAS VEGAS | c NV | d 89120 | e USA

10	11 SEX	12 DATE	ADMISSION 13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES 18 19 20 21 22 23 24 25 26 27 28	29 ACCT STATE	30
[redacted]	F	090718	12	3	2		30			

OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 CODE	OCCURRENCE SPAN FROM	THROUGH	36 CODE	OCCURRENCE SPAN FROM	THROUGH	37
7	120618													

	39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
a	61	2982000				
b						
c						
d						

REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0651	651-Routine Home Care	Q5001	120118	31	5,52582	000	
0551	RN Clinical Visit	G0299	120318	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	120318	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	120418	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	120518	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	120618	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	120718	4	10000	10000	
0551	RN Clinical Visit	G0299	121018	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	121018	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	121118	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	121218	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	121318	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	121418	3	7500	7500	
0551	RN Clinical Visit	G0299	121718	4	4803	4803	
05[redacted]	Hospice Aide Clinical Visi	G0156	121718	4	10000	10000	
05[redacted]	Hospice Aide Clinical Visi	G0156	121818	4	10000	10000	
0250	Non-injectable		121818	1	28811	28811	
0571	Hospice Aide Clinical Visi	G0156	121918	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	122018	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	122118	4	10000	10000	
0551	RN Clinical Visit	G0299	122418	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	122418	4	10000	10000	
	PAGE 1 OF 2	CREATION DATE	010819	TOTALS	8,07908		

PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
edicare Part A		Y	Y	000	5,52582	57 OTHER PRV ID	

INSURED'S NAME	58 P. REL	59 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO
[redacted] A[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66										
G301	F05	F419	F0280	F329	I10					

ADMIT DX	70 PATIENT REASON DX			71 PPS CODE	72 ECI				73

PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75

[redacted] PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE

76 ATTENDING	NPI 1558319293	QUAL	
LAST Inocencio		FIRST Carlos	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI 1023311040	QUAL	
LAST Dubin		FIRST Stephen Paul	
79 OTHER	NPI	QUAL	
LAST		FIRST	

REMARKS

80 NUCC	
a	
b	B3 251G00000X
c	
d	

CMS-1450 NUCF-UB04-1 APPROVED OMB NO. 0938-0997 OCR-Original NUBC THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE M

DUBIN0020

OTHER HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
AS VEGAS NV 891020048
023591388 7023592388

CNTL # 3650256 | b. MED REC # M0466 | 4 TYPE OF BILL 0817

5 FED TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7
251927052	120118	123118	

a PATIENT NAME D[redacted] A[redacted] | b 025324213A | 8 PATIENT ADDRESS a [redacted] AVE. | b LAS VEGAS | c NV | d 89120 | e USA

9	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	CONDITION CODES 22	23	24	25	26	27	28	29 ACDT STATE	30
[redacted]	F	090718	12	3	2		30													

31 OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 CODE	OCCURRENCE SPAN FROM	THROUGH	36 CODE	OCCURRENCE SPAN FROM	THROUGH	37
17	120618													

	39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
a	61	2982000				
b						
c						
d						

REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0571	Hospice Aide Clinical Visi	G0156	122518	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	122618	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	122718	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	122818	4	10000	10000	
0551	RN Clinical Visit	G0299	123118	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	123118	4	10000	10000	
0001	PAGE 2 OF 2	CREATION DATE	010819	TOTALS	8,07908		

PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
Medicare Part A		Y	Y	000	5,52582	57 OTHER PRV ID	

INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX											67
G301	F05	F419	F0280	F329	I10						

ADMIT DX | 70 PATIENT REASON DX | 71 PPS CODE | 72 ECI | 73

PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75

[redacted] PROCEDURE DATE	c OTHER PROCEDUR CODE	DATE	e OTHER PROCEDURE CODE	DATE

76 ATTENDING	NPI 1558319293	QUAL	
LAST Inocencio		FIRST Carlos	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI 1023311040	QUAL	
LAST Dubin		FIRST Stephen Paul	
79 OTHER	NPI	QUAL	
LAST		FIRST	

REMARKS

80		
a		
b	B3	251G00000X
c		
d		

CMS-1450 NUCC UB04.1 APPROVED OMB NO 0938-0997 DCN/Original NUBC 24394504

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE

DUBIN0021

OTHER HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
AS VEGAS NV 891020048
023591388 7023592388

CNTL # 3650262 | BILL TYPE 0817
MED REC # M0466
5 FED TAX NO 251927052 | 6 STATEMENT COVERS PERIOD FROM 120118 THROUGH 123118 | 7

8 PATIENT NAME [redacted] A
9 PATIENT ADDRESS [redacted] AVE.
b LAS VEGAS c NV d 89120 e USA

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
[redacted]	F	090718	12	3	2		30													

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

	39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	61	2982000				
b						
c						
d						

REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0651	651-Routine Home Care	Q5001	120118	31	5,52582	000	
0551	RN Clinical Visit	G0299	120318	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	120318	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	120418	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	120518	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	120618	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	120718	4	10000	10000	
0551	RN Clinical Visit	G0299	121018	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	121018	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	121118	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	121218	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	121318	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	121418	3	7500	7500	
0551	RN Clinical Visit	G0299	121718	4	4803	4803	
057	Hospice Aide Clinical Visi	G0156	121718	4	10000	10000	
05	Hospice Aide Clinical Visi	G0156	121818	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	121918	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	122018	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	122118	4	10000	10000	
0551	RN Clinical Visit	G0299	122418	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	122418	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	122518	4	10000	10000	
	PAGE 1 OF 2	CREATION DATE	010819	TOTALS	7,79097		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
Medicare Part A		Y	Y	000	5,52582	57 OTHER PRV ID	

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO
[redacted] A	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 ADMIT DX	67 PATIENT REASON DX	67 A	B	C	68	69 PPS CODE	70 ECI	71	72	73

PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75

c. OTHER PROCEDURE DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE

76 ATTENDING	NPI 1558319293	QUAL
LAST Inocencio	FIRST Carlos	
77 OPERATING	NPI	QUAL
LAST	FIRST	
78 OTHER	NPI 1023311040	QUAL
LAST Dubin	FIRST Stephen Paul	
79 OTHER	NPI	QUAL
LAST	FIRST	

REMARKS

NSC	
a	
b	B3 251G00000X
c	
d	

14 CMS-1450 NUCC-UB04 APPROVED OMB NO. 0938-0997 0D1V0N0SP NUBC THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

DUBIN0022

JIREH HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
AS VEGAS NV 891020048
023591388 7023592388

CNTL # 3650262 | TYPE OF BILL 0817
B. MED. REC. # M0466
5 FED. TAX NO 251927052 | 6 STATEMENT COVERS PERIOD FROM 120118 THROUGH 123118

PATIENT NAME [redacted] | 9 PATIENT ADDRESS [redacted] AVE.
[redacted] A | b LAS VEGAS | c NV | d 89120 | e USA

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES 18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
[redacted]	F	090718	12	3	2		30													

OCCURRENCE CODE	OCCURRENCE DATE	32 CODE	32 OCCURRENCE DATE	33 CODE	33 OCCURRENCE DATE	34 CODE	34 OCCURRENCE DATE	35 CODE	35 OCCURRENCE SPAN FROM	THROUGH	36 CODE	36 OCCURRENCE SPAN FROM	THROUGH	37

	39 CODE	39 VALUE CODES AMOUNT	40 CODE	40 VALUE CODES AMOUNT	41 CODE	41 VALUE CODES AMOUNT
a	61	2982000				
b						
c						
d						

REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0571	Hospice Aide Clinical Visi	G0156	122618	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	122718	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	122818	4	10000	10000	
0551	RN Clinical Visit	G0299	123118	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	123118	4	10000	10000	
0001	PAGE 2 OF 2	CREATION DATE 010819	TOTALS		7,79097		

PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
Medicare Part A		Y	Y	000	5,52582	57 OTHER PRV ID	

INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO
[redacted], A	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

ADMIT DX	70 PATIENT REASON DX			71 PPS CODE	72 ECI			73

PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	74

c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE

REMARKS	81CC	
	a	
	b	B3 251G00000X
	c	
	d	

76 ATTENDING	NPI 1558319293	QUAL	
LAST Inocencio		FIRST Carlos	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI 1023311040	QUAL	
LAST Dubin		FIRST Stephen Paul	
79 OTHER	NPI	QUAL	
LAST		FIRST	

M CMS-1450 NUCC 0804.1 APPROVED OMB NO 0938-0997 OCR/Original NUBC 24394504 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE

DUBIN0023

OTHER HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
AS VEGAS NV 891020048
'023591388 7023592388

CNTL # 3644116 | BILL TYPE 0813
b. MED REC. # M0466
5 FED TAX NO 251927052 | 6 STATEMENT COVERS PERIOD FROM 120118 THROUGH 123118 | 7

ATIENT NAME a 025924213A | 9 PATIENT ADDRESS a [redacted] AVE.
D[redacted] A[redacted] | b LAS VEGAS | c NV | d 89120 | e USA

10	11 SEX	12 DATE	ADMISSION 13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES 18 19 20 21 22 23 24 25 26 27 28	29 ACCT STATE	30
[redacted]	F	090718	12	3	2		30			

OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 OCCURRENCE SPAN CODE	FROM	THROUGH	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
7	120618													

	39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
a	61	2982000				
b						
c						
d						

REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
651	651-Routine Home Care	Q5001	120118	31	5,52582	000	
551	RN Clinical Visit	G0299	120318	4	4803	4803	
571	Hospice Aide Clinical Visi	G0156	120318	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	120418	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	120518	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	120618	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	120718	4	10000	10000	
551	RN Clinical Visit	G0299	121018	4	4803	4803	
571	Hospice Aide Clinical Visi	G0156	121018	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	121118	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	121218	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	121318	3	7500	7500	
571	Hospice Aide Clinical Visi	G0156	121418	3	7500	7500	
551	RN Clinical Visit	G0299	121718	4	4803	4803	
57	Hospice Aide Clinical Visi	G0156	121718	4	10000	10000	
5	Hospice Aide Clinical Visi	G0156	121818	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	121918	3	7500	7500	
571	Hospice Aide Clinical Visi	G0156	122018	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	122118	4	10000	10000	
551	RN Clinical Visit	G0299	122418	4	4803	4803	
571	Hospice Aide Clinical Visi	G0156	122418	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	122518	4	10000	10000	
	PAGE 1 OF 2	CREATION DATE	010419	TOTALS	7,79097		

PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
edicare Part A		Y	Y	000	5,52582	OTHER PRV ID	

INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
[redacted] A[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

67	G301	F05	F419	F0280	F329	I10					67

ADMIT DX	70 PATIENT REASON DX			71 PPS CODE	72 ECI			73

a. PRINCIPAL PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	c. OTHER PROCEDURE CODE	DATE	74
d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE	f. OTHER PROCEDURE CODE	DATE	

76 ATTENDING	NPI 1558319293	QUAL	
LAST Inocencio	FIRST Carlos		
77 OPERATING	NPI	QUAL	
LAST	FIRST		
78 OTHER	NPI 1023311040	QUAL	
LAST Dubin	FIRST Stephen Paul		
79 OTHER	NPI	QUAL	
LAST	FIRST		

REMARKS

80 CC	
a	
b	B3 251G00000X
c	
d	

M CMS-1450 NUCF-U004.1 APPROVED OMB NO 0938-0997 OCR/Original NUBC National Uniform Billing Committee 24304604 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

DUBIN0024

STREAM HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
AS VEGAS NV 891020048
023591388 7023592388

CNTL # 3644116 | 22 TYPE OF BILL 0813
b. MED. REC. # M0466
5 FED. TAX NO 251927052 | 6 STATEMENT COVERS PERIOD FROM 120118 THROUGH 123118 | 7

a PATIENT NAME [redacted] | a 025324213A | 8 PATIENT ADDRESS a [redacted] AVE.
b LAS VEGAS | c NV | d 89120 | e USA

10	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
[redacted]	F	090718	12	3	2		30													

31 CODE	31 OCCURRENCE DATE	32 CODE	32 OCCURRENCE DATE	33 CODE	33 OCCURRENCE DATE	34 CODE	34 OCCURRENCE DATE	35 CODE	35 OCCURRENCE SPAN FROM	THROUGH	36 CODE	36 OCCURRENCE SPAN FROM	THROUGH	37
17	120618													

	39 CODE	39 VALUE CODES AMOUNT	40 CODE	40 VALUE CODES AMOUNT	41 CODE	41 VALUE CODES AMOUNT
a	61	2982000				
b						
c						
d						

REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0571	Hospice Aide Clinical Visi	G0156	122618	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	122718	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	122818	4	10000	10000	
0551	RN Clinical Visit	G0299	123118	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	123118	4	10000	10000	
0001	PAGE 2 OF 2	CREATION DATE 010419	TOTALS		7,79097		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
Medicare Part A		Y	Y	000	5,52582	57 OTHER PRV ID	

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GRP NAME	62 INSURANCE GROUP NO
[redacted] A	18	[redacted]A		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

67	G301	F05	F419	F0280	F329	I10					68

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

a. PRINCIPAL PROCEDURE CODE DATE	a. OTHER PROCEDURE CODE DATE	b. OTHER PROCEDURE CODE DATE	74
e. OTHER PROCEDURE CODE DATE	d. OTHER PROCEDURE CODE DATE	e. OTHER PROCEDURE CODE DATE	

76 ATTENDING	NPI 1558319293	QUAL	
LAST Inocencio	FIRST Carlos		
77 OPERATING	NPI	QUAL	
LAST	FIRST		
78 OTHER	NPI 1023311040	QUAL	
LAST Dubin	FIRST Stephen Paul		
79 OTHER	NPI	QUAL	
LAST	FIRST		

REMARKS

80 ICD	
a	
b	B3 251G00000X
c	
d	

M CMS-1450 NUCC 08/04 APPROVED OMB NO. 0938-0997 OCR/Original NUBC 2439604 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE M

DUBIN0025

STREAM HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
AS VEGAS NV 891020048
023591388 7023592388

CNTL # 3834552 | BILL TYPE 081B
b. MED REC # M0466
5 FED TAX NO. 251927052 | 6 STATEMENT COVERS PERIOD FROM 090718 THROUGH 041719 | 7

a [redacted] | 8 PATIENT ADDRESS a [redacted] AVE.
D [redacted] A | b LAS VEGAS | c NV | d 89120 | e USA

9	10 SEX	11 DATE	ADMISSION 12 HR	13 TYPE	14 SRC	15 DHR	16 STAT	CONDITION CODES 17	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
[redacted]	F	090718	12	3	2		30														

OCCURRENCE CODE	OCCURRENCE DATE	32 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	34 OCCURRENCE DATE	35 CODE	OCCURRENCE SPAN FROM	THROUGH	36 CODE	OCCURRENCE SPAN FROM	THROUGH	37

	39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
a						
b						
c						
d						

REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
650		Q5001	090718	223	000	000	
001	PAGE 1 OF 1	CREATION DATE	041719	TOTALS	000		

PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
edicare Part A		Y	Y	000	000	57 OTHER PRV ID	

INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
[redacted] A	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

G301	F05	F419	F0280	F329	I10					66

ADMIT DX	70 PATIENT REASON DX				71 PPS CODE	72 ECI				73

PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	74

c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE

REMARKS	80		76 ATTENDING	NPI 1558319293	QUAL	
	a		LAST Inocencio	FIRST Carlos		
	b	B3 251G00000X	77 OPERATING	NPI	QUAL	
	c		LAST	FIRST		
	d		78 OTHER	NPI 1023311040	QUAL	
			LAST Dubin	FIRST Stephen Paul		
			79 OTHER	NPI	QUAL	
			LAST	FIRST		

M CMS-1450 NUCF-UB04-1 APPROVED OMB NO. 0938-0997 OCR:Original NUBC National Uniform Billing Committee 2434504

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

DUBIN0026

Patient Details for D[redacted], A[redacted] (Patient ID 491783, MRN M0466)

Date Of Birth	[redacted]	Status	Pending - Discharged

Assignment Details

Effective Date: 09/07/2018, Medical Record No: M0466, Dme Provider: Advantage Home Medical Services, Inc. , Pharmacy: Trinity Pharmacy, Staff (caregiver)

IDG Team

Discipline	Name	Primary?	Default for New Medications?	Visits	PRN Visits	Frequency Notes
Chaplain	CHAPLAIN_Murphy, Kathryn	Yes	No			Evaluation (frequency of visits to be determined post evaluation
Hospice Aide	CNA_Barba, Magdalena	No	No	5 visit(s) Weekly		
MD Director	Dubin, Stephen Paul	Yes	No		1 PRN visit(s) every 30 day(s)	1x/mo PRN withn certification period for Emergency Response
Physician	Inocencio, Carlos	Yes	No		1 PRN visit(s) every 30 day(s)	Eval,1x/mo PRN withn certification period for Emergency Response
Skilled Nurse	RN_Cacanindin, Speedy	Yes	No	1 visit(s) Weekly	2 PRN visit(s) every 7 day(s)	1x/wk &2x/wk PRN for fall & anxiety issues withn cert perd
Skilled Nurse	RN_Ruiz, Janyvill	No	No		2 PRN visit(s) every 7 day(s)	Eval &2x/wk PRN for fall & anxiety issues withn cert perd

Patient Details for D[redacted] A[redacted] (Patient ID 491783, MRN M0466)

Date Of Birth	[redacted]	Status	Pending - Discharged

Assignment Details

Effective Date: 09/10/2018, Medical Record No: M0466, Dme Provider: Advantage Home Medical Services, Inc. , Pharmacy: Trinity Pharmacy, Staff (caregiver)

IDG Team

Discipline	Name	Primary?	Default for New Medications?	Visits	PRN Visits	Frequency Notes
Chaplain	CHAPLAIN_Murphy, Kathryn	Yes	No			Evaluation (frequency of visits to be determined post evaluation
Hospice Aide	CNA_Barba, Magdalena	Yes	No	5 visit(s) Weekly		
MD Director	Dubin, Stephen Paul	Yes	No		1 PRN visit(s) every 30 day(s)	1x/mo PRN withn certification period for Emergency Response
Physician	Inocencio, Carlos	Yes	No		1 PRN visit(s) every 30 day(s)	Eval,1x/mo PRN withn certification period for Emergency Response
Skilled Nurse	RN_Ruiz, Janyvill	Yes	No		2 PRN visit(s) every 7 day(s)	Eval &2x/wk PRN for fall & anxiety issues withn cert perd
Skilled Nurse	RN_Cacanindin, Speedy	No	No	1 visit(s) Weekly	2 PRN visit(s) every 7 day(s)	1x/wk &2x/wk PRN for fall & anxiety issues withn cert perd

Consolo Assignment Dated: 09/12/2018 for D[redacted], A[redacted]

Patient Details for D[redacted] A[redacted] (Patient ID 491783, MRN M0466)

Date Of Birth	[redacted]	Status	Pending - Discharged

Assignment Details

Effective Date: 09/12/2018, Medical Record No: M0466, Dme Provider: Advantage Home Medical Services, Inc. , Pharmacy: Trinity Pharmacy, Staff (caregiver)

IDG Team

Discipline	Name	Primary?	Default for New Medications?	Visits	PRN Visits	Frequency Notes
Chaplain	CHAPLAIN_Murphy, Kathryn	Yes	No	1 visit(s) Monthly	3 PRN visit(s) every 30 day(s)	Evaluation, 1x/mo, and 3x/mo PRN for spiritual issues within cer
Hospice Aide	CNA_Barba, Magdalena	Yes	No	5 visit(s) Weekly		
MD Director	Dubin, Stephen Paul	Yes	No		1 PRN visit(s) every 30 day(s)	1x/mo PRN withn certification period for Emergency Response
Physician	Inocencio, Carlos	Yes	No		1 PRN visit(s) every 30 day(s)	Eval,1x/mo PRN withn certification period for Emergency Response
Skilled Nurse	RN_Ruiz, Janyvill	No	No		2 PRN visit(s) every 7 day(s)	Eval &2x/wk PRN for fall & anxiety issues withn cert perd
Skilled Nurse	RN_Cacanindin, Speedy	Yes	No	1 visit(s) Weekly	2 PRN visit(s) every 7 day(s)	1x/wk &2x/wk PRN for fall & anxiety issues withn cert perd

MD ORDERS, TREATMENT, MEDICATION & CTI

Xanax 1 MG Oral Tablet - Alprazolam Oral Tablet 1 MG	Take 1 tablet (1 mg) by mouth every night as needed for anxiety	N/A -
Galantamine Hydrobromide ER 24 MG Oral Capsule Extended Release 24 Hour - Galantamine Hydrobromide Oral Capsule Extended Release 24 Hour 24 MG	Take 1 capsule (24 mg) by mouth daily in the morning with food	N/A -

Twice to trace visit a/15/18

There is no allergy history recorded for this patient

Encounter - 09/05/2018

SEEN BY		SEEN ON	
Anthony, Denina		09/05/2018	
HEIGHT	WEIGHT	BMI	BLOOD PRESSURE
63.0 in	181.4 lbs	32.1	153/82
TEMP	PULSE	RESP RATE	HEAD CIRC
97.9 F	64.0 bpm	17.0 rpm	N/A

CC

89120 Confirmed eval for Hospice St Anne Care Home
3158 Kingspoint Ave 89120 (Appt time: 7:00 AM) (Arrival time: 12:41 PM)

S

Pt was referred to ARdha Mobile MD for a routine follow-up. Pt's pcg and grouphome owner stated that she spoke with pt's son Todd [redacted] who is pt's POA and is contemplating on placing pt under hospice care.

O

HPI: Pt is a 75 y/o female, aaox1, able to recall some long term memory but has very poor short term memory, due to worsening alzheimers. She is ambulatory and is denying any discomfort at this time. Per pcg Susana, pt has episodes of sundowning and is getting very confused and agitated at night times with episodes of wandering and is an elopement risk. She is requesting for a hospice eval per her conversation with pt's son Todd. Explained that I can order for an eval or screening but the hospice medical director will have to take over pt's care once pt's condition is deemed appropriate for hospice.
Pt is homebound due to the following reasons:
> Requires considerable taxing effort to safely leave home.
> Unable to safely leave home unassisted
> Dependent upon adaptive device
> Requires assistance on activities.
Advance Directives / Advance care planning.
Patient has already executed an Advance Directive: Yes
If no, was patient given an opportunity to execute an Advance Directive today? ... n/a
Physician statement: "Patient has the ability to prepare an Advance Directive."... Yes ?No X.
Physician has completed a Physician Order of Life-Sustaining Treatment, or similar document of another name, reflecting the patient's wishes. Yes ?No X.
Physician is willing to follow the patient's wishes. Yes

A

P:E:
V.S: as recorded
General appearance: Well-kept; A&O x 1, pleasant with conversation, answers questions appropriately. HEENT: Head is normocephalic, temporal arteries soft; non-tender with no bruits. Eyes appear to be healthy/no redness/ tearing. Right & left ear appears to be clean, no exudates or discharges noted. No thyromegaly. Neck is supple/no jugular venous distension. Dentition appears unremarkable, denies dental/ oral discomfort. Nose is symmetrical. Oral mucosa is moist. Respiratory: Respiration's are unlabored. Symmetrical chest expansion noted. Lungs sounds are clear. No cyanosis or clubbing of the fingers noted. Cardiovascular: Rhythm and rate are regular. Normal S-1 & S-2 heard, no murmurs noted. Musculoskeletal: ambulatory with a steady gait. both upper and lower extremities are normal in strength and mobility, No swelling or deformities noted. Gastrointestinal: Abdomen soft with normal bowel sounds, stated normal bowel movement. Genitourinary: continent; denies dysuria, denies frequency. Lymph nodes: No palpable cervical nodes. Integumentary: Skin is pink, and warm. No acne/ scarring or dyspigmentation noted. Neurological: A.A.O X 1 with very poor short term memory. Psychiatric: Pt is cooperative. Answers to questions appropriately denies suicidal/homicidal thoughts.

P

> Continue all meds
> Refer to hospice for eval, once accepted, transfer care to hospice's medical director as pt's pcp, pcg is agreeable.
Provided an in-depth discussion of disease process and potential complications.
Safety, measures discussed; fall precautions discussed, evaluated home/environment for safety issues.

JHCS
2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102
Phone: 702.359.1388 Fax: 702.359.2388

PHYSICIAN'S ORDER

Patient			Physician's Name
A[redacted] D[redacted]	40466	HKDA	Dr. Stephen Dubin, MD

Date	Orders
9/07/17	Admit and treat patient for hospice care.

Order Type: Verbal ____ Telephone ✓ Other ____

ORDER READ BACK AND VERIFIED BY:

Signature/Discipline
Staff Receiving Order: J. Rubb Date Received: 9/07/17

Physician Signature: [signature] Date Signed: 9/07/17

JHCS
2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102
Phone: 702.359.1388 Fax: 702.359.2388

PHYSICIAN'S ORDER

Patient Name	[redacted]	[redacted]	Physician's Name
A[redacted]D[redacted]	10466	NKDA	Dr. Stephen Dubin, MD

Date	Orders
9/07/17	Refer patient for Hospice Eval

Order Type: Verbal ____ Telephone ✓ Other ____

ORDER READ BACK AND VERIFIED BY:

Signature/Discipline
Staff Receiving Order: _____ Date Received: 9/07/2017

Physician Signature: _____ Date Signed: 9/07/2017

Patient Details for D[redacted], A[redacted] (Patient ID 491783, MRN M0466)

Date Of Birth	[redacted]	**Status**	Active
Screened Allergies	No Known Drug Allergy, No Known Drug Allergy	**Unscreened Allergies**	See Screened Allergies

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	D[redacted]A[redacted]	09/07/2018	0730
Physician	**Nurse**	**Related**	**Oversight**
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	Yes	No

Orders

Admit to Jireh Healthcare Services, Llc. for the 1st 90 day benefit period * Pharmacist may use generic drug equivalents or compound medications as appropriate. * Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.) * Assess and evaluate cardiac, respiratory, GI,GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs * Instruction on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment * Assess and evaluate current medications * May give nutritional supplements 1 can a day as tolerated for supplement * May crush medications that are crush-able. * Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders * Hospice Medical Director may assist patient as needed to manage symptoms * Hospice nurse may pronounce death * Check oxygen saturation level prn every SN visit * Bed-rails up 2x * Skilled Nurse visits - (1x/week and 2x/week as needed for fall & anxiety issues) to promote comfort and symptom management within certification period. * CHHA visits 5x/week to assist with personal care, home making and to promote comfort per RN assignment within certification period. * Chaplain visits - (Eval & 1x/mo as needed for spiritual issues) *Social worker visits - (Eval & 1x/mo as needed for psychosocial issues)Volunteer Services continue to be offered every week per Skilled Nurse/Staff. Admit Patient to Jireh Healthcare Services with the following orders verified with M.D. * Patient: DNR * Diet: As Tolerated * Admit with the following medications: Please see related medications:

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
Losartan Potassium 1 tab 1 times a day PO (100 MG Tablet)			
ALPRAZolam 1 tab 1 times a day PO (1 MG Tablet)	**to be taken every night at bedtime.**		
Metoprolol Tartrate 1 tab 2 times a day PO (50 MG Tablet)			
Galantamine Hydrobromide ER 1 tab 1 times a day PO (24 MG Capsule ER 24HR)			
Escitalopram Oxalate 0.5 tab 1 times a day PO (10 MG Tablet)			
Namenda XR 1 tab 1 times a day PO (28 MG Capsule ER 24HR)			

Related Assignees

Skilled Nurse - RN_Ruiz, Janyvill 2 PRN visit(s) every 7 day(s) effective 09/07/2018
Skilled Nurse - RN_Cacanindin, Speedy 1 visit(s) Weekly 2 PRN visit(s) every 7 day(s) effective 09/07/2018
Hospice Aide - CNA_Barba, Magdalena 5 visit(s) Weekly effective 09/07/2018
Chaplain - CHAPLAIN_Murphy, Kathryn effective 09/07/2018
Physician - Inocencio, Carlos 1 PRN visit(s) every 30 day(s) effective 09/07/2018
MD Director - Dubin, Stephen Paul 1 PRN visit(s) every 30 day(s) effective 09/07/2018

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **09/07/2018**. Recorded by jruiz on 09/10/2018 11:47:02.
2. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **09/10/2018**. Recorded by jruiz on 09/10/2018 11:46:50.

Patient Details for D[redacted] (Patient ID 491783, MRN M0466)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
Dugay, Julia (jduga)	D[redacted] A[redacted]	12/03/2018	1420

Physician	Nurse	Oversight
Dubin, Stephen Paul	Dugay, Julia (jduga)	No

Orders

Re-certify to Jireh Healthcare Services for the 2nd 90 day benefit period * Pharmacist may use generic drug equivalents or compound medications as appropriate. * Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.) * Assess and evaluate cardiac, respiratory, GI, GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs * Instructions on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment * Review and reconcile current medications * May give nutritional supplements 1 can a day as tolerated for supplement * May crush medications that are crush-able. * Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders * Hospice Medical Director may assist patient as needed to manage symptoms * Hospice nurse may pronounce death * Oxygen 3.0 lpm via NC continuously as needed for SOB * Check oxygen saturation level prn every SN visit * Bed-rails up 2x * Skilled Nurse visits 1x/week and 2x/week as needed for pain, SOB, fall & anxiety issues to promote comfort and symptom management within certification period. * CHHA visits 5x/week to assist with personal care, home making and to promote comfort per RN assignment within certification period. * Chaplain visits -1x/mo, 1x/mo as needed for spiritual issues. * Social worker visits - 1x/mo as needed for psychosocial issues. * Volunteer Services continue to be offered every week per Skilled Nurse/Staff. * Admit patient to Jireh Healthcare Services with the following orders verified with M.D: Patient: DNR Diet: As Tolerated * Admit with the following medications: Please see related medications.

Read Back	Non Verbal Order
Yes	No

Related Assignees

Chaplain - CHAPLAIN_Murphy, Kathryn 1 visit(s) Monthly 3 PRN visit(s) every 30 day(s) effective 09/12/2018
Hospice Aide - CNA_Barba, Magdalena 5 visit(s) Weekly effective 09/12/2018
MD Director - Dubin, Stephen Paul 1 PRN visit(s) every 30 day(s) effective 09/12/2018
Physician - Inocencio, Carlos 1 PRN visit(s) every 30 day(s) effective 09/12/2018
Skilled Nurse - RN_Cacanindin, Speedy 1 visit(s) Weekly 2 PRN visit(s) every 7 day(s) effective 09/12/2018
Skilled Nurse - RN_Ruiz, Janyvill 2 PRN visit(s) every 7 day(s) effective 09/12/2018

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **12/03/2018**. Recorded by jduga on 12/03/2018 15:13:16.

Patient Details for D[redacted] A[redacted] (Patient ID 491783, MRN M0466)

Date Of Birth	[redacted]	**Status**	Active
Screened Allergies	No Known Drug Allergy, No Known Drug Allergy	**Unscreened Allergies**	See Screened Allergies

Physician's Order Details

User
Dugay, Julia (jduga)

Patient
D[redacted] A[redacted]

Order Date
12/03/2018

Time of Event
1420

Physician
Dubin, Stephen Paul

Nurse
Dugay, Julia (jduga)

Oversight
No

Orders

Re-certify to Jireh Healthcare Services for the 2nd 90 day benefit period * Pharmacist may use generic drug equivalents or compound medications as appropriate. * Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.) * Assess and evaluate cardiac, respiratory, GI, GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs * Instructions on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment * Review and reconcile current medications * May give nutritional supplements 1 can a day as tolerated for supplement * May crush medications that are crush-able. * Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders * Hospice Medical Director may assist patient as needed to manage symptoms * Hospice nurse may pronounce death * Oxygen 3.0 lpm via NC continuously as needed for SOB * Check oxygen saturation level prn every SN visit * Bed-rails up 2x * Skilled Nurse visits 1x/week and 2x/week as needed for pain, SOB, fall & anxiety issues to promote comfort and symptom management within certification period. * CHHA visits 5x/week to assist with personal care, home making and to promote comfort per RN assignment within certification period. * Chaplain visits -1x/mo, 1x/mo as needed for spiritual issues. * Social worker visits - 1x/mo as needed for psychosocial issues. * Volunteer Services continue to be offered every week per Skilled Nurse/Staff. * Admit patient to Jireh Healthcare Services with the following orders verified with M.D: Patient: DNR Diet: As Tolerated * Admit with the following medications: Please see related medications.

Read Back
Yes

Non Verbal Order
No

Related Assignees

Chaplain - CHAPLAIN_Murphy, Kathryn 1 visit(s) Monthly 3 PRN visit(s) every 30 day(s) effective 09/12/2018
Hospice Aide - CNA_Barba, Magdalena 5 visit(s) Weekly effective 09/12/2018
MD Director - Dubin, Stephen Paul 1 PRN visit(s) every 30 day(s) effective 09/12/2018
Physician - Inocencio, Carlos 1 PRN visit(s) every 30 day(s) effective 09/12/2018
Skilled Nurse - RN_Cacanindin, Speedy 1 visit(s) Weekly 2 PRN visit(s) every 7 day(s) effective 09/12/2018
Skilled Nurse - RN_Ruiz, Janyvil 2 PRN visit(s) every 7 day(s) effective 09/12/2018

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **12/03/2018**. Recorded by jduga on 12/03/2018 15:13:16.

Patient Details for D[redacted] A[redacted] (Patient ID 491783, MRN M0466)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User
RN_Esteban, Randy (Reste)

Patient
D[redacted] A[redacted]

Order Date
09/12/2018

Time of Event
1700

Physician
Dubin, Stephen Paul

Nurse
RN_Esteban, Randy (Reste)

Oversight
Yes

Orders
Discontinue previous chaplain visit frequency. Start new chaplain visit frequency: 1 time a month and 3 times a month as needed for spiritual issues.

Read Back
Yes

Non Verbal Order
No

Consolo Physician Order for DEWxA at Office Jireh Healthcare Services LLC

Patient Details for D[redacted] A[redacted] (Patient ID 491783, MRN M0466)

Date Of Birth	[redacted]	Status	Active

Physician's Order Details

User
RN_Esteban, Randy (Reste)

Patient
D[redacted] A[redacted]

Order Date
09/12/2018

Time of Event
1700

Physician
Dubin, Stephen Paul

Nurse
RN_Esteban, Randy (Reste)

Oversight
Yes

Orders
Discontinue previous chaplain visit frequency. Start new chaplain visit frequency: 1 time a month and 3 times a month as needed for spiritual issues.

Read Back
Yes

Non Verbal Order
No

Signature: _____

Date: 9/12/18

DUBIN0039

Patient Details for D[redacted] A[redacted] (Patient ID 491783, MRN M0466)

Date Of Birth	[redacted]	Status	Pending - Discharged

Hospice Certification of Terminal Illness

Benefit Period
1

Benefit Period Start Date
09/07/2018

Benefit Period End Date
12/05/2018

Certification Start Date
09/07/2018

Certification End Date
12/05/2018

Signed Date
09/07/2018

Medical Director or Certifying Physician
Dubin, Stephen Paul

Medical Director or Certifying Physician Address
5741 S. Fort Apache Rd. Suite 100 Las Vegas, NV 89148

Attending Physician
Inocencio, Carlos

Attending Physician Address
2320 Paseo Del Prado Ste. B303 Las Vegas, NV 89102

Patient Hi Claim No
025324213A

Disaster Acuity
Medical services required within 72 hours

Provider Information

Provider Name
Jireh Healthcare Services LLC

Provider Number
291533

Provider Address
2320 Paseo Del Prado Ste B101 Las Vegas, NV 89102-0048

Admission

New Admission 09/07/2018 (ROUTINE)

Verbal Certification

Verbal Certification received from Medical Director: Dubin, Stephen Paul by RN_Ruiz, Janyvill (jruiz) on 09/06/2018

I certify that D[redacted] A[redacted] is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

Skilled Nurse RN_Ruiz, Janyvill (User) signed on 09/06/2018. Recorded by jruiz on 09/10/2018 09:55:52.

Verbal Certification received from Physician: Inocencio, Carlos by RN_Ruiz, Janyvill (jruiz) on 09/06/2018

I certify that D[redacted] A[redacted] is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

Skilled Nurse RN_Ruiz, Janyvill (User) signed on 09/06/2018. Recorded by jruiz on 09/10/2018 09:55:59.

Brief Narrative Statement and Attestation

Review the patient's clinical circumstances and synthesize the medical information to provide clinical justification for admission and continuation to hospice services. If in third (3rd) or more benefit periods, clinical findings from the face to face encounter have been used to determine continued eligibility for hospice care.

Composing Physician
Dubin, Stephen Paul

Ms. D[redacted] is 75 year old, Caucasian Female, with very poor short term memory due to worsening alzheimer, requires considerable taxing effort to do her ADL's due to severe weakness and fatigue. Caregiver has to provide maximum to complete assist on patient as she is very high risk to fall and is very confused. As per caregiver Susan, patient refused to eat at times and would just stare on her plate. Todd the son of Ms. Dewey reported that her mom had lost 15 lbs in 2 months. Patient has imminence of death and if patient continues this course her condition is terminal and prognosis is six months or less.

Recorded By
RN_Ruiz, Janyvill (jruiz)

Attestation: I confirm that I composed this narrative and that it is based on my review of the patient's medical record and/or examination of the patient.

Medical Director Dubin, Stephen Paul (Medical Director) signed on 09/07/2018. Recorded by jruiz on 09/10/2018 10:06:44.

Certification Statement

I certify that this patient is under my care, and to the best of my medical knowledge given the data available, has a life expectancy of six (6) months or less if the terminal illness runs its normal course.

Medical Director or Certifying Physician: Medical Director **Dubin, Stephen Paul** (Medical Director) signed on 09/07/2018. Recorded by jruiz on 09/10/2018 10:06:56.

I certify that this patient is under my care, and to the best of my medical knowledge given the data available, has a life expectancy of six (6) months or less if the terminal illness runs its normal course.

Attending Physician: Physician **Inocencio, Carlos** (Physician) signed on 09/07/2018. Recorded by jruiz on 09/10/2018 10:07:05.

Additional Signatures

1. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on 09/10/2018. Recorded by jruiz on 09/10/2018 10:07:26.

JIREH HEALTHCARE SERVICES
2320 Paseo Del Prado Suite B101 Las Vegas Nevada 89102
PHONE: 702.359.1388 FAX: 702.359.2388
EMAIL ADDRESS: jirehhealthcare @gmail.com

PHYSICIAN'S CERTIFICATION FOR MEDICARE/MEDICAID HOSPICE BENEFIT

Physician's Certification of Terminal Illness for Hospice Benefit (Part – 1)

MR# 10464

A. CERTIFICATION STATEMENT First 90-Day Period from 9/07/2018 **to** 12/05/2018

I (or WE) certify that [redacted] is terminally ill and Has a life expectancy of six (6) months or less if the terminal illness runs its normal course. I (WE) Reviewed the patient's clinical information and considered the primary terminal condition, related diagnoses, current subjective and objective medical findings, current medication and treatment orders and information about management of unrelated conditions in making this determination.

RN Signature — 9/07/2018 Verbal Order Date

Hospice Medical Director/Associate Hospice Doctor — 9/07/2018 Date

Attending Physician Signature — 9/07/2018 Date

B. RECERTIFICATION STATEMENT Second 90-Day Period from 12-6-18 **to** 3-05-19

I certify that I have reviewed the clinical record prior to recertification for the above noted patient and That patient is still considered to be terminally ill and has life expectancy of six (six) months or less, if The terminal illness runs its normal course.

Hospice Medical Director/Associate Hospice Doctor — [redacted] Date

C. RECERTIFICATION STATEMENT 60-Day Period from _____ **to** _____

I certify that I have reviewed the clinical record prior to recertification for the above noted patient and That patient is still considered to be terminally ill and has life expectancy of six (6) months or less, if The terminal illness runs its normal course.

Hospice Medical Director/Associate Hospice Doctor — Date

Patient Details for D[redacted] A[redacted] (Patient ID 491783, MRN M0466)

Date Of Birth	[redacted]	**Status**	Active
Screened Allergies	No Known Drug Allergy	**Unscreened Allergies**	See Screened Allergies
Start Of Care	09/07/2018	**Gender**	Female
Patient Address	3158 Kingspoint Ave. Las Vegas, NV 89120		

Hospice Certification of Terminal Illness

Benefit Period
1

Benefit Period Start Date
09/07/2018

Benefit Period End Date
12/05/2018

Certification Start Date
09/07/2018

Certification End Date
12/05/2018

Signed Date
09/07/2018

Medical Director or Certifying Physician
Dubin, Stephen Paul

Medical Director or Certifying Physician Address
5741 S. Fort Apache Rd. Suite 100 Las Vegas, NV 89148

Attending Physician
Inocencio, Carlos

Attending Physician Address
2320 Paseo Del Prado Ste. B303 Las Vegas, NV 89102

Patient Hi Claim No
025324213A

Disaster Acuity
Medical services required within 72 hours

Provider Information

Provider Name
Jireh Healthcare Services LLC

Provider Number
291533

Provider Address
2320 Paseo Del Prado Ste B101 Las Vegas, NV 89102-0048

Admission

New Admission 09/07/2018 (ROUTINE)

Verbal Certification

Verbal Certification received from Medical Director: Dubin, Stephen Paul by RN_Ruiz, Janyvill (jruiz) on 09/06/2018

I certify that D[redacted], A[redacted] is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **09/06/2018**. Recorded by jruiz on 09/10/2018 09:55:52.

Verbal Certification received from Physician: Inocencio, Carlos by RN_Ruiz, Janyvill (jruiz) on 09/06/2018

I certify that D[redacted], A[redacted] is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **09/06/2018**. Recorded by jruiz on 09/10/2018 09:55:59.

Brief Narrative Statement and Attestation

Review the patient's clinical circumstances and synthesize the medical information to provide clinical justification for admission and continuation to hospice services. If in third (3rd) or more benefit periods, clinical findings from the face to face encounter have been used to determine continued eligibility for hospice care.

Composing Physician
Dubin, Stephen Paul

Ms. D[redacted] is 75 year old, Caucasian Female, with very poor short term memory due to worsening alzheimer, requires considerable taxing effort to do her ADL's due to severe weakness and fatigue. Caregiver has to provide maximum to complete assist on patient as she is very high risk to fall and is very confused. As per caregiver Susan, patient refused to eat at times and would just stare on her plate. Todd the son of Ms. Dewey reported that her mom had lost 15 lbs in 2 months. Patient has imminence of death and If patient continues this course her condition is terminal and prognosis is six months or less.

Recorded By
RN_Ruiz, Janyvill (jruiz)

Attestation: I confirm that I composed this narrative and that it is based on my review of the patient's medical record and/or examination of the patient.

Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **09/07/2018**. Recorded by jruiz on 09/10/2018 10:06:44.

Certification Statement

I certify that this patient is under my care, and to the best of my medical knowledge given the data available, has a life expectancy of six (6) months or less if the terminal illness runs its normal course.

Medical Director or Certifying Physician: Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **09/07/2018**. Recorded by jruiz on 09/10/2018 10:06:56.

I certify that this patient is under my care, and to the best of my medical knowledge given the data available, has a life expectancy of six (6) months or less if the terminal illness runs its normal course.

Attending Physician: Physician **Inocencio, Carlos** (Physician) signed on **09/07/2018**. Recorded by jruiz on 09/10/2018 10:07:05.

Additional Signatures

1. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **09/10/2018**. Recorded by jruiz on 09/10/2018 10:07:26.

Screened Allergies No Known Drug Allergy, No Known Drug Allergy

D[redacted], A[redacted] (491783) | MRN M0466 | Start Of Care 09/07/2018 | Level Of Care ROUTINE | More

Hospice Certification of Terminal Illness

Benefit Period
2

Benefit Period Start Date
12/06/2018

Benefit Period End Date
03/05/2019

Certification Start Date
12/06/2018

Certification End Date
03/05/2019

Signed Date
12/03/2018

Medical Director or Certifying Physician
Dubin, Stephen Paul

Medical Director or Certifying Physician Address
5741 S. Fort Apache Rd. Suite 100 Las Vegas, NV 89148

Attending Physician
Inocencio, Carlos

Attending Physician Address
2320 Paseo Del Prado Ste. B303 Las Vegas, NV 89102

Patient HI Claim No
025324213A

Disaster Acuity
Medical services required within 72 hours

Provider Information

Provider Name
Jireh Healthcare Services LLC

Provider Number
291533

Provider Address
2320 Paseo Del Prado Ste B101 Las Vegas, NV 89102-0048

Admission

New Admission 09/07/2018 (ROUTINE)

Verbal Certification

Verbal Certification received from Medical Director: Dubin, Stephen Paul by Dugay, Julia (jduga) on 12/03/2018

I certify that D[redacted] A[redacted] is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

Skilled Nurse Dugay, Julia (User) signed on 12/03/2018. Recorded by jduga on 12/03/2018 14:06:53.

Brief Narrative Statement and Attestation

Review the patient's clinical circumstances and synthesize the medical information to provide clinical justification for admission and continuation to hospice services. If in third (3rd) or more benefit periods, clinical findings from the face to face encounter have been used to determine continued eligibility for hospice care.

Composing Physician
Dubin, Stephen Paul

Recorded By
Dugay, Julia (jduga)

Recertifying Ms A[redacted] D[redacted] Jireh healthcare services for the 2nd 90-day benefit episode. She is a 75 y/o white female with worsening Alzheimer's Disease requiring maximum assist with her ADL/IADLs. She is oftentimes confused and eats 20-25% of her meals. If patient continues this course, her prognosis is 6 months or less.

Attestation: I confirm that I composed this narrative and that it is based on my review of the patient's medical record and/or examination of the patient.

Medical Director Dubin, Stephen Paul (Medical Director) signed on 12/03/2018. Recorded by jduga on 12/03/2018 14:06:16.

Certification Statement

I certify that this patient is under my care, and to the best of my medical knowledge given the data available, has a life expectancy of six (6) months or less if the terminal illness runs its normal course.

Medical Director or Certifying Physician: Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **12/03/2018**. Recorded by jduga on 12/03/2018 14:05:44.

I recertify that this patient is under my care, and to the best of my medical knowledge given the data available, has a life expectancy of six (6) months or less if the terminal illness runs its normal course.

Attending Physician: Physician **Inocencio, Carlos** (Physician) signed on **12/03/2018**. Recorded by jduga on 12/03/2018 14:05:58.

Additional Signatures

1. Skilled Nurse **Dugay, Julia** (User) signed on **12/03/2018**. Recorded by jduga on 12/03/2018 14:08:23.

Jireh Healthcare Services LLC

PHYSICIANS ORDER

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

PATIENT: D[redacted], A[redacted] DOB: [redacted] MR#: M0466

ORDERED BY: STEPHEN DUBIN (MD) ORDER DATE: 09/07/18 ORDER#: 1598165

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
09/14/18		Medication	New	RISPERDAL (risperidone)	0.5 mg		1 Tab	ORAL	2 times a day		

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
09/07/18		Medication	Admit	Alprazolam (Alprazolam)	1 mg		1 Tab	ORAL	Once a day - At bedtime		
	==> Note: To be taken every night at bedtime.										
09/07/18		Medication	Admit	Escitalopram (Escitalopram Oxalate)	10 mg		0.5 Tab	ORAL	Daily		
	==> Note: Take half a tablet once daily.										
09/07/18		Medication	Admit	Galantamine (Galantamine)	24 mg		1 Cap ER	ORAL	Daily		
	==> Note: Take one tablet once daily.										
09/07/18		Medication	Admit	Metoprolol Tartrate (Metoprolol tartrate)	50 mg		1 Tab	ORAL	2 times a day		
	==> Note: Take one tablet by mouth twice daily.										

ADDITIONAL NOTE

Merging information from Consolo

PHONE ORDER / READ BACK ORDER BY MARY ROSE FRONDA (RN)

Electronically Signed: 9/7/2018, By STEPHEN DUBIN, MD

Jireh Healthcare Services LLC

PHYSICIANS ORDER

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

PATIENT: D[redacted] A[redacted] DOB: [redacted] MR#: M0466

ORDERED BY: STEPHEN DUBIN (MD) ORDER DATE: 09/10/18 ORDER#: 1598200

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
09/10/18		Medication	New	Losartan (Losartan Potassium)	100 mg		1 Tab	ORAL	Daily		
	==> Note: Take one tablet by mouth once daily.										
09/10/18		Medication	New	Namenda XR (memantine hydrochloride)	28 mg		1 Cap ER	ORAL	Daily		
	==> Note: Take one tablet by mouth once daily.										

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer

PHONE ORDER / READ BACK ORDER BY MARY ROSE FRONDA (RN)

Electronically Signed: 9/10/2018, By STEPHEN DUBIN, MD

TRINITY PHARMACY

2797 S MARYLAND PKWY, STE 28
LAS VEGAS, NV 89109
TEL 702.776.8210

Your Home for a Healthier You

Name: A[redacted] D[redacted]
Address:
Tel:

Date: 2/18/18
Time: 11:42A
DOB: [redacted]

alp. Img

T qhs Anx1 SL #15

RP

A[redacted] AVE LAS VEGAS NV 89120
RX0169967

DR.: Honey
TEL:
NPI:
DEA:

Dubin
FD 2419706
359-1388

DUBIN0004

Trinity Pharmacy

2797 S. Maryland Pkwy 28 Las Vegas, NV 89109

Phone: 702-776-8210 Fax: 702-776-7195

Telephoned Prescription

RX0168817

STEPHEN DUBIN

5380 S RAINBOW STE 306
LAS VEGAS NV 89128

Phone : 702-359-1388
Fax : 702-362-9954

DEA # : FD2419706
Lic # : 13772
NPI # : 1023311040

Rx# : 168817

Rx Written : 11-30-2018

Patient : D[redacted], A[redacted]
Address : [redacted] AVE
LAS VEGAS NV 89120
Phone # : 702-[redacted]
D.O.B. : [redacted]
Gender : Female

..LPRAZOLAM 1 MG TABLET
Generic for XANAX 1MG TABLET

uantity : 15

g Instructions :
KE ONE TABLET BY MOUTH AT BEDTIME FOR ANXIETY/SLEEP

Ric
E

Refills Authorized : 0 **RPh : LJ**

Diagnosis Codes : F41.9

Signature

Date

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW" IN THE BOX BELOW

Dispense As Written

Trinity Pharmacy

2797 S. Maryland Pkwy 28 Las Vegas, NV 89109

Phone: 702-776-8210 Fax: 702-776-7195

Telephoned Prescription

RX0168116

STEPHEN DUBIN

5380 S RAINBOW STE 306
LAS VEGAS NV 89128

Phone : 702-359-1388
Fax : 702-362-9954

DEA # : FD241970(
Lic # : 13772
NPI # : 102331104

Rx# : 168116

Rx Written : 11-19-2018

Patient : D[redacted], A[redacted]
Address : [redacted] AVE
LAS VEGAS NV 89120
Phone # : 702-[redacted]
D.O.B. : [redacted]
Gender : Female

1PM
SP

ALPRAZOLAM 1 MG TABLET
Generic for XANAX 1MG TABLET

Quantity : 15

Sig Instructions :
TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ANXIETY/SLEEP

Refills Authorized : 0 **RPh : LJ**

Diagnosis Codes : F41.9

MD called refill by phone

Signature

11/19

Date

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW" IN THE BOX BELOW

Dispense As Written

Trinity Pharmacy

2797 S. Maryland Pkwy 28 Las Vegas, NV 89109

Phone: 702-776-8210 Fax: 702-776-7195

Telephoned Prescription

RX0186757

STEPHEN DUBIN
5380 S RAINBOW STE 306
LAS VEGAS NV 89128

Phone : 702-359-1388
Fax : 702-362-9954

DEA # : FD2419706
Lic # : 13772
NPI # : 1023311040

Rx# : 166757

Rx Written : 10-29-2018

Patient : D[redacted], A[redacted]
Address : [redacted] AVE
LAS VEGAS NV 89120
Phone # : 702-[redacted]
D.O.B. : [redacted]
Gender : Female

ALPRAZOLAM 1 MG TABLET
Generic for XANAX 1MG TABLET

Quantity : 15

Sig Instructions :
TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ANXIETY/SLEEP

Refills Authorized : 0 **RPh : MLJ / CC**
Diagnosis Codes : F41.9

Mb ok / Speedy @ 1.41pm 10/29/18

Signature Date

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW" IN THE BOX BELOW

A[redacted] D[redacted] [redacted]
[redacted] AVE LAS VEGAS NV 89120

RX0166757

Dispense As Written

Trinity Pharmacy
2797 S. Maryland Pkwy 28 Las Vegas, NV 89109
Phone: 702-776-8210 Fax: 702-776-7195

Telephoned Prescription

RX0165873

STEPHEN DUBIN
5380 S RAINBOW STE 306
LAS VEGAS NV 89128
Phone : 702-359-1388
Fax : 702-362-9954
DEA # : FD2419708
Lic # : 13772
NPI # : 1023311040

Rx# : 165873
Rx Written : 10-15-2018

Patient : D[redacted] A[redacted]
Address : [redacted] AVE
LAS VEGAS NV 89120
Phone # : 702-[redacted]
D.O.B. : [redacted]
Gender : Female

4 PM
Speedy

ALPRAZOLAM 1 MG TABLET
Generic for XANAX 1MG TABLET
Quantity : 15 (fifteen)

Sig Instructions :
TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ANXIETY/SLEEP

Refills Authorized : 0 RPh : LJ
Diagnosis Codes : F41.9

MJ called in new Rx 10/15/18
Signature Date

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW" IN THE BOX BELOW

Dispense As Written

Patient

[redacted] LAS VEGAS NV 89120
RX0165873

Trinity Pharmacy
2797 S. Maryland Pkwy 28 Las Vegas, NV 89109
Phone: 702-776-8210 Fax: 702-776-7195

elephoned Prescription

STEPHEN DUBIN
5380 S RAINBOW STE 306
LAS VEGAS NV 89128

Phone : 702-359-1388
Fax : 702-382-9954

DEA # : FD2419706
Lic # : 13772
NPI # : 1023311040

Rx# : 164958

Rx Written : 10-1-2018

Speedy
11 AM

Patient : D[redacted] A[redacted]
Address : [redacted] AVE
LAS VEGAS NV 89120
Phone # : 702-[redacted]
D.O.B. : [redacted]
Gender : Female

ALPRAZOLAM 1 MG TABLET
Generic for XANAX 1MG TABLET
Quantity : 15

Sig Instructions :
TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ANXIETY/SLEEP

Refills Authorized : 0 RPh : LJ

MD called in new Rx 10/1/18

Signature Date

S PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW" IN THE BOX BELOW

☐ Dispense As Written

JIREH HEALTHCARE SERVICES LLC

(HOSPICE AGENCY)

PATIENT NAME: M[redacted]

G[redacted]

DOB: [redacted]

START OF CARE:

10/10/2018 TO 12/31/2018

EXHIBIT 7

Claim Number	From Service Date	To Service Date	Beneficiary Nam	Claim Status	Total Charge	Type Of Bill	Admit Date
21900700422207NVR	12/1/2018	12/31/2018	[redacted]	P - Paid	$7,790.97	813 - Hospice (...	9/7/2018
21833900538807NVR	11/1/2018	11/30/2018		P - Paid	$8,724.43	813 - Hospice (...	9/7/2018
21830901126607NVR	10/1/2018	10/31/2018		P - Paid	$9,083.84	813 - Hospice (...	9/7/2018
21827601222707NVR	9/7/2018	9/30/2018		P - Paid	$6,942.12	812 - Hospice (...	9/7/2018

Claim Number	From Service Date	To Service Date	m	Claim Status	Total Charge	Type Of Bill	Admit Date
21900700421907NVR	12/1/2018	12/31/2018		P - Paid	$6,986.61	813 - Hospice (...	10/10/2018
21833900542507NVR	11/1/2018	11/30/2018		P - Paid	$8,197.48	813 - Hospice (...	10/10/2018
21833900230804NVR	10/10/2018	10/31/2018		P - Paid	$6,230.74	817 - Hospice (...	10/10/2018
21830901121107NVR	10/10/2018	10/31/2018		P - Paid	$5,630.74	812 - Hospice (...	10/10/2018

Claim Number	From Service Date	To Service Date	m	Claim Status	Total Charge	Type Of Bill	Admit Date
21900901108507NVR	12/1/2018	12/26/2018		P - Paid	$6,626.68	814 - Hospice (...	6/13/2018
21833900542007NVR	11/1/2018	11/30/2018		P - Paid	$7,635.75	813 - Hospice (...	6/13/2018
21830901128607NVR	10/1/2018	10/31/2018		P - Paid	$8,065.97	813 - Hospice (...	6/13/2018
21827601223807NVR	9/1/2018	9/30/2018		P - Paid	$7,382.91	813 - Hospice (...	6/13/2018
21824701185107NVR	8/1/2018	8/31/2018		P - Paid	$8,276.79	813 - Hospice (...	6/13/2018
21821800581907NVR	7/1/2018	7/31/2018		P - Paid	$9,216.50	813 - Hospice (...	6/13/2018
21818600817807NVR	6/13/2018	6/30/2018		P - Paid	$5,126.72	812 - Hospice (...	6/13/2018

Claim Number	From Service Date	To Service Date	m	Claim Status	Total Charge	Type Of Bill	Admit Date
21900700421507NVR	12/20/2018	12/22/2018		P - Paid	$680.54	811 - Hospice (...	12/20/2018

12/31/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	178.2523
12/30/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	178.2523
12/29/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	178.2523
12/28/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	178.2523
12/27/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	178.2523
12/26/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	178.2523
12/25/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	178.2523
12/24/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	178.2523
12/23/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	178.2523
12/22/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	178.2523
12/21/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	178.2523
12/20/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	178.2523
12/19/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	178.2523
12/18/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	178.2523
12/17/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	178.2523
12/16/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	178.2523
12/15/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	178.2523
12/14/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	178.2523
12/13/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	178.2523
12/12/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	178.2523
12/11/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	178.2523
12/10/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	178.2523
12/9/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	178.2523
12/8/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
12/7/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
12/6/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
12/5/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
12/4/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
12/3/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
12/2/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
12/1/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/30/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/29/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/28/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/27/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/26/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/25/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/24/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/23/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/22/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/21/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/20/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/19/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/18/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/17/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/16/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/15/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/14/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/13/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/12/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/11/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/10/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/9/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/8/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/7/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/6/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/5/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/4/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/3/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/2/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
11/1/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
10/31/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
10/30/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
10/29/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
10/28/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
10/27/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
10/26/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
10/25/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
10/24/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
10/23/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
10/22/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
10/21/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
10/20/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
10/19/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
10/18/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
10/17/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
10/16/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
10/15/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
10/14/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
10/13/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
10/12/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
10/11/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452
10/10/2018	Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	226.8452

Jireh Healthcare Services LLC

HospiceMD

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

Personal Information

LEVEL OF CARE

MR#	M0474	SSN	[redacted]	DOB	[redacted] (56 yrs)
LAST NAME	[redacted] G [redacted]	FIRST NAME	M	MI	
ADDRESS	[redacted] Drive			APT / SUITE #	
CITY	Las Vegas	STATE	NV	ZIP	89108
PHONE	(702) [redacted]	CELL		PRIM LANGUAGE	English
RACE	Black	ETHNICITY	Afro-American	MARITAL ST	Single
GENDER	Female	RELIGION	Baptist	DENOMINATION	

Insurance

PAY SOURCE	INSURANCE	SHARE OF COST	POLICY / MBI #	GROUP#	BIN#	EFFECTIVE DATE	AUTH TYPE	R&B AUTH NO	R&B AUTH VALID TILL
Primary	Medicare	$0.00	[redacted]			10/10/2018			

Dates of Service, Diagnosis & Allergies

REF DATE	10/9/2018	SOC	10/10/2018	RE-CERT	1/7/2019
		EOC	1/7/2019	DISC CODE	Status Improved
ADMIT TYPE	New Admission				
STARTING CERT#	1				
PRIMARY DX	Unspecified severe protein-calorie malnutrition (E43)			DISEASE	FTT / Debility (Non-Specific Disease)
SECOND DX	Adult failure to thrive (R62.7)			DISEASE	
COMORBIDITIES					
ALLERGIES				LAST UPDATED	

Place of Service (POS)

TYPE	Home	FACILITY NAME			
EFFECTIVE DATE		ROOM NO		PCG	
ADDRESS	[redacted] Drive	CITY	Las Vegas	STATE-ZIP	NV 89108
PHONE	(702) [redacted]	ALT-PHONE		FAX	

Authorized Rep (AR) / Emergency Contact (EC)

AR/EC , , Address: , , , Phone: , Alt Phone: , AR/EC is:

Referral Source & Attending MD

MEDICAL DIRECTOR	STEPHEN DUBIN, Phone:, Fax:(702) 362-9930, NPI:1023311040
REFERRING/ATTENDING/PATIENT CHOICE	STEPHEN DUBIN, Phone:(702) 362-9930, Fax:(702) 362-9930, NPI:1023311040

Vendors

PHARMACY	MAIN:Trinity Pharmacy (Las Vegas)
ME	MAIN:Advantage Home Medical Services, Inc. (Las Vegas)

Patient Details for T[redacted]G[redacted], M (Patient ID 501364, MRN M0474)

Date Of Birth [redacted]	Status	Pending - Discharged

Assignment Details

Effective Date: 10/17/2018, Medical Record No: M0474, Dme Provider: Advantage Home Medical Services, Inc. , Pharmacy: Trinity Pharmacy, Patient

IDG Team

Discipline	Name	Primary?	Default for New Medications?	Visits	PRN Visits	Frequency Notes
Chaplain	CHAPLAIN_Murphy, Kathryn	Yes	No			Eval, 1x/mo, & 3x/mo PRN for spiritual distress w/in cert pd
Hospice Aide	CNA_Munive, Esther	Yes	No	5 visit(s) Weekly		5X/W
Hospice Aide	Young, Grace Marie	No	No	5 visit(s) Weekly		
MD Director	Dubin, Stephen Paul	Yes	No			1x/mo PRN withn certification period for Emergency Respons
Physician	Dubin, Stephen Paul	Yes	No			1x/mo PRN withn certification period for Emergency Respons
Skilled Nurse	RN_Cacanindin, Speedy	Yes	No			1x/wk&2x/wk PRN for fall & anxiety issues withn cert perd
Skilled Nurse	RN_Domondon, Mary Alyn	No	No			Eval &2x/wk PRN for fall & anxiety issues withn cert perd
Social Services	MSW_Minnick, Joseph	Yes	No			Eval, 1x/mo PRN for psychosocial issues within cert period

Patient Details for [redacted] G[redacted], M (Patient ID 501364, MRN M0474)

Date Of Birth [redacted]	Status	Pending - Discharged

Assignment Details

Effective Date: 10/10/2018, **Medical Record No**: M0474, **Dme Provider**: Advantage Home Medical Services, Inc. , **Pharmacy**: Trinity Pharmacy

IDG Team

Discipline	Name	Primary?	Default for New Medications?	Visits	PRN Visits	Frequency Notes
Chaplain	CHAPLAIN_Murphy, Kathryn	Yes	No			Eval, 1x/mo, & 3x/mo PRN for spiritual distress w/in cert pd
Hospice Aide	Young, Grace Marie	No	No	5 visit(s) Weekly		
MD Director	Dubin, Stephen Paul	Yes	No			1x/mo PRN withn certification period for Emergency Respons
Physician	Dubin, Stephen Paul	Yes	No			1x/mo PRN withn certification period for Emergency Respons
Skilled Nurse	RN_Domondon, Mary Alyn	No	No			Eval &2x/wk PRN for fall & anxiety issues withn cert perd
Skilled Nurse	RN_Cacanindin, Speedy	Yes	No			1x/wk&2x/wk PRN for fall & anxiety issues withn cert perd
Social Services	MSW_Minnick, Joseph	Yes	No			Eval, 1x/mo PRN for psychosocial issues within cert period

Consolo Discharge - No Longer Appropriate 01/07/2019 (ROUTINE) for [redacted], M

Patient Details for [redacted], M (Patient ID 501364, MRN M0474)

Date Of Birth	[redacted]	Status	Pending - Discharged

Care Level Change Details

Description	Effective Datetime	Level Of Care	Office
Discharge - No Longer Appropriate	01/07/2019 13:27 PST	ROUTINE	Jireh Healthcare Services LLC

Status
COMPL

Checklist

- Completed 01/07/2019 - Call Primary Physician
- Completed 01/07/2019 - Complete Advance Beneficiary Notice form
- Completed 01/07/2019 - Complete Notice Of MEDICARE Provider Non-Coverage
- Completed 01/07/2019 - Discharge Planning & Coordination of Care
- Completed 01/07/2019 - Notify Ancillary Services (i.e. Massage, Music, Pet Therapy, etc)
- Completed 01/07/2019 - Notify Bereavement Coordinator
- Completed 01/07/2019 - Notify Care Facility
- Completed 01/07/2019 - Notify Chaplain
- Completed 01/07/2019 - Notify Clinical Director
- Completed 01/07/2019 - Notify DME provider and request pickup
- Completed 01/07/2019 - Notify Hospice Aide Supervisor
- Completed 01/07/2019 - Notify Insurance Company/Caseworker
- Completed 01/07/2019 - Notify Medical Director
- Completed 01/07/2019 - Notify Medical Records
- Completed 01/07/2019 - Notify Pharmacy
- Completed 01/07/2019 - Notify Primary Nurse
- Completed 01/07/2019 - Notify Senior Services/Caseworker
- Completed 01/07/2019 - Notify Social Worker
- Completed 01/07/2019 - Notify Volunteer
- Completed 01/07/2019 - Notify Volunteer Coordinator
- Completed 01/07/2019 - Print IDG report.
- Completed 01/07/2019 - Verify HIS Data

Discharge Details

Notes
Patient is discharge to hospice care today 01/07/2019. Patient is no longer appropriate for hospice. She is also seeking for a physical therapy treatment. RN Speedy Cacanindin discussed to patient about safety measure, emergency plan, and to see primary physician in 2 weeks to discuss about medication reconciliation. and to manage patient overall health.

| | | |

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	2	3a PAT CNTL # 3656887			4 TYPE OF BILL 081B
		b. MED. REC. # M0474			
		5 FED. TAX NO. 251927052	6 STATEMENT COVERS PERIOD FROM 101018	THROUGH 010719	7

8 PATIENT NAME	9 PATIENT ADDRESS				
a [redacted]	a [redacted]				
b [redacted] G [redacted] M	b LAS VEGAS	c NV	d 89130	e USA	

10 BIRTHDATE	11 SEX	ADMISSION 12 DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES 18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
[redacted]	F	101018	12	3	2		30													

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

38	39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
	a					
	b					
	c					
	d					

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0650		Q5001	101018	90	000	000	
0001	PAGE 1 OF 1	CREATION DATE	011119	TOTALS	000		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
Medicare Part A		Y	Y	000	000	57 OTHER PRV ID	

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
[redacted] G [redacted] M	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

E43	R627	G894	R269	F329	Z8781						68
0											

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

74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75
c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE	

76 ATTENDING	NPI 1023311040	QUAL	
LAST Dubin	FIRST Stephen Paul		
77 OPERATING	NPI	QUAL	
LAST	FIRST		
78 OTHER	NPI	QUAL	
LAST	FIRST		
79 OTHER	NPI	QUAL	
LAST	FIRST		

80 REMARKS	81CC	
	a	
	b	B3 251G00000X
	c	
	d	

UB-04 CMS 1450 TASC 0834 1 APPROVED OMB NO. 0938 0997 DCA Originator

NUBC National Uniform Billing Committee 24394004

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

DUBIN0063

1	2	3a PAT CNTL #	3644113	3 TYPE OF BILL
JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388		b. MED. REC. #	M0474	0813

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7
251927052	120118	123118	

8 PATIENT NAME	9 PATIENT ADDRESS				
a [redacted]	a [redacted]				
b [redacted] G [redacted] M	b LAS VEGAS	c NV	d 89130	e USA	

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18 CONDITION CODES	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
[redacted]	F	101018	12	3	2		30													

31 OCCURRENCE CODE	31 OCCURRENCE DATE	32 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN CODE	35 OCCURRENCE SPAN FROM	35 OCCURRENCE SPAN THROUGH	36 OCCURRENCE SPAN CODE	36 OCCURRENCE SPAN FROM	36 OCCURRENCE SPAN THROUGH	37
27	101018													

38	39 VALUE CODES CODE	39 VALUE CODES AMOUNT	40 VALUE CODES CODE	40 VALUE CODES AMOUNT	41 VALUE CODES CODE	41 VALUE CODES AMOUNT
	a 61	2982000				
	b					
	c					
	d					

42 REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0651	651-Routine Home Care	Q5001	120118	8	1,81476	000	
0551	RN Clinical Visit	G0299	120318	1	1201	1201	
0551	RN Clinical Visit	G0299	120318	1	1201	1201	
0571	Hospice Aide Clinical Visi	G0156	120318	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	120418	4	10000	10000	
0551	RN Clinical Visit	G0299	120518	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	120518	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	120618	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	120718	4	10000	10000	
0651	651-Routine Home Care	Q5001	120918	23	4,09980	000	
0571	Hospice Aide Clinical Visi	G0156	121018	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	121118	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	121218	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	121318	4	10000	10000	
1	Hospice Aide Clinical Visi	G0156	121418	4	10000	10000	
0001	PAGE 1 OF 1	CREATION DATE	010419	TOTALS	6,98661		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. PROV	53 REL. BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57 OTHER PRV ID
Medicare Part A		Y	Y	000	5,91456	1427366699	

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
[redacted] t G [redacted] M	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

67	E43	R627	G894	R269	F329	Z8781					68
0											

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

74 PRINCIPAL PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	c. OTHER PROCEDURE CODE	DATE	75
d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE	f. OTHER PROCEDURE CODE	DATE	

76 ATTENDING	NPI 1023311040	QUAL	
LAST Dubin	FIRST Stephen	Paul	
77 OPERATING	NPI	QUAL	
LAST	FIRST		
78 OTHER	NPI	QUAL	
LAST	FIRST		
79 OTHER	NPI	QUAL	
LAST	FIRST		

80 REMARKS	81 CC	
	a	
	b B3 251G00000X	
	c	
	d	

UB-04 CMS-1450 NUCC 08/04 APPROVED OMB NO. 0938-0997 OCR:Original

NUHC 24394604

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

DUBIN0064

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	3a PAT. CNTL # 3588466 b. MED. REC. # M0474	4 TYPE OF BILL 0813
5 FED. TAX NO. 251927052	6 STATEMENT COVERS PERIOD FROM 110118 THROUGH 113018	

8 PATIENT NAME [redacted] G[redacted] M

9 PATIENT ADDRESS [redacted] LAS VEGAS NV 89130 USA

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT
[redacted]	F	101018	12	3	2		30

31 OCCURRENCE CODE	DATE
27	101018

39 VALUE CODES CODE	AMOUNT
a 61	2982000

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0651	651-Routine Home Care	Q5001	110118	30	6,80536	000
0571	Hospice Aide Clinical Visi	G0156	110118	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	110218	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	110518	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	110618	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	110718	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	110818	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	110918	4	10000	10000
0551	RN Clinical Visit	G0299	111318	4	4803	4803
0561	Social Services Clinical V	G0155	112018	4	4803	4803
0551	RN Clinical Visit	G0299	112118	4	4803	4803
0571	Hospice Aide Clinical Visi	G0156	112118	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	112218	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	112318	4	10000	10000
[illegible]1	RN Clinical Visit	G0299	112618	4	4803	4803
[illegible]1	Hospice Aide Clinical Visi	G0156	112618	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	112718	4	10000	10000
0001	*PAGE 1 OF 1*	*CREATION DATE*	120418	*TOTALS*	8,19748	

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI
Medicare Part A		Y	Y	000	6,80536	1427366699

58 INSURED'S NAME	59 P. REL.	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
[redacted]G[redacted] M	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES

64 DOCUMENT CONTROL NUMBER

65 EMPLOYER NAME

67 E43 R627 G894 R269 F329 Z8781

0

76 ATTENDING NPI 1023311040 QUAL
LAST Dubin FIRST Stephen Paul

77 OPERATING NPI QUAL LAST FIRST

78 OTHER NPI QUAL LAST FIRST

79 OTHER NPI QUAL LAST FIRST

81CC b B3 251G00000X

JIREH HEALTHCARE SERVICES
2320 PASEO DEL PRADO STE B101
LAS VEGAS NV 891020048
7023591388 7023592388

3a PAT. CNTL #: 3535008
b. MED. REC. #: M0474
4 TYPE OF BILL: 0812
5 FED. TAX NO.: 251927052
6 STATEMENT COVERS PERIOD FROM: 101018 THROUGH: 103118

8 PATIENT NAME: [redacted] M
9 PATIENT ADDRESS: [redacted]
LAS VEGAS NV 89130 USA

10 BIRTHDATE: [redacted] | 11 SEX: F | 12 ADMISSION DATE: 101018 | 13 HR: 12 | 14 TYPE: 3 | 15 SRC: 2 | 17 STAT: 30

31 OCCURRENCE CODE: 27 DATE: 101018

39 VALUE CODES: a 61 AMOUNT 2982000

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0551	RN Clinical Visit	G0299	101018	8	9606	9606
0651	651-Routine Home Care	Q5001	101018	22	4,99059	000
0571	Hospice Aide Clinical Visi	G0156	101118	4	10000	10000
0561	Social Services Clinical V	G0155	101518	4	4803	4803
0571	Hospice Aide Clinical Visi	G0156	101518	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	101618	2	5000	5000
0571	Hospice Aide Clinical Visi	G0156	101718	2	5000	5000
0571	Hospice Aide Clinical Visi	G0156	101818	2	5000	5000
0571	Hospice Aide Clinical Visi	G0156	101918	2	5000	5000
0551	RN Clinical Visit	G0299	102418	4	4803	4803
0551	RN Clinical Visit	G0299	103018	4	4803	4803
0001	PAGE 1 OF 1	CREATION DATE	110518	TOTALS	5,63074	

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI
Medicare Part A		Y	Y	000	4,99059	1427366699

58 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
G[redacted] M	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES | 64 DOCUMENT CONTROL NUMBER | 65 EMPLOYER NAME

66 DX: 0 | 67: E43 | R627 | G894 | R269 | F329 | Z8781

76 ATTENDING NPI: 1023311040
LAST: Dubin FIRST: Stephen Paul

77 OPERATING NPI | QUAL
78 OTHER NPI | QUAL
79 OTHER NPI | QUAL

81CC b: B3 251G00000X

UB-04 CMS-1450 | NUCC-UB04-1 | APPROVED OMB NO. 0938-0997 | OCR/Original | NUBC

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

DUBIN0066

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592?88	2	3a PAT. CNTL # 3494313 b. MED. REC. # M0474	4 TYPE OF BILL 081A
		5 FED. TAX NO. 251927052	6 STATEMENT COVERS PERIOD FROM 101018 THROUGH

8 PATIENT NAME	9 PATIENT ADDRESS
a 541767821A	a [redacted]
b [redacted] G[redacted] M M	b LAS VEGAS c NV d 89130 e USA

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18–28 CONDITION CODES	29 ACDT STATE	30
[redacted]	F	101018	12	3	2		30			

31 OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 OCCURRENCE SPAN CODE	FROM	THROUGH	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
27	101018													

38

39 VALUE CODES CODE AMOUNT · 40 VALUE CODES CODE AMOUNT · 41 VALUE CODES CODE AMOUNT

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0650		Q5001	101018	1	000	000	
0001	PAGE 1 OF 1	CREATION DATE	101518	TOTALS	000		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI 1427366699
Medicare Part A		Y	Y	000	000	57 OTHER PRV ID

58 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
[redacted] G[redacted], M M	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES · 64 DOCUMENT CONTROL NUMBER · 65 EMPLOYER NAME

66 DX						68
0	E43	R627	G894	R269	F329	Z8781

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

74 PRINCIPAL PROCEDURE CODE DATE · a. OTHER PROCEDURE CODE DATE · b. OTHER PROCEDURE CODE DATE · 75
c. OTHER PROCEDURE CODE DATE · d. OTHER PROCEDURE CODE DATE · e. OTHER PROCEDURE CODE DATE

76 ATTENDING	NPI 1023311040	QUAL	
LAST Dubin		FIRST Stephen Paul	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI	QUAL	
LAST		FIRST	
79 OTHER	NPI	QUAL	
LAST		FIRST	

80 REMARKS

81CC a b B3 251G00000X c d

UB-04 CMS-1450 · APPROVED OMB NO. 0938-0997 · NUBC National Uniform Billing Committee · THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

MD ORDERS, TREATMENT, MEDICATION & CTI

Jireh Healthcare Services LLC

PHYSICIANS ORDER

88 South Rainbow Blvd Suite A, Las Vegas, NV 89146 . Tel Fax

PATIENT: [redacted], M **DOB:** [redacted] **MR#:** M0474

ORDERED BY: () **ORDER DATE:** 10/08/18 **ORDER#:** 4672884

ALLERGIES:

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
10/08/18		Other	New								
		Please send an RN to do hospice evaluation and treat									

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer

PHONE ORDER / READ BACK ORDER BY MARY ALYN DOMONDON (RN)

Electronically Signed: 10/8/2018, By STEPHEN DUBIN, MD

Patient Details for [redacted] M (Patient ID 501364, MRN M0474)

Date Of Birth	[redacted]	**Status**	Pending - Discharged
Screened Allergies	Not Assessed	**Unscreened Allergies**	See Screened Allergies

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	[redacted] M	10/10/2018	1100

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Admit to Jireh Healthcare Services, Llc. for the 1st 90 day benefit period * Pharmacist may use generic drug equivalents or compound medications as appropriate. * Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.) * Assess and evaluate cardiac, respiratory, GI,GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs * Instruction on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment * Assess and evaluate current medications * May give nutritional supplements 1 can a day as tolerated for supplement * May crush medications that are crush-able. * Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders * Hospice Medical Director may assist patient as needed to manage symptoms * Hospice nurse may pronounce death * Check oxygen saturation level prn every SN visit * Bed-rails up 2x * Skilled Nurse visits - (1x/week and 2x/week as needed for respiratory & anxiety issues) to promote comfort and symptom management within certification period. * CHHA visits 5x/week to assist with personal care, home making and to promote comfort per RN assignment within certification period. * Chaplain visits - (1x/mo as needed for spiritual issues) *Social worker visits - (1x/mo as needed for psychosocial issues)Volunteer Services continue to be offered every week per Skilled Nurse/Staff. Admit Patient to Jireh Healthcare Services with the following orders verified with M.D. * Patient: DNR * Diet: As Tolerated * Admit with the following medications: Please see related medications

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
SUMAtriptan Succinate 1 Tablet 2 times a day PO (50 MG Tablet)	take 1 tab by mouth 2 times per day at least 2 hours between doses		
Sertraline HCl 1 Tablet 1 times a day PO (100 MG Tablet)			
Oxycodone-Acetaminophen 1 Tablet every 6 hours PO As Needed Pain (10-325 MG Tablet)			0
Oxybutynin Chloride ER 1 Tablet ER 24HR 1 times a day PO (5 MG Tablet ER 24HR)			
Omeprazole 1 Capsule DR 1 times a day PO As Needed Gas Relief (40 MG Capsule DR)			
Lidocaine 1 Patch every 12 hours EX (5 % Patch)			

Related Assignees

Social Services - MSW_Minnick, Joseph effective 10/17/2018
Chaplain - CHAPLAIN_Murphy, Kathryn effective 10/17/2018
Hospice Aide - Young, Grace Marie 5 visit(s) Weekly effective 10/17/2018
Skilled Nurse - RN_Cacanindin, Speedy effective 10/17/2018
Skilled Nurse - RN_Domondon, Mary Alyn effective 10/17/2018
MD Director - Dubin, Stephen Paul effective 10/17/2018
Physician - Dubin, Stephen Paul effective 10/17/2018

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **10/18/2018**. Recorded by jruiz on 10/17/2018 18:32:50.
2. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **10/17/2018**. Recorded by jruiz on 10/17/2018 18:32:40.

Patient Details for [redacted], M (Patient ID 501364, MRN M0474)

Date Of Birth	[redacted]	Status	Pending - Discharged

Indicator Dated 10/10/2018 for M [redacted]

Medical Record No M0474

Effective Date
10/10/2018

Diagnoses

ICD10s

Primary ICD10 - E43 Unspecified severe protein-calorie malnutrition
Secondary ICD10 - R62.7 Adult failure to thrive
Tertiary ICD10 - G89.4 Chronic pain syndrome
4th ICD10 - R26.9 Unspecified abnormalities of gait and mobility
5th ICD10 - F32.9 Major depressive disorder, single episode, unspecified
6th ICD10 - Z87.81 Personal history of (healed) traumatic fracture

Patient Details for T[redacted] G[redacted] M (Patient ID 501364, MRN M0474)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	G[redacted] M	10/10/2018	1100

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Admit to Jireh Healthcare Services, Llc. for the 1st 90 day benefit period * Pharmacist may use generic drug equivalents or compound medications as appropriate. * Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.) * Assess and evaluate cardiac, respiratory, GI,GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs * Instruction on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment * Assess and evaluate current medications * May give nutritional supplements 1 can a day as tolerated for supplement * May crush medications that are crush-able. * Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders * Hospice Medical Director may assist patient as needed to manage symptoms * Hospice nurse may pronounce death * Check oxygen saturation level prn every SN visit * Bed-rails up 2x * Skilled Nurse visits - (1x/week and 2x/week as needed for respiratory & anxiety issues) to promote comfort and symptom management within certification period. * CHHA visits 5x/week to assist with personal care, home making and to promote comfort per RN assignment within certification period. * Chaplain visits - (1x/mo as needed for spiritual issues) *Social worker visits - (1x/mo as needed for psychosocial issues)Volunteer Services continue to be offered every week per Skilled Nurse/Staff. Admit Patient to Jireh Healthcare Services with the following orders verified with M.D. * Patient: DNR * Diet: As Tolerated * Admit with the following medications: Please see related medications

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
SUMAtriptan Succinate 1 Tablet 2 times a day PO (50 MG Tablet)	take 1 tab by mouth 2 times per day at least 2 hours between doses		
Sertraline HCl 1 Tablet 1 times a day PO (100 MG Tablet)			
Oxycodone-Acetaminophen 1 Tablet every 6 hours PO As Needed Pain (10-325 MG Tablet)			0
Oxybutynin Chloride ER 1 Tablet ER 24HR 1 times a day PO (5 MG Tablet ER 24HR)			
Omeprazole 1 Capsule DR 1 times a day PO As Needed Gas Relief (40 MG Capsule DR)			
Lidocaine 1 Patch every 12 hours EX (5 % Patch)			

Related Assignees

Social Services - MSW_Minnick, Joseph effective 10/17/2018
Chaplain - CHAPLAIN_Murphy, Kathryn effective 10/17/2018
Hospice Aide - Young, Grace Marie 5 visit(s) Weekly effective 10/17/2018
Skilled Nurse - RN_Cacanindin, Speedy effective 10/17/2018
Skilled Nurse - RN_Domendon, Mary Alyn effective 10/17/2018
MD Director - Dubin, Stephen Paul effective 10/17/2018
Physician - Dubin, Stephen Paul effective 10/17/2018

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **10/18/2018**. Recorded by jruiz on 10/17/2018 18:32:50.
2. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **10/17/2018**. Recorded by jruiz on 10/17/2018 18:32:40.

Patient Details for [redacted], M (Patient ID 501364, MRN M0474)

Date Of Birth [redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	[redacted]	10/10/2018	1100

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Admit to Jireh Healthcare Services, Llc. for the 1st 90 day benefit period * Pharmacist may use generic drug equivalents or compound medications as appropriate. * Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.) * Assess and evaluate cardiac, respiratory, GI,GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs * Instruction on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment * Assess and evaluate current medications * May give nutritional supplements 1 can a day as tolerated for supplement * May crush medications that are crush-able. * Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders * Hospice Medical Director may assist patient as needed to manage symptoms * Hospice nurse may pronounce death * Check oxygen saturation level prn every SN visit * Bed-rails up 2x * Skilled Nurse visits - (1x/week and 2x/week as needed for respiratory & anxiety issues) to promote comfort and symptom management within certification period. * CHHA visits 5x/week to assist with personal care, home making and to promote comfort per RN assignment within certification period. * Chaplain visits - (1x/mo as needed for spiritual issues) *Social worker visits - (1x/mo as needed for psychosocial issues)Volunteer Services continue to be offered every week per Skilled Nurse/Staff. Admit Patient to Jireh Healthcare Services with the following orders verified with M.D. * Patient: DNR * Diet: As Tolerated * Admit with the following medications. Please see related medications

Read Back	Non Verbal Order
Yes	No

Related Assignees

Social Services - MSW_Minnick, Joseph effective 10/17/2018
Chaplain - CHAPLAIN_Murphy, Kathryn effective 10/17/2018
Hospice Aide - Young, Grace Marie 5 visit(s) Weekly effective 10/17/2018
Skilled Nurse - RN_Cacanindin, Speedy effective 10/17/2018
Skilled Nurse - RN_Domondon, Mary Alyn effective 10/17/2018
MD Director - Dubin, Stephen Paul effective 10/17/2018
Physician - Dubin, Stephen Paul effective 10/17/2018

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **10/18/2018.** Recorded by jruiz on 10/17/2018 18:32.22.

Jireh Healthcare Services LLC

PHYSICIANS ORDER

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 Tel: Fax:

PATIENT: [redacted], M **DOB:** [redacted] **MR#:** M0474

ORDERED BY: STEPHEN DUBIN (MD) **ORDER DATE:** 10/10/18 **ORDER#:** 1606966

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
10/10/18		Medication	Admit	Oxybutynin Chloride Extended Release (Oxybutynin Chloride)	5 mg		1 Tab ER	ORAL	Daily		
10/10/18		Medication	Admit	OXYCODONE AND ACETAMINOPHEN 10/325 mg (oxycodone hydrochloride and acetaminophen)	10-325 mg		1 Tab	ORAL	Every 6 hrs - PRN	Pain	
10/10/18		Medication	Admit	Sertraline (Sertraline Hydrochloride)	100 mg		1 Tab	ORAL	Daily		
10/10/18		Medication	Admit	IMITREX (SUMATRIPTAN)	50 mg		1 Tab	ORAL	2 times a day		
		==> Note: Take 1 tab by mouth 2 times per day at least 2 hours between doses									

ADDITIONAL NOTE

Merging of information from Consolo Services

ONE ORDER / READ BACK ORDER BY MARY ROSE FRONDA (RN)

Electronically Signed: 10/10/2018, By STEPHEN DUBIN, MD

Jireh Healthcare Services LLC

PHYSICIANS ORDER

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

PATIENT: [redacted] M **DOB:** [redacted] **MR#:** M0474

ORDERED BY: STEPHEN DUBIN (MD) **ORDER DATE:** 10/17/18 **ORDER#:** 1606911

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
10/17/18		Medication	New	Lidocaine	5% patch		1 Patch	TOPICAL	Every 12 Hours		
10/17/18		Medication	New	Omeprazole (omeprazole)	40 mg		1 Cap DR	ORAL	Daily - PRN	Gas Relief	

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer

ADDITIONAL NOTE

Merging of information from Consolo Services

PHONE ORDER / READ BACK ORDER BY MARY ROSE FRONDA (RN)

Electronically Signed: 10/17/2018, By STEPHEN DUBIN, MD

12/19/18
4 PM
Speedy

JIREH HEALTHCARE
2320 PASEO DEL PRADO SUITE B101, LAS VEGAS, NV 89102
TEL: 702-359-1388

PATIENT NAME: M[redacted] G[redacted] DATE OF BIRTH: [redacted]

RX NUMBER: _____

Percocet 10/325 mg #60

1 po q 6 prn pain

for 15 days supply

ICD: M54.5

M[redacted] G[redacted] LAS VEGAS NV 89121
RX0170088

"HOSPICE PATIENT"

PHYSICIAN SIGNATURE: _____ DEA#: FD2419706

PHYSICIAN NAME: STEPHEN DUBIN DATE: _____

PHYSICIAN ADDRESS: 5380 S RAINBOW STE 306 LAS VEGAS NV 89128

PLEASE FAX BACK TO 702-776-7195

TRINITY PHARMACY
2797 S. MARYLAND PKWY., #28, LAS VEGAS, NV 89109 | TEL: 702-776-8210 | FAX: 702-776-7195

11/26/18
Speedy
12 NN

JIREH HEALTHCARE
2320 PASEO DEL PRADO SUITE B101, LAS VEGAS, NV 89102
TEL: 702-359-1388

PATIENT NAME: [redacted] DATE OF BIRTH: [redacted]

RX NUMBER: _____

Percocet 10/325 mg #60

1 tab q 6 prn pain

x 15 days

MJ 4.5

[redacted] LAS VEGAS NV 89121
RX0168481

"HOSPICE PATIENT"

PHYSICIAN SIGNATURE: _____ DEA#: FD2419706
PHYSICIAN NAME: STEPHEN DUBIN DATE: _____
PHYSICIAN ADDRESS: 5380 S RAINBOW STE 306 LAS VEGAS NV 89128
PLEASE FAX BACK TO 702-776-7195

TRINITY PHARMACY
2797 S. MARYLAND PKWY., #28, LAS VEGAS, NV 89109 | TEL: 702-776-8210 | FAX: 702-776-7195

JIREH HEALTHCARE
2320 PASEO DEL PRADO SUITE B101, LAS VEGAS, NV 89102
TEL: 702-359-1388

11/5/18

PATIENT NAME: M[redacted] G[redacted] DATE OF BIRTH: [redacted]

RX NUMBER: _____

Oxycodone / APAP 10/325
#60
1 po q 6 prn. pain
15 DS
M54.5

M[redacted] G[redacted] LAS VEGAS NV 89121 [redacted]
RX0167193

"HOSPICE PATIENT"

PHYSICIAN SIGNATURE: _____ DEA#: FD2419706
PHYSICIAN NAME: STEPHEN DUBIN DATE: _____
PHYSICIAN ADDRESS: 5380 S RAINBOW STE 306 LAS VEGAS NV 89128
PLEASE FAX BACK TO 702-776-7195

TRINITY PHARMACY
2797 S. MARYLAND PKWY., #28, LAS VEGAS, NV 89109 | TEL: 702-776-8210 | FAX: 702-776-7195

11/26/18
Speedy
12 NN

JIREH HEALTHCARE
2320 PASEO DEL PRADO SUITE B101, LAS VEGAS, NV 89102
TEL: 702-359-1388

PATIENT NAME: [redacted] DATE OF BIRTH: [redacted]

RX NUMBER: _____

Percocet 10/325 mg #60

1 tab q 6 prn pain.

x 15 days

M54.5

[redacted] LAS VEGAS NV 89121
RX0168481

"HOSPICE PATIENT"

PHYSICIAN SIGNATURE: _____ DEA#: FD2419706

PHYSICIAN NAME: STEPHEN DUBIN DATE: _____

PHYSICIAN ADDRESS: 5380 S RAINBOW STE 306 LAS VEGAS NV 89128

PLEASE FAX BACK TO 702-776-7195

TRINITY PHARMACY
2797 S. MARYLAND PKWY., #28, LAS VEGAS, NV 89109 | TEL: 702-776-8210 | FAX: 702-776-7195

10/11/18
5:30 PM
Honey

JIREH HEALTHCARE
2320 PASEO DEL PRADO SUITE B101, LAS VEGAS, NV 89102
TEL: 702-359-1388

PATIENT NAME: [redacted] DATE OF BIRTH: [redacted]

RX NUMBER: _____

Percocet 10/325 #60

1 po q 6 prn pain

15 DS

M54.5

[redacted]
RX0185659

"HOSPICE PATIENT"

PHYSICIAN SIGNATURE: _____ DEA#: FD2419706

PHYSICIAN NAME: STEPHEN DUBIN DATE: _____

PHYSICIAN ADDRESS: 5380 S RAINBOW STE 306 LAS VEGAS NV 89128

PLEASE FAX BACK TO 702-776-7195

TRINITY PHARMACY
2797 S. MARYLAND PKWY., #28, LAS VEGAS, NV 89109 | TEL: 702-776-8210 | FAX: 702-776-7195

Patient Details for [redacted] M (Patient ID 501364, MRN M0474)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	[redacted] M	10/10/2018	1100

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Admit to Jireh Healthcare Services, Llc. for the 1st 90 day benefit period * Pharmacist may use generic drug equivalents or compound medications as appropriate. * Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.) * Assess and evaluate cardiac, respiratory, GI,GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs * Instruction on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment * Assess and evaluate current medications * May give nutritional supplements 1 can a day as tolerated for supplement * May crush medications that are crush able. * Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders * Hospice Medical Director may assist patient as needed to manage symptoms * Hospice nurse may pronounce death * Check oxygen saturation level prn every SN visit * Bed-rails up 2x * Skilled Nurse visits - (1x/week and 2x/week as needed for respiratory & anxiety issues) to promote comfort and symptom management within certification period. * CHHA visits 5x/week to assist with personal care, home making and to promote comfort per RN assignment within certification period * Chaplain visits - (1x/mo as needed for spiritual issues) *Social worker visits - (1x/mo as needed for psychosocial issues)Volunteer Services continue to be offered every week per Skilled Nurse/Staff. Admit Patient to Jireh Healthcare Services with the following orders verified with M.D. * Patient: DNR * Diet: As Tolerated * Admit with the following medications: Please see related medications

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
SUMAtriptan Succinate 1 Tablet 2 times a day PO (50 MG Tablet)	take 1 tab by mouth 2 times per day at least 2 hours between doses		
Sertraline HCl 1 Tablet 1 times a day PO (100 MG Tablet)			
Oxycodone-Acetaminophen 1 Tablet every 6 hours PO As Needed Pain (10-325 MG Tablet)			0
Oxybutynin Chloride ER 1 Tablet ER 24HR 1 times a day PO (5 MG Tablet ER 24HR)			
Omeprazole 1 Capsule DR 1 times a day PO As Needed Gas Relief (40 MG Capsule DR)			
Lidocaine 1 Patch every 12 hours EX (5 % Patch)			

Related Assignees

Social Services - MSW_Minnick, Joseph effective 10/17/2018
Chaplain - CHAPLAIN_Murphy, Kathryn effective 10/17/2018
Hospice Aide - Young, Grace Marie 5 visit(s) Weekly effective 10/17/2018
Skilled Nurse - RN_Cacanindin, Speedy effective 10/17/2018
Skilled Nurse - RN_Domondon, Mary Alyn effective 10/17/2018
MD Director - Dubin, Stephen Paul effective 10/17/2018
Physician - Dubin, Stephen Paul effective 10/17/2018

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on 10/18/2018. Recorded by jruiz on 10/17/2018 18:32:50.
2. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on 10/17/2018. Recorded by jruiz on 10/17/2018 18:32:40.

Patient Details for [redacted], M (Patient ID 501364, MRN M0474)

Date Of Birth [redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	[redacted] M	10/10/2018	1100

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Admit to Jireh Healthcare Services, Llc. for the 1st 90 day benefit period * Pharmacist may use generic drug equivalents or compound medications as appropriate. * Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.) * Assess and evaluate cardiac, respiratory, GI,GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs * Instruction on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment * Assess and evaluate current medications * May give nutritional supplements 1 can a day as tolerated for supplement * May crush medications that are crush-able. * Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders * Hospice Medical Director may assist patient as needed to manage symptoms * Hospice nurse may pronounce death * Check oxygen saturation level prn every SN visit * Bed-rails up 2x * Skilled Nurse visits - (1x/week and 2x/week as needed for respiratory & anxiety issues) to promote comfort and symptom management within certification period * CHHA visits 5x/week to assist with personal care, home making and to promote comfort per RN assignment within certification period. * Chaplain visits - (1x/mo as needed for spiritual issues) *Social worker visits - (1x/mo as needed for psychosocial issues)Volunteer Services continue to be offered every week per Skilled Nurse/Staff. Admit Patient to Jireh Healthcare Services with the following orders verified with M.D. * Patient: DNR * Diet: As Tolerated * Admit with the following medications: Please see related medications

Read Back	Non Verbal Order
Yes	No

Related Assignees

Social Services - MSW_Minnick, Joseph effective 10/17/2018
Chaplain - CHAPLAIN_Murphy, Kathryn effective 10/17/2018
Hospice Aide - Young, Grace Marie 5 visit(s) Weekly effective 10/17/2018
Skilled Nurse - RN_Cacanindin, Speedy effective 10/17/2018
Skilled Nurse - RN_Domondon, Mary Alyn effective 10/17/2018
MD Director - Dubin, Stephen Paul effective 10/17/2018
Physician - Dubin, Stephen Paul effective 10/17/2018

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **10/18/2018** Recorded by jruiz on 10/17/2018 18:32:22.

Al. onsolo Medications for [redacted] G[redacted], M

Patient Details for [redacted] G[redacted], M (Patient ID 501364, MRN M0474)

Date Of Birth [redacted]	Status	Pending - Discharged

DOB	Screened Allergies	Unscreened Allergies	Current Indicator
11/06/1962	Not Assessed	See Screened Allergies	E43 - Unspecified severe protein-calorie malnutrition

Pending Medications

Current Medications

Lidocaine [5 %] Patch (ID: 6634907) - 1 Patch every 12 hours EX (5 % Patch)

Order Date	10/17/2018	Ordering MD	Dubin, Stephen Paul
Admin By	Patient	Coverage	Covered
Change	Updated	Updated Date	10/17/2018

Omeprazole [40 MG] Capsule DR (ID: 6634894) - 1 Capsule DR 1 times a day PO As Needed Gas Relief (40 MG Capsule DR)

Order Date	10/17/2018	Ordering MD	Dubin, Stephen Paul
Admin By	Patient	Coverage	Covered
Change	Updated	Updated Date	10/17/2018
Reasons	Gas Relief		

Oxybutynin Chloride ER [5 MG] Tablet ER 24HR (ID: 6634895) - 1 Tablet ER 24HR 1 times a day PO (5 MG Tablet ER 24HR)

Order Date	10/10/2018	Ordering MD	Dubin, Stephen Paul
Admin By	Patient	Coverage	Covered
Change	Updated	Updated Date	10/17/2018

Oxycodone-Acetaminophen [10-325 MG] Tablet (ID: 6634899) - 1 Tablet every 6 hours PO As Needed Pain (10-325 MG Tablet)

Order Date	10/10/2018	Ordering MD	Dubin, Stephen Paul
Admin By	Patient	Coverage	Covered
Change	Updated	Updated Date	10/17/2018
Reasons	Pain		

Sertraline HCl [100 MG] Tablet (ID: 6634901) - 1 Tablet 1 times a day PO (100 MG Tablet)

Order Date	10/10/2018	Ordering MD	Dubin, Stephen Paul
Admin By	Patient	Coverage	Covered
Change	Updated	Updated Date	10/17/2018

SUMAtriptan Succinate [50 MG] Tablet (ID: 6634906) - 1 Tablet 2 times a day PO (50 MG Tablet)

Order Date	10/10/2018	Ordering MD	Dubin, Stephen Paul
Admin By	Patient	Coverage	Covered
Change	Updated	Updated Date	10/17/2018
Additional Notes	take 1 tab by mouth 2 times per day at least 2 hours between doses		

All Consolo Medications for [redacted]t G[redacted] M

Patient Details for [redacted] G[redacted], M (Patient ID 501364, MRN M0474)

Date Of Birth	[redacted]	Status	Pending - Discharged

DOB	Screened Allergies	Unscreened Allergies	Current Indicator
11/06/1962	Not Assessed	See Screened Allergies	E43 - Unspecified severe protein-calorie malnutrition

Pending Medications

Current Medications

Lidocaine [5 %] Patch (ID: 6634907) - 1 Patch every 12 hours EX (5 % Patch)

Order Date	10/17/2018	Ordering MD	Dubin, Stephen Paul
Admin By	Patient	Coverage	Covered
Change	Updated	Updated Date	10/17/2018

Omeprazole [40 MG] Capsule DR (ID: 6634894) - 1 Capsule DR 1 times a day PO As Needed Gas Relief (40 MG Capsule DR)

Order Date	10/17/2018	Ordering MD	Dubin, Stephen Paul
Admin By	Patient	Coverage	Covered
Change	Updated	Updated Date	10/17/2018
Reasons	Gas Relief		

Oxybutynin Chloride ER [5 MG] Tablet ER 24HR (ID: 6634895) - 1 Tablet ER 24HR 1 times a day PO (5 MG Tablet ER 24HR)

Order Date	10/10/2018	Ordering MD	Dubin, Stephen Paul
Admin By	Patient	Coverage	Covered
Change	Updated	Updated Date	10/17/2018

Oxycodone-Acetaminophen [10-325 MG] Tablet (ID: 6634899) - 1 Tablet every 6 hours PO As Needed Pain (10-325 MG Tablet)

Order Date	10/10/2018	Ordering MD	Dubin, Stephen Paul
Admin By	Patient	Coverage	Covered
Change	Updated	Updated Date	10/17/2018
Reasons	Pain		

All Consolo Medications for [redacted] G[redacted] M

Sertraline HCl [100 MG] Tablet (ID: 6634901) - 1 Tablet 1 times a day PO (100 MG Tablet)

Order Date	10/10/2018	Ordering MD	Dubin, Stephen Paul
Admin By	Patient	Coverage	Covered
Change	Updated	Updated Date	10/17/2018

SUMAtriptan Succinate [50 MG] Tablet (ID: 6634906) - 1 Tablet 2 times a day PO (50 MG Tablet)

Order Date	10/10/2018	Ordering MD	Dubin, Stephen Paul
Admin By	Patient	Coverage	Covered
Change	Updated	Updated Date	10/17/2018
Additional Notes	take 1 tab by mouth 2 times per day at least 2 hours between doses		

Jireh Healthcare Services LLC

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

CTI

PHYSICIAN'S CERTIFICATION FOR HOSPICE BENEFIT

In order to determine if a patient is eligible for Hospice benefit we are required to have physician's authorization with a brief narrative supporting terminal illness

PATIENT: [redacted] M **MR#:** M0474

Certification #1: Statement for First 90-day period

- I certify that [redacted] M has a life expectancy of six months or less, if the terminal illness runs its normal course.

Verbal Authorization Date: 10/10/2018 Obtained by: Mary Alyn Domondon/RN

Effective Date of Certification: 10/10/2018 To 1/7/2019

Primary DX: Unspecified severe protein-calorie malnutrition (E43)

Secondary/Related DX: Adult failure to thrive (R62.7)

Comorbidities

Certification is based on: ☑ Medical history, record and patient status ☑ Team Assessment ☑ Face to Face Encounter Visit Date: 10/10/2018

ADL Assessment

Ambulation	0	Transfer	0	Feeding	0
Toileting	0	Dressing	0	Bathing	0
Total ADL score	0	Total number of activities with complete dependence (0-6)		0 of 6 Activities	

Functional Status

KPS		FAST	
PPS		NYHA	

LCD Determination Status:

RN Prognosis Summary: Patient is alert and oriented to person, place, and time. Patient is unstable in balance and coordination. Diet is as tolerated. Patient with mild shortness of breath, breathing exercises taught to patient by RN. Patient requires moderate assistance with activities of daily living (ADL's) by CNA. Patient's appetite and nutritional intake is poor. Patient was previously 105 lbs and is now 82 lbs. Patient with moderate to severe pain on multiple sites, including shoulder. Patient is at risk for falls and lives in an apartment with brother.

Physician Narrative: Ms. [redacted] is a 55-year-old African American female with a terminal diagnosis of severe protein calorie malnutrition. Patient with history of traumatic fracture, sciatica, migraines, major depressive disorder, adult failure to thrive. Patient will require maximum assistance with ADL's and has a very poor gait and balance as well as significant weight loss. Patient has moderate to severe generalized pain; pain management will continue. The patient is under my care, and to the best of knowledge given the data available, has a life expectancy of six months or less if terminal illness runs normal course.

Medical Director Attestation/Certification

- I attest/confirm that I composed this narrative based on my review of patient's medical record, team assessment and/or examination of the patient.

STEPHEN DUBIN / 1023311040 — Reviewed and electronically signed by STEPHEN DUBIN (MD). 10/10/2018

Medical Director / Physician Designee / Referring MD (if attending) — Signature / Signature on file — Date

PATIENT		FACILITY		ENCOUNTER	
[redacted]		**RENATO RABARA Practice**		NOTE TYPE	SOAP Note
DOB	[redacted]	T (702) 677-0661		SEEN BY	RENATO RABARA
AGE	55 yrs	9958 Corbridge st,		DATE	09/10/2018
SEX	Female	Las Vegas, NV 89178		AGE AT DOS	55 yrs
PRN	GM889522			Electronically signed by RENATO RABARA at 09/12/2018 07:08 am	

Chief complaint

For initial visit.

Patient identifying details and demographics

FIRST NAME	[redacted]	SEX	Female	ETHNICITY	Provider did not ask
MIDDLE NAME	-	DATE OF BIRTH	[redacted]		
LAST NAME	[redacted]	DATE OF DEATH	-	PREF. LANGUAGE	-
SSN	[redacted]	PRN	GM889522	RACE	Provider did not ask
				STATUS	Active patient

CONTACT INFORMATION

ADDRESS LINE 1	[redacted]	CONTACT BY	Mobile Phone
		EMAIL	-
		HOME PHONE	-
ADDRESS LINE 2	-	MOBILE PHONE	(702) [redacted]
CITY	Las Vegas	OFFICE PHONE	-
STATE	NV	OFFICE	-
ZIP CODE	89130	EXTENSION	

FAMILY INFORMATION

NEXT OF KIN	-	PATIENT'S MOTHER'S MAIDEN NAME	-
RELATION TO PATIENT	-		
HONE	-		
ADDRESS	-		

Insurance

PRIMARY PAYER

PAYER	NV - Medicare B (MAC J1)	INSURED ID NUMBER	541 76 7821-A
PRIORITY	Primary	GROUP NUMBER	-
TYPE	Medicare	EMPLOYER NAME	-
RELATIONSHIP TO INSURED	Self	INSURANCE PAYMENT TYPE	Copay
START DATE	09/10/2018	PAYMENT TYPE	Fixed
END DATE	-	COPAY AMOUNT	-
		STATUS	Active

AYMENT INFORMATION

DUBIN0089

PAYMENT PREFERENCE	Primary Insurance	DATE OF BIRTH	-
PATIENT'S RELATIONSHIP TO GUARANTOR	-	SEX	-
		SOCIAL SECURITY NUMBER	-
GUARANTOR NAME	-	PRIMARY PHONE NUMBER	-
GUARANTOR ADDRESS	-	SECONDARY PHONE NUMBER	-

Vitals for this encounter

	09/10/18 10:00 AM
Height	58 in
Weight	85 lb
Temperature	97.50 °F
Pulse	77 bpm
Respiratory rate	20 bpm
O2 Saturation	93 %
BMI	17.76
Blood pressure	106/82 mmHg

Current Diagnoses	ACUITY	START	STOP
(Z87.81) Personal history of (healed) traumatic fracture	Chronic		
(M84.4795) Pathological fracture, unspecified toe(s), sequela	Chronic		
(M54.30) Sciatica, unspecified side	Chronic		
(M54.9) Dorsalgia, unspecified	Chronic		
(R32) Unspecified urinary incontinence	Chronic		
(R26.9) Unspecified abnormalities of gait and mobility	Chronic		
(G43.909) Migraine, unspecified, not intractable, without status migrainosus	Chronic		
(G89.29) Other chronic pain	Chronic		
(F32.9) Major depressive disorder, single episode, unspecified	Chronic		

Historical Diagnoses	ACUITY	START	STOP
No historical diagnoses			

Drug Allergies

ACTIVE ALLERGIES	SEVERITY/REACTIONS	ONSET
Patient has no known drug allergies		

Food Allergies

ACTIVE ALLERGIES	SEVERITY/REACTIONS	ONSET
No food allergies recorded		

Environmental Allergies

ACTIVE ALLERGIES	SEVERITY/REACTIONS	ONSET
No environmental allergies recorded		

Active Medications

MEDICATION	SIG	START/STOP	ASSOCIATED DX
Omeprazole 40 MG Oral Capsule Delayed Release	take 1 capsule by mouth daily, PRN	-	-
Oxybutynin Chloride (Oxybutynin Chloride ER) 5 MG Oral Tablet Extended Release 24 Hour	Take 1 tablet (5 mg) by mouth daily	-	-
Oxycodone w/ Acetaminophen (Oxycodone-Acetaminophen) 10-325 MG Oral Tablet	1 tablet orally every 6 hours as needed	-	-
Sertraline HCl 100 MG Oral Tablet	Take 1 tablet (100 mg) by mouth daily	-	-
SUMAtriptan Succinate 50 MG Oral Tablet	Take 1 tablet (50 mg) by mouth 2 times per day at least 2 hours between doses as needed	-	-

Historical Medications

MEDICATION	SIG	START/STOP	ASSOCIATED DX
No historical medications recorded			

Immunizations

DATE	VACCINE	SOURCE	LOT NUMBER	EXPIRES	COMMENT
No immunizations recorded for this patient.					

ast medical history

MAJOR EVENTS

several surgeries due to MVA

FAMILY HEALTH HISTORY

DM
Hypertension
CA

Family health history

DIAGNOSIS	ONSET DATE
No Family health history recorded	

Advance Directive

DIRECTIVE	RECORDED
No advance directives recorded for this patient.	

Subjective

The patient is a 55 year old, female, African American who was seen for an initial visit. The patient lives alone in an apartment. The patient stated that she is separated from her husband and has 2 independent living children. The patient was born in Spokane, Washington and ultimately moved to Las Vegas. The patient stated that she had several surgeries in the leg due to a MVA. The patient said that she became disabled due to the accident. The patient has an unsteady gait and uses a cane or scooter. The patient is also complaining of chronic pain and goes to a Pain Management Doctor for her pain issues. The patient is home bound and needs home visits because she is unable to leave home safely and needs assistive device due to abnormality of gait.

REVIEW OF SYSTEMS:.
Medications: Reviewed & Up-to-date
General: no fever, no fatigue, (+) reduction in weight, (+) change in appetite.
Head: No headaches, no dizziness
Eyes: no blurred vision, no eye pain.
Ears: No Otalgia, No change in hearing, no tinnitus, no discharge
Nose: no coryza, no stuffy nose, no discharge, no post nasal drip
Throat: No dental difficulties, no sore throat, no difficulty swallowing
Neck: No stiffness, no pain, no swollen glands
Breasts: No noted lumps, no tenderness, no swelling, no nipple discharge
Heart: No chest pains, no palpitations, no leg swelling.
Lung: No dyspnea, no wheezing, no cough
Abdomen: no abdominal pain, no nausea, no vomiting
Neurologic: No numbness/tingling, no weakness, no tremor, no seizures, no changes in memory, no ataxia
Extremities: (+) pain in muscles or joints, (+) limitation of range of motion, no paresthesias or numbness
Back: (+) back pain, no spasms.
Skin: no rashes, no lesions
GU: No frequency, no urgency, no dysuria, no hematuria.
Psychiatric: (+) depressive symptoms, no anxiety, no insomnia, no changes in thought content, no suicidal thoughts.

Objective

General: Normotensive, in no acute distress.
Head: Normocephalic, no lesions.
Eyes: PERRLA, EOM's full, conjunctivae clear,
Ears: EAC's clear, TM's normal.
Nose: Mucosa normal, no obstruction.
Throat: Clear, no exudates, no lesions.
Neck: Supple, no masses, no thyromegaly, no bruits.
Chest: Lungs clear, no rales, no rhonchi, no wheezes.

Heart: RR, no murmurs, no rubs, no gallops.
Abdomen: Soft, no tenderness, no masses, bowel sounds normal.
GU: Normal, no lesions, no discharge, no hernias noted.
Back: Normal curvature, no tenderness.
Extremities: (+) several scars, no edema, no erythema.
Neuro: Physiological, no localizing findings.
Skin: Normal, no rashes, no lesions noted.

Assessment

Diagnoses attached to this encounter:

Personal history of traumatic fracture [ICD-10: Z87.81], [ICD-9: V15.51], [SNOMED: 391095006]

Pathological fracture of toe [ICD-10: M84.479S], [SNOMED: 704168008]

Sciatica [ICD-10: M54.30], [ICD-9: 724.3], [SNOMED: 23056005]

Dorsalgia [ICD-10: M54.9], [ICD-9: 724.5], [SNOMED: 267981009]

Urine incontinence [ICD-10: R32], [ICD-9: 788.30], [SNOMED: 165232002]

Abnormality of gait [ICD-10: R26.9], [ICD-9: 781.2], [SNOMED: 22325002]

Migraine [ICD-10: G43.909], [ICD-9: 346.90], [SNOMED: 37796009]

Chronic pain [ICD-10: G89.29], [ICD-9: 338.29], [SNOMED: 82423001]

MDD [ICD-10: F32.9], [ICD-9: 296.20], [SNOMED: 370143000]

Plan

The visit was explained to the patient about the set up of the visiting provider. Primary care in the home by the nurse practitioner is being supervised by an MD. It was also explained to the patient thatch is electing King Rey to be her care provider and in an emergency situation the patient needs to call 911.
The patient verbalized understanding and consent was signed.
Labs will be ordered. (CBC, CMP, TSH with reflex free T4, HgbA1C, Lipid panel)
For HH evaluation, SN
Patient will benefit from SN services for her overall health status, medications and disease process teachings.
SN to do regular check of blood pressure and log
Notify the provider if the BP is persistently <90/60 or >140/90
Continue current medications.
Low salt, Low fat diet
Patient was advised on the risk of smoking.
Fall and safety precautions.
Follow up with her Pain Management Doctor for Pain Issues.
For follow up visit after 30 days..

Medications attached to this encounter:

Sertraline HCl 100 MG Oral Tablet 1 tablet (100 mg) orally daily

Oxycodone-Acetaminophen 10-325 MG Oral Tablet 1 tablet orally every 6 hours as needed

Oxybutynin Chloride ER 5 MG Oral Tablet Extended Release 24 Hour 1 tablet (5 mg) orally daily

Omeprazole 40 MG Oral Capsule Delayed Release take 1 capsule by mouth daily, PRN

SUMAtriptan Succinate 50 MG Oral Tablet 1 tablet (50 mg) orally 2 times per day at least 2 hours between doses as needed

Orders

LAB ORDERS

No orders attached to this encounter.

IMAGING ORDERS

No orders attached to this encounter.

Screenings/Interventions/assessments

No screenings/interventions/assessments recorded.

practicefusion

DUBIN0094

JIREH HEALTHCARE SERVICES LLC

(HOSPICE AGENCY)

PATIENT NAME: M[redacted] H[redacted]

DOB: [redacted]

START OF CARE:

06/13/2018 TO 12/26/2018

EXHIBIT 8

Claim Number	From Service Date	To Service Date	Beneficiary Nam	Claim Status	Total Charge	Type Of Bill	Admit Date
21900700422207NVR	12/1/2018	12/31/2018	[redacted]	P - Paid	$7,790.97	813 - Hospice (...	9/7/2018
21833900538807NVR	11/1/2018	11/30/2018	[redacted]	P - Paid	$8,724.43	813 - Hospice (...	9/7/2018
21830901126607NVR	10/1/2018	10/31/2018	[redacted]	P - Paid	$9,083.84	813 - Hospice (...	9/7/2018
21827601222707NVR	9/7/2018	9/30/2018	[redacted]	P - Paid	$6,942.12	812 - Hospice (...	9/7/2018

Claim Number	From Service Date	To Service Date	Beneficiary Nam	Claim Status	Total Charge	Type Of Bill	Admit Date
21900700421907NVR	12/1/2018	12/31/2018	[redacted]	P - Paid	$6,986.61	813 - Hospice (...	10/10/2018
21833900542507NVR	11/1/2018	11/30/2018	[redacted]	P - Paid	$8,197.48	813 - Hospice (...	10/10/2018
21833900230804NVR	10/10/2018	10/31/2018	[redacted]	P - Paid	$6,230.74	817 - Hospice (...	10/10/2018
21830901121107NVR	10/10/2018	10/31/2018	[redacted]	P - Paid	$5,630.74	812 - Hospice (...	10/10/2018

Claim Number	From Service Date	To Service Date	Beneficiary Nam	Claim Status	Total Charge	Type Of Bill	Admit Date
21900901108507NVR	12/1/2018	12/26/2018	[redacted]	P - Paid	$6,626.68	814 - Hospice (...	6/13/2018
21833900542007NVR	11/1/2018	11/30/2018	[redacted]	P - Paid	$7,635.75	813 - Hospice (...	6/13/2018
21830901128607NVR	10/1/2018	10/31/2018	[redacted]	P - Paid	$8,065.97	813 - Hospice (...	6/13/2018
21827601223807NVR	9/1/2018	9/30/2018	[redacted]	P - Paid	$7,382.91	813 - Hospice (...	6/13/2018
21824701185107NVR	8/1/2018	8/31/2018	[redacted]	P - Paid	$8,276.79	813 - Hospice (...	6/13/2018
21821800581907NVR	7/1/2018	7/31/2018	[redacted]	P - Paid	$9,216.50	813 - Hospice (...	6/13/2018
21818600817807NVR	6/13/2018	6/30/2018	[redacted]	P - Paid	$5,126.72	812 - Hospice (...	6/13/2018

Claim Number	From Service Date	To Service Date	Beneficiary Nam	Claim Status	Total Charge	Type Of Bill	Admit Date
21900700421507NVR	12/20/2018	12/22/2018	[redacted]	P - Paid	$680.54	811 - Hospice (...	12/20/2018

12/26/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/25/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/24/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/23/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/22/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/21/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/20/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/19/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/18/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/17/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/16/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/15/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/14/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/13/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/12/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/11/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/10/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/9/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/8/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/7/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/6/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/5/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/4/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/3/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/2/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/1/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/30/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/29/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/28/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/27/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/26/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/25/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/24/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/23/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/22/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/21/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/20/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/19/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/18/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/17/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/16/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/15/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/14/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/13/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/12/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/11/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/10/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/9/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/8/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/7/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/6/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/5/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/4/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/3/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/2/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/1/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
10/31/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
10/30/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
10/29/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
10/28/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
10/27/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
10/26/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
10/25/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
10/24/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
10/23/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
10/22/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
10/21/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
10/20/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
10/19/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
10/18/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
10/17/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
10/16/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
10/15/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
10/14/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0

10/13/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	178.2523	0
10/12/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	178.2523	0
10/11/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	178.2523	0
10/10/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	178.2523	0
10/9/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	178.2523	0
10/8/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	178.2523	0
10/7/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	178.2523	0
10/6/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	178.2523	0
10/5/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	178.2523	0
10/4/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	178.2523	0
10/3/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	178.2523	0
10/2/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	178.2523	0
10/1/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	178.2523	0
9/30/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
9/29/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
9/28/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
9/27/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
9/26/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
9/25/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
9/24/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
9/23/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
9/22/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
9/21/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
9/20/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
9/19/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
9/18/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
9/17/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
9/16/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
9/15/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
9/14/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
9/13/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
9/12/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
9/11/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
9/10/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
9/9/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
9/8/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
9/7/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
9/6/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
9/5/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
9/4/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
9/3/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
9/2/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
9/1/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
8/31/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
8/30/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
8/29/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
8/28/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
8/27/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
8/26/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
8/25/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
8/24/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
8/23/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
8/22/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
8/21/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
8/20/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
8/19/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
8/18/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
8/17/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
8/16/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
8/15/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
8/14/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
8/13/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
8/12/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
8/11/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
8/10/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
8/9/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
8/8/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
8/7/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
8/6/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
8/5/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
8/4/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
8/3/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
8/2/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
8/1/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0

7/31/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/30/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/29/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/28/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/27/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/26/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/25/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/24/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/23/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/22/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/21/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/20/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/19/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/18/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/17/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/16/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/15/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/14/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/13/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/12/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/11/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/10/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/9/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/8/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/7/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/6/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/5/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/4/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/3/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/2/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
7/1/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/30/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/29/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/28/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/27/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/26/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/25/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/24/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/23/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/22/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/21/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/20/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/19/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/18/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/17/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/16/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/15/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/14/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0
6/13/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	220.5569	0

Jireh Healthcare Serv es LLC

HospiceMD™

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

ersonal Information

MR#	M0456	SSN	[redacted]	DOB	[redacted] (86 yrs)
LAST NAME	H[redacted]	FIRST NAME	M[redacted]	MI	
ADDRESS	[redacted] Avenue			APT / SUITE #	
CITY	Las Vegas	STATE	NV	ZIP	89121
PHONE	(702) [redacted]	CELL		PRIM LANGUAGE	English
RACE	White	ETHNICITY	Caucasian	MARITAL ST	
GENDER	Female	RELIGION	Other	DENOMINATION	

LEVEL OF CARE

Insurance

PAY SOURCE	INSURANCE	SHARE OF COST	POLICY / MBI #	GROUP#	BIN#	EFFECTIVE DATE	AUTH TYPE	R&B AUTH NO	R&B AUTH VALID TILL
Primary	Medicare	$0.00	[redacted]A			6/13/2018			

Dates of Service, Diagnosis & Allergies

REF DATE	6/12/2018	SOC	6/13/2018	RE-CERT	2/7/2019
		EOC	12/26/2018	DISC CODE	Transferred to Another Hospice
ADMIT TYPE	New Admission				
STARTING CERT#	1				
IMARY DX	Chronic obstructive pulmonary disease, unspecified (J44.9)			DISEASE	
SECOND DX	Shortness of breath (R06.02)			DISEASE	
COMORBIDITIES					

ALLERGIES — LAST UPDATED

Erythromycin — 10/9/18

Place of Service (POS)

TYPE	Home	FACILITY NAME			
EFFECTIVE DATE		ROOM NO		PCG	
ADDRESS	[redacted] Avenue	CITY	Las Vegas	STATE-ZIP	NV 89121 -
PHONE	(702) [redacted]	ALT-PHONE		FAX	

Authorized Rep (AR) / Emergency Contact (EC)

AR/EC , , Address: , , , Phone: , Alt Phone: , AR/EC is:

Referral Source & Attending MD

MEDICAL DIRECTOR	STEPHEN DUBIN, Phone:, Fax:(702) 362-9930, NPI:1023311040
REFERRING/ATTENDING/PATIENT CHOICE	STEPHEN DUBIN, Phone:(702) 362-9930, Fax:(702) 362-9930, NPI:1023311040

Jireh Healthcare Ser\ es LLC

HospiceMD

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

ndors

PHARMACY	MAIN:Trinity Pharmacy (Las Vegas)
DME	MAIN:Advantage Home Medical Services, Inc. (Las Vegas)

Mortuary Info

MORTUARY NAME		CONTACT NAME		EMAIL	
ADDRESS		CITY		STATE-ZIP	
PHONE		ALT-PHONE		FAX	

1 JIREH HEALTHCARE SERVICES
2320 PASEO DEL PRADO STE B101
LAS VEGAS NV 891020048
7023591388 7023592388

3a PAT. CNTL # 3644122
b. MED. REC. # M0456
4 TYPE OF BILL 0814
5 FED. TAX NO. 251927052
6 STATEMENT COVERS PERIOD FROM 120118 THROUGH 122618

8 PATIENT NAME a [redacted]
[redacted], M[redacted]

9 PATIENT ADDRESS a [redacted]ST.
b LAS VEGAS c NV d 89119 e USA

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT
[redacted]	F	061318	12	3	2		50

31 OCCURRENCE CODE 27 DATE 121018

39 VALUE CODES CODE a 61 AMOUNT 2982000

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0651	651-Routine Home Care	Q5001	120118	26	4,63456	000
0551	RN Clinical Visit	G0299	120318	4	4803	4803
0571	Hospice Aide Clinical Visi	G0156	120318	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	120418	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	120518	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	120618	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	120718	4	10000	10000
0551	RN Clinical Visit	G0299	121018	4	4803	4803
0571	Hospice Aide Clinical Visi	G0156	121018	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	121118	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	121218	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	121318	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	121418	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	121718	4	10000	10000
[illegible]1	Hospice Aide Clinical Visi	G0156	121818	4	10000	10000
[illegible]1	RN Clinical Visit	G0299	121918	4	4803	4803
0571	Hospice Aide Clinical Visi	G0156	121918	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	122018	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	122118	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	122418	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	122518	4	10000	10000
0551	RN Clinical Visit	G0299	122618	4	4803	4803
	PAGE 1 OF 2	CREATION DATE	010419	TOTALS	6,62668	

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI
Medicare Part A		Y	Y	000	4,63456	1427366699

58 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
H[redacted], M[redacted]	18	[redacted]A		

63 TREATMENT AUTHORIZATION CODES
64 DOCUMENT CONTROL NUMBER
65 EMPLOYER NAME

67 J449 R0602 R54 R1312 M6281 Z7401
0

69 ADMIT DX
70 PATIENT REASON DX
71 PPS CODE
72 ECI
74 PRINCIPAL PROCEDURE CODE DATE
a. OTHER PROCEDURE CODE DATE
b. OTHER PROCEDURE CODE DATE
c. OTHER PROCEDURE CODE DATE
d. OTHER PROCEDURE CODE DATE
e. OTHER PROCEDURE CODE DATE

76 ATTENDING NPI 1023311040 QUAL
LAST Dubin FIRST Stephen Paul
77 OPERATING NPI QUAL
LAST FIRST
78 OTHER NPI QUAL
LAST FIRST
79 OTHER NPI QUAL
LAST FIRST

80 REMARKS
81CC
b B3 251G00000X

Field	Value
1	JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388
3a PAT. CNTL #	3644122
b. MED. REC. #	M0456
4 TYPE OF BILL	0814
5 FED. TAX NO.	251927052
6 STATEMENT COVERS PERIOD FROM	120118
THROUGH	122618
8 PATIENT NAME a	[redacted]A
b	[redacted], M[redacted]
9 PATIENT ADDRESS a	[redacted] ST.
b	LAS VEGAS
c	NV
d	89119
e	USA
10 BIRTHDATE	[redacted]
11 SEX	F
12 ADMISSION DATE	061318
13 HR	12
14 TYPE	3
15 SRC	2
17 STAT	50

31 OCCURRENCE CODE	DATE
27	121018

39 VALUE CODES CODE	AMOUNT
a 61	2982000

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0571	Hospice Aide Clinical Visi	G0156	122618	4	10000	10000
0001	*PAGE 2 OF 2*	*CREATION DATE*	010419	**TOTALS**	6,62668	

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI
Medicare Part A		Y	Y	000	4,63456	1427366699

58 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
H[redacted], M[redacted]	18	[redacted]A		

63 TREATMENT AUTHORIZATION CODES | 64 DOCUMENT CONTROL NUMBER | 65 EMPLOYER NAME

66 DX					
J449	R0602	R54	R1312	M6281	Z7401

0

69 ADMIT DX | 70 PATIENT REASON DX | 71 PPS CODE | 72 ECI

74 PRINCIPAL PROCEDURE CODE DATE | a. OTHER PROCEDURE CODE DATE | b. OTHER PROCEDURE CODE DATE | c. OTHER PROCEDURE CODE DATE | d. OTHER PROCEDURE CODE DATE | e. OTHER PROCEDURE CODE DATE

Field	Value
76 ATTENDING NPI	1023311040
LAST	Dubin
FIRST	Stephen Paul
77 OPERATING NPI	
78 OTHER NPI	
79 OTHER NPI	

80 REMARKS

81CC b B3 251G00000X

DUBIN0103

JIREH HEALTHCARE SERVICES
2320 PASEO DEL PRADO STE B101
LAS VEGAS NV 891020048
7023591388 7023592388

3a PAT. CNTL #: 3588464
b. MED. REC. #: M0456
4 TYPE OF BILL: 0813
5 FED. TAX NO.: 251927052
6 STATEMENT COVERS PERIOD FROM: 110118 THROUGH: 113018

8 PATIENT NAME: a [redacted]A
b [redacted], M[redacted]

9 PATIENT ADDRESS: a [redacted] ST.
b LAS VEGAS c NV d 89119 e USA

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT
[redacted]	F	061318	12	3	2		30

31 OCCURRENCE CODE	DATE
27	091118

39 VALUE CODES CODE	AMOUNT
a 61	2982000

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0651	651-Routine Home Care	Q5001	110118	30	5,34757	000
0571	Hospice Aide Clinical Visi	G0156	110118	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	110218	4	10000	10000
0551	RN Clinical Visit	G0299	110518	4	4803	4803
0571	Hospice Aide Clinical Visi	G0156	110618	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	110718	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	110918	4	10000	10000
0551	RN Clinical Visit	G0299	111218	4	4803	4803
0571	Hospice Aide Clinical Visi	G0156	111218	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	111318	4	10000	10000
0551	RN Clinical Visit	G0299	111418	4	4803	4803
0571	Hospice Aide Clinical Visi	G0156	111418	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	111518	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	111618	4	10000	10000
[illegible]1	RN Clinical Visit	G0299	111918	4	4803	4803
[illegible]1	Hospice Aide Clinical Visi	G0156	111918	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	112018	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	112118	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	112218	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	112318	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	112618	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	112718	4	10000	10000
	PAGE 1 OF 2	CREATION DATE	120418	TOTALS	7,63575	

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE
Medicare Part A		Y	Y	000	5,34757

56 NPI: 1427366699

58 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID
H[redacted] M[redacted]	18	[redacted]A

63 TREATMENT AUTHORIZATION CODES
64 DOCUMENT CONTROL NUMBER
65 EMPLOYER NAME

67 J449 R0602 R54 R1312 M6281 Z7401

0

76 ATTENDING NPI 1023311040
LAST Dubin FIRST Stephen Paul

81CC b B3 251G00000X

UB-04 CMS-1450 NUCC UB04 T APPROVED OMB NO. 0938-0997 OCR/Original NUBC

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

DUBIN0104

JIREH HEALTHCARE SERVICES
2320 PASEO DEL PRADO STE B101
LAS VEGAS NV 891020048
7023591388 7023592388

3a PAT. CNTL #: 3588464
b. MED. REC. #: M0456
4 TYPE OF BILL: 0813
5 FED. TAX NO.: 251927052
6 STATEMENT COVERS PERIOD FROM: 110118 THROUGH: 113018

8 PATIENT NAME: [redacted], M[redacted]
9 PATIENT ADDRESS: [redacted] ST.
LAS VEGAS NV 89119 USA

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT
[redacted]	F	061318	12	3	2		30

31 OCCURRENCE CODE	DATE
27	091118

39 VALUE CODES CODE	AMOUNT
a 61	2982000

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0571	Hospice Aide Clinical Visi	G0156	112818	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	112918	4	10000	10000
0551	RN Clinical Visit	G0299	113018	4	4803	4803
0561	Social Services Clinical V	G0155	113018	4	4803	4803
0571	Hospice Aide Clinical Visi	G0156	113018	4	10000	10000
0001	PAGE 2 OF 2	CREATION DATE	120418	TOTALS	7,63575	

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI
Medicare Part A		Y	Y	000	5,34757	1427366699

58 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
H[redacted], M[redacted]	18	[redacted]A		

63 TREATMENT AUTHORIZATION CODES
64 DOCUMENT CONTROL NUMBER
65 EMPLOYER NAME

67 J449 R0602 R54 R1312 M6281 Z7401

0

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

74 PRINCIPAL PROCEDURE CODE DATE | a. OTHER PROCEDURE CODE DATE | b. OTHER PROCEDURE CODE DATE
c. OTHER PROCEDURE CODE DATE | d. OTHER PROCEDURE CODE DATE | e. OTHER PROCEDURE CODE DATE

76 ATTENDING NPI 1023311040 QUAL
LAST Dubin FIRST Stephen Paul
77 OPERATING NPI QUAL
LAST FIRST
78 OTHER NPI QUAL
LAST FIRST
79 OTHER NPI QUAL
LAST FIRST

80 REMARKS

81CC
b B3 251G00000X
c
d

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	2	3a PAT CNTL # 3535024 b MED. REC. # M0456			4 TYPE OF BILL 0813
		5 FED TAX NO 251927052	6 STATEMENT COVERS PERIOD FROM 100118	THROUGH 103118	7

8 PATIENT NAME a [redacted] [redacted], M[redacted]		9 PATIENT ADDRESS a [redacted] ST. b LAS VEGAS																c NV	d 89119	e USA				
10 BIRTHDATE [redacted]	11 SEX F	12 DATE 061318	ADMISSION 13 HR 12	14 TYPE 3	15 SRC 2	16 DHR	17 STAT 30	18	19	20	CONDITION CODES 21	22	23	24	25	26	27	28	29 ACDT STATE	30				
31 CODE 27	OCCURRENCE DATE 091118	32 CODE	DATE	33 CODE	DATE	34 CODE	DATE	35 CODE	OCCURRENCE SPAN FROM	THROUGH	36 CODE	OCCURRENCE SPAN FROM	THROUGH	37										
38		39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT																	
		a 61	2982000																					
		b																						
		c																						
		d																						

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0551	RN Clinical Visit	G0299	100118	4	4803	4803
0571	Hospice Aide Clinical Visi	G0156	100118	4	10000	10000
0651	651-Routine Home Care	Q5001	100118	31	5,52582	000
0571	Hospice Aide Clinical Visi	G0156	100218	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	100318	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	100418	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	100518	4	10000	10000
0551	RN Clinical Visit	G0299	100818	4	4803	4803
0571	Hospice Aide Clinical Visi	G0156	100818	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	100918	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	101018	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	101118	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	101218	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	101518	4	10000	10000
0551	RN Clinical Visit	G0299	101618	4	4803	4803
0571	Hospice Aide Clinical Visi	G0156	101618	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	101718	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	101818	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	101918	4	10000	10000
0551	RN Clinical Visit	G0299	102218	4	4803	4803
0571	Hospice Aide Clinical Visi	G0156	102218	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	102318	4	10000	10000
	PAGE 1 OF 2	CREATION DATE	110518	TOTALS	8,06597	

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	
Medicare Part A		Y	Y	000	5,52582	1427366699	57 OTHER PRV ID

58 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO
H[redacted] M[redacted]	18	[redacted]A		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX												67	68
0	J449	R0602	R54	R1312	M6281	Z7401							

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

74 PRINCIPAL PROCEDURE CODE DATE	a. OTHER PROCEDURE CODE DATE	b. OTHER PROCEDURE CODE DATE	75

c. OTHER PROCEDURE CODE DATE	d. OTHER PROCEDURE CODE DATE	e. OTHER PROCEDURE CODE DATE

76 ATTENDING NPI 1023311040	QUAL	
LAST Dubin	FIRST Stephen Paul	
77 OPERATING NPI	QUAL	
LAST	FIRST	
78 OTHER NPI	QUAL	
LAST	FIRST	
79 OTHER NPI	QUAL	
LAST	FIRST	

80 REMARKS

81CC	
a	
b	B3 251G00000X
c	
d	

UB-04 CMS-1450 NUCC Ver.5.1 APPROVED OMB NO. 0938-0997 OCR Original

NUBC 2439A004

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

DUBIN0106

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	2	3a PAT CNTL # 3535024 b. MED REC # M0456	4 TYPE OF BILL 0813
		5 FED. TAX NO. 251927052	6 STATEMENT COVERS PERIOD FROM 100118 THROUGH 103118

| | | |

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	2	3a PAT CNTL # 3419775 b MED. REC. # M0456	4 TYPE OF BILL 0813
		5 FED TAX NO. 251927052	6 STATEMENT COVERS PERIOD FROM 080118 THROUGH 083118

| | | |

JIREH HEALTHCARE SERVICES
2320 PASEO DEL PRADO STE B101
LAS VEGAS NV 891020048
7023591388 7023592388

3a PAT. CNTL # 3419775
b. MED. REC. # M0456
4 TYPE OF BILL 0813
5 FED. TAX NO. 251927052
6 STATEMENT COVERS PERIOD FROM 080118 THROUGH 083118

8 PATIENT NAME a [redacted]
b [redacted] M[redacted]
9 PATIENT ADDRESS a [redacted] ST.
b LAS VEGAS c NV d 89119 e USA

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT
[redacted]	F	061318	12	3	2		30

31 OCCURRENCE CODE 27 DATE 061318

39 VALUE CODES a CODE 61 AMOUNT 2982000

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0551	RN Clinical Visit	G0299	082718	4	4654	4654	
0571	Hospice Aide Clinical Visi	G0156	082718	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	082818	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	082918	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	083018	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	083118	4	10000	10000	
0001	PAGE 2 OF 2	CREATION DATE	090418	TOTALS	8,27679		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI
Medicare Part A		Y	Y	000	5,89063	1427366699

58 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
H[redacted], M[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES
64 DOCUMENT CONTROL NUMBER
65 EMPLOYER NAME

67 J449 R0602 R54 R1312 M6281 Z7401
0

69 ADMIT DX
70 PATIENT REASON DX
71 PPS CODE
72 ECI
74 PRINCIPAL PROCEDURE CODE DATE
a. OTHER PROCEDURE CODE DATE
b. OTHER PROCEDURE CODE DATE
c. OTHER PROCEDURE CODE DATE
d. OTHER PROCEDURE CODE DATE
e. OTHER PROCEDURE CODE DATE

76 ATTENDING NPI 1023311040 QUAL
LAST Dubin FIRST Stephen Paul
77 OPERATING NPI QUAL
LAST FIRST
78 OTHER NPI QUAL
LAST FIRST
79 OTHER NPI QUAL
LAST FIRST

80 REMARKS
81CC a
b B3 251G00000X
c
d

UB-04 CMS-1450 APPROVED OMB NO. 0938-0997 NUBC National Uniform Billing Committee
THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

JIREH HEALTHCARE SERVICES
2320 PASEO DEL PRADO STE B101
LAS VEGAS NV 891020048
7023591388 7023592388

3a PAT. CNTL #: 3476860
b. MED. REC. #: M0456
4 TYPE OF BILL: 0813
5 FED. TAX NO.: 251927052
6 STATEMENT COVERS PERIOD FROM: 090118 THROUGH: 093018

8 PATIENT NAME: a [redacted] b [redacted], M[redacted]
9 PATIENT ADDRESS: a [redacted] ST.
b LAS VEGAS c NV d 89119 e USA

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT
[redacted]	F	061318	12	3	2		30

31 OCCURRENCE CODE / DATE: 27 091118

39 VALUE CODES CODE / AMOUNT: a 61 2982000

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0651	651-Routine Home Care	Q5001	090118	30	5,19675	000
0551	RN Clinical Visit	G0299	090318	4	4654	4654
0571	Hospice Aide Clinical Visi	G0156	090318	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	090418	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	090518	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	090618	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	090718	4	10000	10000
0551	RN Clinical Visit	G0299	091018	4	4654	4654
0571	Hospice Aide Clinical Visi	G0156	091018	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	091118	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	091218	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	091418	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	091618	4	10000	10000
0551	RN Clinical Visit	G0299	091718	4	4654	4654
[illegible]1	Hospice Aide Clinical Visi	G0156	091718	4	10000	10000
[illegible]1	Hospice Aide Clinical Visi	G0156	091818	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	091918	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	092018	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	092118	4	10000	10000
0551	RN Clinical Visit	G0299	092418	4	4654	4654
0571	Hospice Aide Clinical Visi	G0156	092418	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	092518	4	10000	10000
	PAGE 1 OF 2	CREATION DATE	100318	TOTALS	7,38291	

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI
Medicare Part A		Y	Y	000	5,19675	1427366699

58 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
Ha[redacted], M[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES
64 DOCUMENT CONTROL NUMBER
65 EMPLOYER NAME

66 DX: J449 R0602 R54 R1312 M6281 Z7401
0 .

69 ADMIT DX
70 PATIENT REASON DX
71 PPS CODE
72 ECI
74 PRINCIPAL PROCEDURE CODE DATE
OTHER PROCEDURE CODE DATE

76 ATTENDING NPI 1023311040 QUAL
LAST Dubin FIRST Stephen Paul
77 OPERATING NPI QUAL
LAST FIRST
78 OTHER NPI QUAL
LAST FIRST
79 OTHER NPI QUAL
LAST FIRST

80 REMARKS
81 CC b B3 251G00000X

UB-04 CMS-1450 NUBC APPROVED OMB NO. 0938-0997

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

DUBIN0110

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	2	3a PAT CNTL # 3476860 b MED REC # M0456	4 TYPE OF BILL 0813
		5 FED TAX NO. 251927052	6 STATEMENT COVERS PERIOD FROM 090118 THROUGH 093018
8 PATIENT NAME a [redacted] M[redacted]	9 a 571445912A	9 PATIENT ADDRESS a [redacted] ST. b LAS VEGAS c NV d 89119 e USA	
10 BIRTHDATE [redacted]	11 SEX F	12 ADMISSION DATE 061318	13 HR 12	14 TYPE 3	15 SRC 2	16 DHR	17 STAT 30	18 CONDITION CODES	29 ACCT STATE	30
31 OCCURRENCE CODE 27	DATE 091118	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 OCCURRENCE SPAN CODE	FROM	THROUGH	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37

39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a 61	2982000				
b					
c					
d					

42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0571	Hospice Aide Clinical Visi	G0156	092618	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	092718	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	092818	4	10000	10000
0001	PAGE 2 OF 2	CREATION DATE 100318		TOTALS	7,38291	

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI 1427366699
Medicare Part A		Y	Y	000	5,19675	57 OTHER PRV ID

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
H[redacted] M[redacted]	18	[redacted]A		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX											
0	J449	R0602	R54	R1312	M6281	Z7401					68

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

74 PRINCIPAL PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75
c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE	

80 REMARKS	81CC	
	a	
	b	B3 251G00000X
	c	
	d	

76 ATTENDING	NPI 1023311040	QUAL	
LAST Dubin	FIRST Stephen Paul		
77 OPERATING	NPI	QUAL	
LAST	FIRST		
78 OTHER	NPI	QUAL	
LAST	FIRST		
79 OTHER	NPI	QUAL	
LAST	FIRST		

UB-04 CMS 1450 FACE (01/04 1) APPROVED OMB NO. 0938-0997 OCW0(Orig) NUBC 2439H804

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

DUBIN0111

JIREH HEALTHCARE SERVICES
2320 PASEO DEL PRADO STE B101
LAS VEGAS NV 891020048
7023591388 7023592388

3a PAT. CNTL # 3379728
b. MED. REC. # M0456
4 TYPE OF BILL 0813
5 FED. TAX NO. 251927052
6 STATEMENT COVERS PERIOD FROM 070118 THROUGH 073118

8 PATIENT NAME a [redacted]
b [redacted] M[redacted]
9 PATIENT ADDRESS a [redacted] ST.
b LAS VEGAS c NV d 89119 e USA

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT
[redacted]	F	061318	12	3	2		30

31 OCCURRENCE CODE	DATE
27	061318

39 VALUE CODES CODE	AMOUNT
a 61	2982000

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0651	651-Routine Home Care	Q5001	070118	31	6,83726	000
0551	RN Clinical Visit	G0299	070218	4	4654	4654
0571	Hospice Aide Clinical Visi	G0156	070218	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	070318	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	070418	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	070518	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	070618	4	10000	10000
0551	RN Clinical Visit	G0299	070918	4	4654	4654
0571	Hospice Aide Clinical Visi	G0156	070918	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	071018	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	071218	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	071318	4	10000	10000
0551	RN Clinical Visit	G0299	071618	4	4654	4654
0571	Hospice Aide Clinical Visi	G0156	071618	4	10000	10000
[illegible]1	Hospice Aide Clinical Visi	G0156	071718	4	10000	10000
[illegible]1	Hospice Aide Clinical Visi	G0156	071818	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	071918	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	072018	3	7500	7500
0551	RN Clinical Visit	G0299	072318	4	4654	4654
0571	Hospice Aide Clinical Visi	G0156	072318	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	072418	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	072518	5	12500	12500
	PAGE 1 OF 2	CREATION DATE	080318	TOTALS	9,21650	

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI
Medicare Part A		Y	Y	000	6,83726	1427366699

58 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID
H[redacted] M[redacted]	18	[redacted]

63 TREATMENT AUTHORIZATION CODES
64 DOCUMENT CONTROL NUMBER
65 EMPLOYER NAME

66 DX: J449 J449 R0602 R0602 R54 R54 R1312 R1312 M6281
0 M6281 Z7401 Z7401

69 ADMIT DX
70 PATIENT REASON DX
71 PPS CODE

74 PRINCIPAL PROCEDURE CODE DATE
a. OTHER PROCEDURE CODE DATE
b. OTHER PROCEDURE CODE DATE
c. OTHER PROCEDURE CODE DATE
d. OTHER PROCEDURE CODE DATE
e. OTHER PROCEDURE CODE DATE

76 ATTENDING NPI 1023311040
LAST Dubin FIRST Stephen Paul
77 OPERATING NPI
78 OTHER NPI
79 OTHER NPI

80 REMARKS
81CC b B3 251G00000X

UB-04 CMS-1450 NUBC APPROVED OMB NO. 0938-0997

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

DUBIN0112

JIREH HEALTHCARE SERVICES
2320 PASEO DEL PRADO STE B101
LAS VEGAS NV 891020048
7023591388 7023592388

Field	Value
3a PAT. CNTL #	3379728
b. MED. REC. #	M0456
4 TYPE OF BILL	0813
5 FED. TAX NO.	251927052
6 STATEMENT COVERS PERIOD FROM	070118
THROUGH	073118
8 PATIENT NAME	571445912A [redacted] M[redacted]
9 PATIENT ADDRESS	[redacted] ST. LAS VEGAS NV 89119 USA
10 BIRTHDATE	[redacted]
11 SEX	F
12 ADMISSION DATE	061318
13 HR	12
14 TYPE	3
15 SRC	2
17 STAT	30
31 OCCURRENCE CODE / DATE	27 / 061318
39 VALUE CODES CODE / AMOUNT	a 61 / 2982000

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0551	RN Clinical Visit	G0299	072618	4	4654	4654
0571	Hospice Aide Clinical Visi	G0156	072618	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	072718	4	10000	10000
0551	RN Clinical Visit	G0299	073018	4	4654	4654
0571	Hospice Aide Clinical Visi	G0156	073018	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	073118	4	10000	10000
0001	PAGE 2 OF 2	CREATION DATE	080318	TOTALS	9,21650	

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI
Medicare Part A		Y	Y	000	6,83726	1427366699

58 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
Ha[redacted] M[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES | 64 DOCUMENT CONTROL NUMBER | 65 EMPLOYER NAME

67 Diagnosis codes: J449 J449 R0602 R0602 R54 R54 R1312 R1312 M6281 M6281 Z7401 Z7401

76 ATTENDING NPI 1023311040 LAST Dubin FIRST Stephen Paul

77 OPERATING | 78 OTHER | 79 OTHER

81CC b B3 251G00000X

UB-04 CMS-1450 APPROVED OMB NO. 0938-0997 NUBC

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

DUBIN0113

1	JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388
3a PAT. CNTL #	3327573
b. MED. REC. #	M0456
4 TYPE OF BILL	0812
5 FED. TAX NO.	251927052
6 STATEMENT COVERS PERIOD FROM / THROUGH	061318 / 063018
8 PATIENT NAME	[redacted] M[redacted]
9 PATIENT ADDRESS	[redacted] ST. LAS VEGAS NV 89119 USA
10 BIRTHDATE	[redacted]
11 SEX	F
ADMISSION 12 DATE / 13 HR / 14 TYPE / 15 SRC	061318 / 12 / 3 / 2
17 STAT	30
31 OCCURRENCE CODE / DATE	27 / 061318
39 VALUE CODES CODE / AMOUNT	a 61 / 2982000

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0551	RN Clinical Visit	G0299	061318	8	9308	9308
0571	Hospice Aide Clinical Visi	G0156	061318	4	10000	10000
0651	651-Routine Home Care	Q5001	061318	18	3,97002	000
0571	Hospice Aide Clinical Visi	G0156	061418	4	10000	10000
0561	Social Services Clinical V	G0155	061518	4	4654	4654
0571	Hospice Aide Clinical Visi	G0156	061518	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	061518	4	10000	10000
0551	RN Clinical Visit	G0299	061818	4	4654	4654
0571	Hospice Aide Clinical Visi	G0156	061918	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	062018	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	062018	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	062118	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	062218	4	10000	10000
0551	RN Clinical Visit	G0299	062518	4	4654	4654
[illegible]0	N400574041202UN255.000		062618	1	2400	2400
0001	PAGE 1 OF 1	CREATION DATE	070318	TOTALS	5,12672	

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI
Medicare Part A		Y	Y	000	3,97002	1427366699

58 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
Ha[redacted] M[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES

64 DOCUMENT CONTROL NUMBER

65 EMPLOYER NAME

67 J449 R0602 R54 R1312 M6281 Z7401

0 .

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

74 PRINCIPAL PROCEDURE CODE DATE | a. OTHER PROCEDURE CODE DATE | b. OTHER PROCEDURE CODE DATE | 75

c. OTHER PROCEDURE CODE DATE | d. OTHER PROCEDURE CODE DATE | e. OTHER PROCEDURE CODE DATE

76 ATTENDING NPI 1023311040 QUAL
LAST Dubin FIRST Stephen Paul

77 OPERATING NPI QUAL
LAST FIRST

78 OTHER NPI QUAL
LAST FIRST

79 OTHER NPI QUAL
LAST FIRST

80 REMARKS

81CC a B3 251G00000X

1	JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388
3a PAT. CNTL #	3292944
b. MED. REC. #	M0456
4 TYPE OF BILL	081A
5 FED. TAX NO.	251927052
6 STATEMENT COVERS PERIOD FROM	061318
8 PATIENT NAME a	571445912A
b	[redacted] M[redacted]
9 PATIENT ADDRESS a	[redacted] ST.
b	LAS VEGAS
c	NV
d	89119
e	USA
10 BIRTHDATE	[redacted]
11 SEX	F
ADMISSION 12 DATE	061318
13 HR	12
14 TYPE	3
15 SRC	2
17 STAT	30
31 OCCURRENCE CODE	27
31 OCCURRENCE DATE	061318

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0650		Q5001	061318	1	000	000	
0001	*PAGE 1 OF 1*	*CREATION DATE*	061418	TOTALS	000		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI
Medicare Part A		Y	Y	000	000	1427366699

58 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
H[redacted] M[redacted]	18	[redacted]A		

63 TREATMENT AUTHORIZATION CODES | 64 DOCUMENT CONTROL NUMBER | 65 EMPLOYER NAME

66 DX: J449 R0602 R54 R1312 M6281 Z7401

0

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

74 PRINCIPAL PROCEDURE CODE DATE | a. OTHER PROCEDURE CODE DATE | b. OTHER PROCEDURE CODE DATE | 75

c. OTHER PROCEDURE CODE DATE | d. OTHER PROCEDURE CODE DATE | e. OTHER PROCEDURE CODE DATE

76 ATTENDING	NPI 1023311040	QUAL
LAST Dubin	FIRST Stephen Paul	
77 OPERATING	NPI	QUAL
LAST	FIRST	
78 OTHER	NPI	QUAL
LAST	FIRST	
79 OTHER	NPI	QUAL
LAST	FIRST	

80 REMARKS

81CC a

b B3 251G00000X

c

d

UB-04 CMS-1450 NUCF-UB04-1 APPROVED OMB NO. 0938-0997 OCR/Original NUBC 84294604

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

MD ORDERS, TREATMENT, MEDICATION & CTI

Jireh Healthcare Services LLC

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

Discharge Summary

PATIENT: H[redacted] M[redacted] **MR#:** M0456

Reason For Discharge: Transferred to Another Hospice

EOC: 12/26/2018

Based on the type of Discharge provide a brief summary related to; Diagnosis, health history, symptom and pain management, extent to which goals were and/or were not met, and if applicable, summarize post-discharge continuity of care orders.

Ms. Halstead transferred to another hospice due to patient daughter decision to transfer her mom to another hospice.

Transfer forms checked below sent to Receiving Agency

- ☐ POC Summary w/ List of Medications
- ☐ Advanced Directive
- ☐ DNR

Electronically Signed: 12/26/2018, By Janyvill Ruiz, ADMN

Jireh Healthcare Services LLC

PHYSICIANS ORDER

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

PATIENT: H[redacted] M[redacted] DOB: [redacted] MR#: M0456

ORDERED BY: STEPHEN DUBIN (MD) ORDER DATE: 11/16/18 ORDER#: 1600755

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
11/16/18		Medication	New	Lorazepam (Ativan)	0.5 mg		1 tab	Oral	3x daily as needed	Anxiety	
11/16/18		Medication	New	Furosemide (Furosemide)	20 mg		1 Tab	ORAL	once daily		
11/16/18		Medication	New	Klor-Con M (Potassium Chloride)	20 meq		Tab ER	ORAL	once daily		
11/16/18		Medication	New	Ipratropium Bromide and Albuterol Sulfate 0.5/ 3 mg/3mL (Ipratropium Bromide and Albuterol Sulfate)	vial		1 Sol	RESPIRATORY (INHALATION)	3x daily as needed	SOB	

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer

ADDITIONAL NOTE

Ms M[redacted] H[redacted] is an 85 year old, Caucasian female, with COPD on intermittent oxygen inhalation, hypertension, age related physical debility, polyneuropathy, has fracture on unspecified part of beck of left femur, chronic pain, dementia, muscle weakness. Daughter notified office of increasing anxiety, SOB and lower extremity edema.
- SN performed vital signs and all body system assessments.
- Patient alert, pleasant, anxious; sitting comfortably in wheelchair. Complains of anxiety especially during the night, "could not sleep because I am scared".
- VS wnl;
- heart: regular heart rate
- respiratory: decreased breath sounds, no wheezing, no rales
- extremities: edema of LE, bilateral +3
- notified MD with orders given

PHONE ORDER / READ BACK ORDER BY JULIA DUGAY (RN)

Electronically Signed: 11/16/2018, By STEPHEN DUBIN, MD

Jireh Healthcare Services LLC

PHYSICIANS ORDER

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

PATIENT: H[redacted] M[redacted] DOB: [redacted] MR#: M0456

ORDERED BY: STEPHEN DUBIN (MD) ORDER DATE: 09/18/18 ORDER#: 1598477

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
09/18/18		Medication	New	Vitamin D	2000 units		2 Tab	ORAL	Daily		
	==>	Note: Take one tablet by mouth once daily.									
09/18/18		Medication	New	Ensure			2 bottles	Oral	Daily - PRN	Supplement	

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer

ADDITIONAL NOTE

Merging information from Consolo Services.

PHONE ORDER / READ BACK ORDER BY MARY ROSE FRONDA (RN)

Electronically Signed: 9/18/2018, By STEPHEN DUBIN, MD

Jireh Healthcare Services LLC

PHYSICIANS ORDER

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel. Fax:

PATIENT: H[redacted] M[redacted] DOB: [redacted] MR#: M0456

ORDERED BY: STEPHEN DUBIN (MD) ORDER DATE: 09/17/18 ORDER#: 1598417

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
09/17/18		Medication	New	Albuterol Sulfate (Albuterol Sulfate)	2.5 mg/3mL		1 Sol	RESPIRATORY (INHALATION)	2 times a day	SOB	
09/17/18		Medication	New	Sertraline Hydrochloride (Sertraline Hydrochloride)	50 mg		2 Tab	ORAL	Daily		
		==> Note: Take two tablets by mouth once daily									

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer

ADDITIONAL NOTE

Merging information from Consolo Services.

PHONE ORDER / READ BACK ORDER BY MARY ROSE FRONDA (RN)

Electronically Signed: 9/17/2018, By STEPHEN DUBIN, MD

Jireh Healthcare Ser\ :es LLC

PHYSICIANS ORDER

320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

PATIENT: H[redacted] M[redacted] **DOB:** [redacted] **MR#:** M0456

ORDERED BY: STEPHEN DUBIN **ORDER DATE:** 11/16/18 **ORDER#:** 1600755

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
11/16/18		Medication	New	Lorazepam (Ativan)	0.5 mg		1 tab	Oral	3x daily as needed	Anxiety	
11/16/18		Medication	New	Furosemide (Furosemide)	20 mg		1 Tab	ORAL	once daily		
11/16/18		Medication	New	Klor-Con M (Potassium Chloride)	20 meq		Tab ER	ORAL	once daily		
11/16/18		Medication	New	Ipratropium Bromide and Albuterol Sulfate 0.5/ 3 mg/3mL (Ipratropium Bromide and Albuterol Sulfate)	vial		1 Sol	RESPIRATORY (INHALATION)	3x daily as needed	SOB	

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type	Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer

ADDITIONAL NOTE

Ms Mary Halstead is an 85 year old, Caucasian female, with COPD on intermittent oxygen inhalation, hypertension, age related physical debility, polyneuropathy, has fracture on unspecified part of beck of left femur, chronic pain, dementia, muscle weakness. Daughter notified office of increasing anxiety, SOB and lower extremity edema.
- SN performed vital signs and all body system assessments.
- Patient alert, pleasant, anxious, sitting comfortably in wheelchair. Complains of anxiety especially during the night, "could not sleep because I am scared".
- VS wnl.
- heart: regular heart rate
- respiratory: decreased breath sounds, no wheezing, no rales
- extremities: edema of LE, bilateral +3
- notified MD with orders given

PHONE ORDER / READ BACK ORDER BY JULIA DUGAY (RN)

MD Signature: Date:

Jireh Healthcare Services LLC

PHYSICIANS ORDER

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

PATIENT: H[redacted], M[redacted] DOB: [redacted] MR#: M0456

ORDERED BY: STEPHEN DUBIN (MD) ORDER DATE: 08/21/18 ORDER#: 1598450

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
08/21/18		Medication	New	Calmoseptine 20.6/ .44 g00g (Zinc Oxide and menthol)			1 Oint	TOPICAL	Daily		
		==> Note: Apply to affected area every diaper change.									
08/21/18		Medication	New	VENTOLINHFA HFA (albuterol sulfate)	108 mcg		2 Aerosol	RESPIRATORY (INHALATION)	Every 6 hrs - PRN	SOB	
		==> Note: Take two puffs every 6 hours as needed for shortness of breath.									

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer

PHONE ORDER / READ BACK ORDER BY MARY ROSE FRONDA (RN)

Electronically Signed: 8/21/2018, By STEPHEN DUBIN, MD

Jireh Healthcare Services LLC

PHYSICIANS ORDER

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

PATIENT: H[redacted] M[redacted] DOB: [redacted] MR#: M0456

ORDERED BY: STEPHEN DUBIN (MD) ORDER DATE: 07/03/18 ORDER#: 1598543

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
07/03/18		Medication	New	MiraLAX (Polyethylene Glycol 3350)	17 g7g		1 Powder	ORAL	Daily - PRN	Constipation	

==> Note: Mix 17 gram to 8 oz glass of water. Taken once daily by mouth as needed for constipation. To administer if no bowel movement for 3 days.

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer

ADDITIONAL NOTE

Merging of information from Consolo Services.

PHONE ORDER / READ BACK ORDER BY MARY ROSE FRONDA (RN)

Electronically Signed: 7/3/2018, By STEPHEN DUBIN, MD

Trinity Pharmacy
2797 S. Maryland Pkwy 28 Las Vegas, NV 89109
Phone: 702-776-8210 Fax: 702-776-7195

Telephoned Prescription

STEPHEN DUBIN
5380 S RAINBOW STE 306
LAS VEGAS NV 89128
Phone : 702-359-1388
Fax : 702-362-9954
DEA # : FD2419706
Lic # : 13772
NPI # : 1023311040

Rx#: 170055
Rx Written : 12-19-2018

Patient : H[redacted] M[redacted]
Address : [redacted] AVE (JIREH)
LAS VEGAS NV 89121
Phone # : 702-[redacted]
D.O.B. : [redacted]
Gender : Female

LORAZEPAM 0.5MG TABLET
Generic for ATIVAN TAB 0.5MG 100
Quantity : 45
Sig Instructions :
TAKE ONE TABLET BY MOUTH THREE TIMES DAILY AS NEEDED

Refills Authorized : 0 RPh : MLJ / CC
NO 014 Speedy @ 1:00pm 12/19/18
Signature Date

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW" IN THE BOX BELOW

M[redacted] H[redacted] [redacted] AVE (JIREH) LAS VEGAS NV 89121
RX017.0055

Trinity Pharmacy

2797 S. Maryland Pkwy 28 Las Vegas, NV 89109

Phone: 702-776-8210 Fax: 702-776-7195

Telephoned Prescription

RX0167999

STEPHEN DUBIN

5380 S RAINBOW STE 306
LAS VEGAS NV 89128

Phone : 702-359-1388
Fax : 702-362-9954

DEA # : FD2419706
Lic # : 13772
NPI # : 1023311040

Rx# : 167999

Rx Written : 11-16-2018

Patient : H[redacted], M[redacted]
Address : [redacted] (JIREH)
LAS VEGAS NV 89121
Phone # :
D.O.B. : [redacted]
Gender : Female

LORAZEPAM 0.5MG TABLET
Generic for ATIVAN TAB 0.5MG 100

Quantity : 45

Sig Instructions :
TAKE ONE TABLET BY MOUTH THREE TIMES DAILY

Refills Authorized : 0 **RPh : MLJ / CC**

MD OK / Julia @ 9:00am 11/16/18

Signature Date

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW" IN THE BOX BELOW

M[redacted]H[redacted] [redacted]
[redacted] AVE (JIREH) LAS VEGAS NV 89121
RX0167999

Dispense As Written

PHYSICIAN FACE-TO-FACE ENCOUNTER/ RECERTIFICATION OF TERMINAL ILLNESS

60-DAY PERIODS

Page _____ of _____

Patient Name:	ID#	Admission Date
H[redacted], M[redacted]	M0456	6-13-18

☐ BENEFIT PERIOD

60-Day Period from 12-10-18 to 02-07-2019

Face to Face Encounter *(Note: Must be completed no more than 30 days prior to this benefit period)*

Hospice Nurse Practitioner Attestation: I confirm that I had a face-to-face encounter with _____ *(Patient's Name)* on ___/___/_____ *(Date)* and that the clinical findings of that encounter have been provided to the certifying physician for use in determining continued eligibility for hospice care.

NP Name *(Printed)*:	NP Signature:	Date:

Physician Attestation: I confirm that I had a face-to-face encounter with M[redacted] H[redacted] *(Patient's Name)* on ___/___/_____ *(Date)* and that I used the clinical findings of that encounter in determining continued eligibility for hospice care.

Hospice Medical Director or Designee Name *(Printed)*:	Hospice Medical Director or Designee Signature:	Date:
STEPHEN DUBIN, MD		

Recertification Statement: I recertify that I have reviewed the clinical record prior to recertification for the above noted patient and that patient is still considered to be terminally ill and has a life expectancy of six (6) months or less, if the terminal illness runs it's normal course.

Physician Brief Narrative Statement *(Note: Must be completed no more than 15 days prior to recertification)*

Review the patient's clinical circumstances and synthesize the medical information to provide clinical justification for continued Hospice services.

MJ M[redacted] H[redacted] is an 86 yo white lady with PMH of COPD (hypoxemic on room air), HTN, age related debility, polyneuropathy, chronic pain, dementia, & anxiety disorder. pt is chairbound & is mostly in her wheelchair. She has very poor appetite & has generalized muscle weakness; needs max assist with her ADL's. If her condition continues to run its normal course, she has 6 mo or less to live.

Attestation: I confirm that I composed this narrative based on my review of the patient's medical record and/or examination of the patient.

Hospice Medical Director or Designee Name *(Printed)*:	Hospice Medical Director or Designee Signature:	Date:
STEPHEN DUBIN, MD		12-05-18

☐ BENEFIT PERIOD

60-Day Period from _____ to _____

Face to Face Encounter *(Note: Must be completed no more than 30 days prior to this benefit period)*

Hospice Nurse Practitioner Attestation: I confirm that I had a face-to-face encounter with _____ *(Patient's Name)* on ___/___/_____ *(Date)* and that the clinical findings of that encounter have been provided to the certifying physician for use in determining continued eligibility for hospice care.

NP Name *(Printed)*:	NP Signature:	Date:

Physician Attestation: I confirm that I had a face-to-face encounter with _____ *(Patient's Name)* on ___/___/_____ *(Date)* and that I used the clinical findings of that encounter in determining continued eligibility for hospice care.

Hospice Medical Director or Designee Name *(Printed)*:	Hospice Medical Director or Designee Signature:	Date:

Recertification Statement: I recertify that I have reviewed the clinical record prior to recertification for the above noted patient and that patient is still considered to be terminally ill and has a life expectancy of six (6) months or less, if the terminal illness runs it's normal course.

Physician Brief Narrative Statement *(Note: Must be completed no more than 15 days prior to recertification)*

Review the patient's clinical circumstances and synthesize the medical information to provide clinical justification for continued Hospice services.

Attestation: I confirm that I composed this narrative based on my review of the patient's medical record and/or examination of the patient.

Hospice Medical Director or Designee Name *(Printed)*:	Hospice Medical Director or Designee Signature:	Date:

DUBIN0126

WHITE - Clinical Record YELLOW - Other

Use companion form HC8007-A for Initial Certification.

Form # HC8907-B (Rev. 11/13)

Reorder From: MED-PASS® 800-438-8884

IN11 050906R

JI EH HEALTHCARE SERVIC S
2320 Paseo Del Prado Suite B101 Las Vegas Nevada 89102
PHONE: 702.359.1388 FAX: 702.359.2388
EMAIL ADDRESS: jirehhealthcare @gmail.com

PHYSICIAN'S CERTIFICATION FOR MEDICARE/MEDICAID HOSPICE BENEFIT

Physician's Certification of Terminal Illness for Hospice Benefit (Part – 1)

MR# M0456

A. CERTIFICATION STATEMENT **First 90-Day Period from** 6/13/2018 **to** 9/10/2018

I (or WE) certify that M[redacted] H[redacted] is terminally ill and Has a life expectancy of six (6) months or less if the terminal illness runs its normal course. I (WE) Reviewed the patient's clinical information and considered the primary terminal condition, related diagnoses, current subjective and objective medical findings, current medication and treatment orders and information about management of unrelated conditions in making this determination.

RN Signature — Verbal Order Date: 6/13/2018

Hospice Medical Director/Associate Hospice Doctor — Date: 6/13/2018

Attending Physician Signature — Date: 6/13/2018

B. RECERTIFICATION STATEMENT **Second 90-Day Period from** 9/11/2018 **to** 12/9/18

I certify that I have reviewed the clinical record prior to recertification for the above noted patient and That patient is still considered to be terminally ill and has life expectancy of six (six) months or less, if The terminal illness runs its normal course.

Hospice Medical Director/Associate Hospice Doctor — Date: 9-11-18

C. RECERTIFICATION STATEMENT **60-Day Period from** 12-10-18 **to** 02-07-19

I certify that I have reviewed the clinical record prior to recertification for the above noted patient and That patient is still considered to be terminally ill and has life expectancy of six (6) months or less, if The terminal illness runs its normal course.

Hospice Medical Director/Associate Hospice Doctor — Date: 12-11-18

1

JIREH HEATHCARE SERVICES

2320 Paseo Del Prado Suite B101 Las Vegas, Nevada 89102
Tel 702.359.1388 Fax 702.359.2388

Patient Instructions, Narrative, Initial IDT Record and Initial Plan of Care

(Write a history of illness, how patient appears today, and reaction to hospice program)

THE FOLLOWING INFORMATION WAS REPORTED TO THE IDT, AND WAS CONSIDERED WHEN DEVELOPING THE PLAN OF CARE.

Patient Name: H[redacted], M[redacted] MR#: M0456

NARRATIVE:

Pt. is an 85 year old,Caucasian female, with disabling dyspnea, hypoxemic on room air, COPD, hypertension, age related physical debility, polyneuropathy, has fracture on unspecified part of beck of left femur, chronic pain, dementia, GERD, muscle weakness, dysphagia, with other symbolic dysfunction. Pt. is currently bed bound, and has very poor appetite. Needs maximum to complete assistance on all her ADL's

Hospice Program was explained. Admissions forms reviewed & completed. Understanding of all hospice admission forms, & the Hospice Medicare Benefits, verbalized by Patient & Family. They are aware patient can choose not to continue Hospice at any time. They are also aware if patient chooses to revoke Hospice, a revocation statement must be signed & he/she will revert to his/her original coverage. Medications & Hospice 24 hour on call service, reviewed, understanding verbalized. Hospice admissions packet, which includes information on palliative medical care guidelines, planning for death, feeding concerns, State Hotline no., DNR, Advance Directives, and the "Medicare Hospice Benefits", reviewed & left with patient. They will call Hospice if they have any changes in condition, problems, or questions. Report given to Hospice Medical Director, admission approved by IDT, Telephone call to attending Physician, report given, order to admit to hospice care, implement palliative care protocols, & approval for hospice certification received. Initial plan of care developed.

Interdisciplinary Team Signatures		
Medical Director	Date:	Time:
Signature:	6/13/18	
Registered Nurse	Date:	Time:
Signature:	6/13/18	
Psychosocial Counselor	Date:	Time:
Signature:	MSW	6/13/18
Spiritual Counselor	Date:	Time:
Signature:	chaplain	6/10/18
CHHA	Date:	Time:
Signature:	6-13-18	
Other	Date:	Time:
Signature:		

✓	**MEDICATIONS REVIEWED**
✓	**TREATMENTS REVIEWED**

All IDT Members, Medical Director, Medical Social Worker, Skilled Nurse, Chaplain Director, Patient Care Service, Volunteer were informed about Patient Admission and concurs with Initial Plan of Care per telephone conversation.

SUGGESTED FREQUENCY FOR VISITS:

RN/LVN:	Eval, 1x/week and 2x/week as needed for respiratory issues within certification period
MSW:	1x/month as needed for psychosocial issues within certification period
PC:	Eval, */mo and */mo PRN for spiritual issues within certification period
CHHA:	5x/wk
Vol:	Refused
OTHER:	N/A
RN Signature:	
DATE:	6/13/18
TIME:	

Consolo Physician Order for HALxM at Office Jireh Healthcare Services LLC

Patient Details for H[redacted] M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Active

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Esteban, Randy (Reste)	H[redacted], M[redacted]	06/13/2018	

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Esteban, Randy (Reste)	No

Orders

Admit to Jireh Healthcare Services, LLC. for the 1st 90 day benefit period
* Pharmacist may use generic drug equivalents or compound medications as appropriate
* Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.)
* Assess and evaluate cardiac, respiratory, GI, GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs
* Instruction on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment
* Assess and evaluate current medications
* Administer oxygen via nasal cannula at 2.5 lpm as needed for shortness of breath or until oxygen saturation is 95% and above
* May give nutritional supplements 1 can a day as tolerated for supplement
* May crush medications that are crush-able.
* Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders
* Hospice Medical Director may assist patient as needed to manage symptoms
* Hospice nurse may pronounce death
* Check oxygen saturation level every SN visit
* Bed-rails up 2x
* Skilled Nurse visits - (Eval, 1x/week and 2x/week as needed for respiratory issues within certification period) to promote comfort and symptom management.
* CHHA visits (5x/week within certification period) to assist with personal care, home making and to promote comfort per RN assignment.
* MSW visits (1x/month as needed for psychosocial issues within certification period) to provide psychosocial support to patient and family.
* Chaplain visits (1x/month as needed for spiritual issues within certification period) to provide spiritual

Read Back	Non Verbal Order
Yes	No

Signature _____

Date 6/13/18

DUBIN0129

Chinany Care Co

☒ Chinomso Ezenwata, APRN DEA #: _____ ☐ Chinyere Okeke, MD DEA #: _____

3110 S Durango Dr #200
Las Vegas, NV 89032
Tel: 702-415-9760 • Fax: 702-478-6211

Name. M[redacted] H[redacted] DOB

Address. Date 7/19/18

℞ Calmoseptine Cream topical
Apply to affected area each diaper
Change (#1)

☐ Label

Refill_____times PRN

Dispense Only as Written ☐ _____ MD, APRN

SCRIPT# 1137 Order # 2438194-1

Chinany Care Corp

☒ Chinomso Ezenwata, APRN DEA #: _____ ☐ Chinyere Okeke, MD DEA #: _____

3110 S Durango Dr #200
Las Vegas, NV 89032
Tel: 702-415-9760 • Fax: 702-478-6211

Name. M[redacted] H[redacted] DOB

Address. Date 7/19/18

℞ Oxygen 2L via nasal Canula
as needed for sobs.

☐ Label

Refill_____times PRN

Dispense Only as Written ☐ _____ MD, APRN

SCRIPT# 1136 Order # 2438194-1

Chinany Care Corp

☒ Chinomso Ezenwata, APRN DEA #: _____ ☐ Chinyere Okeke, MD DEA #: _____

3110 S Durango Dr #200
Las Vegas, NV 89032
Tel: 702-415-9760 • Fax: 702-478-6211

Name. M[redacted] H[redacted] DOB

Address. Date 7/19/18

℞ D/c Carvedilol 3.125 mg PO BID
D/c Lisperidone 0.5 mg PO QHS
Spiriva 18 Mcg c.p. hand inhaler inhale
1 Daily (4:30)
Ensure 2 Can PO Daily (at 6a)
Albuterol 2.5 mg/3ml neb inhale TID prn
Label for Sobs, wheezing.

☐ Label

Refill_____times PRN

Dispense Only as Written ☐ _____ MD, APRN

SCRIPT# 1135 Order # 2438194-1

Consolo Certification for HALxM at Office Jireh Healthcare Services LLC

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	**Status**	Active
Screened Allergies	Erythromycin	**Unscreened Allergies**	opiate/narcotics
Start Of Care	06/13/2018	**Gender**	Female
Patient Address	[redacted] Ave Las Vegas, NV 89121		

Hospice Certification of Terminal Illness

Benefit Period
1

Benefit Period Start Date
06/13/2018

Benefit Period End Date
09/10/2018

Certification Start Date
06/13/2018

Certification End Date
09/10/2018

Signed Date
06/13/2018

Medical Director or Certifying Physician
Dubin, Stephen Paul

Medical Director or Certifying Physician Address
5741 S. Fort Apache Rd. Suite 100 Las Vegas, NV 89148

Attending Physician
Dubin, Stephen Paul

Attending Physician Address
5741 S. Fort Apache Rd. Suite 100 Las Vegas, NV 89148

Patient HI Claim No
57144591?A

Disaster Acuity
Medical services required within 72 hours

Provider Information

Provider Name
Jireh Healthcare Services LLC

Provider Number
291533

Provider Address
2320 Paseo Del Prado Ste B101 Las Vegas, NV 89102-0048

Admission

New Admission 06/13/2018 (ROUTINE)

Verbal Certification

Verbal Certification received from Medical Director: Dubin, Stephen Paul by RN_Ruiz, Janyvill (jruiz) on 06/13/2018

I certify that Halstead, Mary is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **06/13/2018**. Recorded by jruiz on 06/14/2018 10:04:57.

Verbal Certification received from Physician: Dubin, Stephen Paul by RN_Ruiz, Janyvill (jruiz) on 06/13/2018

I certify that H[redacted], M[redacted] is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **06/13/2018**. Recorded by jruiz on 06/14/2018 10:05:12.

Brief Narrative Statement and Attestation

Review the patient's clinical circumstances and synthesize the medical information to provide clinical justification for admission and continuation to hospice services. If in third (3rd) or more benefit periods, clinical findings from the face to face encounter have been used to determine continued eligibility for hospice care.

Composing Physician
Dubin, Stephen Paul

Pt. is an 85 year old,Caucasian female, with disabling dyspnea, hypoxemic on room air, COPD, hypertension, age related physical debility, polyneuropathy, has fracture on unspecified part of beck of left femur, chronic pain, dementia, GERD, muscle weakness, dysphagia, with other symbolic dysfunction. Pt. is currently bed bound, and has very poor appetite. Needs maximum to complete assistance on all her ADL's

Recorded By
RN_Ruiz, Janyvill (jruiz)

Attestation: I confirm that I composed this narrative and that it is based on my review of the patient's medical record and/or examination of the patient.

Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **06/13/2018**. Recorded by jruiz on 06/14/2018 10:06:24.

Certification Statement

I certify that this patient is under my care, and to the best of my medical knowledge given the data available, has a life expectancy of six (6) months or less if the terminal illness runs its normal course.

Medical Director or Certifying Physician: Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **06/13/2018**. Recorded by jruiz on 06/14/2018 10:06:32.

I certify that this patient is under my care, and to the best of my medical knowledge given the data available, has a life expectancy of six (6) months or less if the terminal illness runs its normal course.

Attending Physician: Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **06/13/2018**. Recorded by jruiz on 06/14/2018 10:06:32.

Additional Signatures

1. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **06/14/2018**. Recorded by jruiz on 06/14/2018 10:06:40.

Record the signature for Dugay, Julia on Certification Dated: 12/10/2018

Unscreened Allergies oplate/narcotics **Screened Allergies** Erythromycin

H[redacted], M[redacted] (470362) **MRN** M0456 **Start Of Care** 06/13/2018 **Level Of Care** ROUTINE More

Hospice Certification of Terminal Illness

Benefit Period
3

Benefit Period Start Date
12/10/2018

Benefit Period End Date
02/07/2019

Certification Start Date
12/10/2018

Certification End Date
02/07/2019

Signed Date
12/03/2018

Medical Director or Certifying Physician
Dubin, Stephen Paul

Medical Director or Certifying Physician Address
5741 S. Fort Apache Rd. Suite 100 Las Vegas, NV 89148

Patient Hi Claim No
[redacted]A

Disaster Acuity
Medical services required within 72 hours

Provider Information

Provider Name
Jireh Healthcare Services LLC

Provider Number
291533

Provider Address
2320 Paseo Del Prado Ste B101
Las Vegas, NV 89102-0048

Admission

New Admission 06/13/2018 (ROUTINE)

Exceptional Face to Face Circumstances

Exceptional Face to Face Circumstances

Verbal Certification

Verbal Certification received from Medical Director: Dubin, Stephen Paul by Dugay, Julia (jduga) on 12/03/2018

I certify that H[redacted], M[redacted] is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

Skilled Nurse **Dugay, Julia** (User) signed on **12/03/2018**. Recorded by jduga on 12/18/2018 14:29:49.

Brief Narrative Statement and Attestation

Review the patient's clinical circumstances and synthesize the medical information to provide clinical justification for admission and continuation to hospice services. If in third (3rd) or more benefit periods, clinical findings from the face to face encounter have been used to determine continued eligibility for hospice care.

Composing Physician
Dubin, Stephen Paul

Ms Mary Halstead is an 85 year old, white female with PMH of COPD (hypoxemic on room air), hypertension, age related physical debility, polyneuropathy, chronic pain, dementia, GERD, and anxiety disorder. Pt. is chair bound and is mostly in the wheelchair. She has very poor appetite and has generalized muscle weakness. She needs maximum to complete assistance on all her ADL's.

Recorded By
Dugay, Julia (jduga)

Attestation: I confirm that I composed this narrative and that it is based on my review of the patient's medical record and/or examination of the patient.

Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **12/03/2018**. Recorded by jduga on 12/18/2018 14:29:12.

Certification Statement

I recertify that this patient is under my care, and to the best of my medical knowledge given the data available, has a life expectancy of six (6) months or less if the terminal illness runs its normal course.

Medical Director or Certifying Physician: Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **12/03/2018**. Recorded by jduga on 12/18/2018 14:28:30.

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	**Status**	Active
Screened Allergies	Erythromycin	**Unscreened Allergies**	opiate/narcotics

Physician's Order Details

User	Patient	Order Date	Time of Event
Dugay, Julia (jduga)	H[redacted] M[redacted]	12/03/2018	1447

Physician	Nurse	Oversight
Dubin, Stephen Paul	Dugay, Julia (jduga)	No

Orders

Admit to Jireh Healthcare Services for the 1st 60 day benefit period * Pharmacist may use generic drug equivalents or compound medications as appropriate. * Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.) * Assess and evaluate cardiac, respiratory, GI,GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs * Instruction on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment * Assess and evaluate current medications * May give nutritional supplements 1 can a day as tolerated for supplement * May crush medications that are crush-able. * Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders * Hospice Medical Director may assist patient as needed to manage symptoms * Hospice nurse may pronounce death * Oxygen 2.5 lpm via NC continuously or as needed for SOB * Check oxygen saturation level prn every SN visit * Bed-ralls up 2x * Skilled Nurse visits 1x/week and 2x/week as needed for fall, agitation, SOB, leg edema & change in level of consciousness issues to promote comfort and symptom management within certification period. * CHHA visits 5x/week to assist with personal care, home making and to promote comfort per RN assignment within certification period. * Chaplain visits - evaluation, 1x/mo, 1x/mo as needed for spiritual issues. * Social worker visits - evaluation, 1x/mo as needed for psychosocial issues. * Volunteer Services continue to be offered every week per Skilled Nurse/Staff. * Admit patient to Jireh Healthcare Services with the following orders verified with M.D: Patient: DNR Diet: As Tolerated * Admit with the following medications: Please see related medications.

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
Furosemide 1 Tablet 1 times a day PO (20 MG Tablet)			
LORazepam 1 Tablet 3 times a day PO As Needed Agitation (0.5 MG Tablet)			
PoTASsium ChLORide 1 Tablet 1 times a day PO (20 mEq Tablet)			

Related Assignees

Social Services - MSW_Minnick, Joseph 1 PRN visit(s) every 30 day(s) effective 09/03/2018
Skilled Nurse - RN_Cacanindin, Speedy 1 visit(s) Weekly 2 PRN visit(s) every 7 day(s) effective 09/03/2018
Physician - Dubin, Stephen Paul 1 PRN visit(s) every 30 day(s) effective 09/03/2018
MD Director - Dubin, Stephen Paul 1 PRN visit(s) every 30 day(s) effective 09/03/2018
Hospice Aide - Young, Grace Marie 5 visit(s) Weekly effective 09/03/2018
Chaplain - CHAPLAIN_Murphy, Kathryn 1 visit(s) Monthly 3 PRN visit(s) every 30 day(s) effective 09/03/2018

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **12/03/2018**. Recorded by jduga on 12/18/2018 14:57:45.

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	**Status**	Active
Screened Allergies	Erythromycin	**Unscreened Allergies**	opiate/narcotics

Physician's Order Details

User	Patient	Order Date	Time of Event
Fronda, MaryRose (mary1)	H[redacted] M[redacted]	09/03/2018	1000

Physician	Nurse	Related	Oversight
Dubin, Stephen Paul	Fronda, MaryRose (mary1)	Yes	No

Orders

Re-certify to Jireh Healthcare Services, LLC. for the 2nd 90 day benefit period
* Pharmacist may use generic drug equivalents or compound medications as appropriate.
* Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.)
* Assess and evaluate cardiac, respiratory, GI, GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs
* Instruction on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment
* Assess and evaluate current medications
* Administer oxygen via nasal cannula at 2.5 lpm as needed for shortness of breath or until oxygen saturation is 95% and above
* May give nutritional supplements 1 can a day as tolerated for supplement
* May crush medications that are crush-able.
* Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders
* Hospice Medical Director may assist patient as needed to manage symptoms
* Hospice nurse may pronounce death
* Check oxygen saturation level every SN visit
* Bed-rails up 2x
* Skilled Nurse visits - (Eval, 1x/week and 2x/week as needed for respiratory issues within certification period) to promote comfort and symptom management.
* CHHA visits (5x/week within certification period) to assist with personal care, home making and to promote comfort per RN assignment.
* MSW visits (1x/month as needed for psychosocial issues within certification period) to provide psychosocial support to patient and family.
* Chaplain visits (1x/month as needed for spiritual issues within certification period) to provide spiritual

Read Back	Non Verbal Order
Yes	No

Related Assignees

Hospice Aide - Young, Grace Marie 5 visit(s) Weekly effective 06/20/2018
MD Director - Dubin, Stephen Paul effective 06/20/2018
Physician - Dubin, Stephen Paul effective 06/20/2018
Skilled Nurse - RN_Ruiz, Janyvill effective 06/20/2018
Skilled Nurse - RN_Cacanindin, Speedy effective 06/20/2018
Social Services - MSW_Minnick, Joseph effective 06/20/2018
Chaplain - CHAPLAIN_Murphy, Kathryn effective 06/20/2018

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **09/03/2018**. Recorded by mary1 on 09/16/2018 22:58:18.

Consolo Physician for HALxM at Office Jireh Healthcare Services LLC

Signature: _____

Date: _____

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN)

Date Of Birth	[redacted]	Status	Active

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	H[redacted], M[redacted]	06/12/2018	1629

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
Spiriva HandiHaler 2 cap(s) 1 times a day IN (18 MCG Capsule)			
Folic Acid 1 tab 1 times a day PO (1 MG Tablet)			
Levothyroxine 1 tab 1 times a day PO (25 mcg Tablet)	to be taken every morning		
Vitamin D 1 tab 1 times a day PO (2000 UNIT Capsule)			
Vitamin C 1 tab 1 times a day PO (500 MG Tablet)			
vitamin B12 1 tab 1 times a day PO (1000 mcg Tablet)			
Sertraline HCl 1 tab 1 times a day PO (50 MG Tablet)			
Ferrous Sulfate 1 tab 2 times a day PO (325 (65 Fe) MG Tablet)			
Carvedilol 1 tab 2 times a day PO (3.125 MG Tablet)			
RisperiDONE 1 tab 1 times a day PO (0.5 MG Tablet)	take one tab orally daily at bedtime		
Oxygen Concentrator 2.5 L/M of 1 each Device continuously XX			

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **06/16/2018**. Recorded by jruiz on 06/16/2018 16:30:11.
2. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **06/16/2018**. Recorded by jruiz on 06/16/2018 16:30:05.

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN)

Date Of Birth	[redacted]	Status	Active

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	H[redacted], M[redacted]	06/12/2018	1629

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
Spiriva HandiHaler 2 cap(s) 1 times a day IN (18 MCG Capsule)			
Folic Acid 1 tab 1 times a day PO (1 MG Tablet)			
Levothyroxine 1 tab 1 times a day PO (25 mcg Tablet)	to be taken every morning		
Vitamin D 1 tab 1 times a day PO (2000 UNIT Capsule)			
Vitamin C 1 tab 1 times a day PO (500 MG Tablet)			
vitamin B12 1 tab 1 times a day PO (1000 mcg Tablet)			
Sertraline HCl 1 tab 1 times a day PO (50 MG Tablet)			
Ferrous Sulfate 1 tab 2 times a day PO (325 (65 Fe) MG Tablet)			
Carvedilol 1 tab 2 times a day PO (3.125 MG Tablet)			
RisperiDONE 1 tab 1 times a day PO (0.5 MG Tablet)	take one tab orally daily at bedtime		
Oxygen Concentrator 2.5 L/M of 1 each Device continuously XX			

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **06/16/2018**. Recorded by jruiz on 06/16/2018 16:30:11.
2. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **06/16/2018**. Recorded by jruiz on 06/16/2018 16:30:05.

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Indicator Dated 09/03/2018 for M[redacted] H[redacted], Medical Record No M0456

Effective Date
09/03/2018

Diagnoses

ICD10s

Primary ICD10 - J44.9 Chronic obstructive pulmonary disease, unspecified
Secondary ICD10 - R06.02 Shortness of breath
Tertiary ICD10 - R54 Age-related physical debility
4th ICD10 - R13.12 Dysphagia, oropharyngeal phase
5th ICD10 - M62.81 Muscle weakness (generalized)
6th ICD10 - Z74.01 Bed confinement status

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
Dugay, Julia (jduga)	H[redacted], M[redacted]	12/03/2018	1447

Physician	Nurse	Oversight
Dubin, Stephen Paul	Dugay, Julia (jduga)	No

Orders

Admit to Jireh Healthcare Services for the 1st 60 day benefit period * Pharmacist may use generic drug equivalents or compound medications as appropriate. * Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.) * Assess and evaluate cardiac, respiratory, GI,GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs * Instruction on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment * Assess and evaluate current medications * May give nutritional supplements 1 can a day as tolerated for supplement * May crush medications that are crush-able. * Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders * Hospice Medical Director may assist patient as needed to manage symptoms * Hospice nurse may pronounce death * Oxygen 2.5 lpm via NC continuously or as needed for SOB * Check oxygen saturation level prn every SN visit * Bed-rails up 2x * Skilled Nurse visits 1x/week and 2x/week as needed for fall, agitation, SOB, leg edema & change in level of consciousness issues to promote comfort and symptom management within certification period. * CHHA visits 5x/week to assist with personal care, home making and to promote comfort per RN assignment within certification period. * Chaplain visits - evaluation, 1x/mo, 1x/mo as needed for spiritual issues. * Social worker visits - evaluation, 1x/mo as needed for psychosocial issues. * Volunteer Services continue to be offered every week per Skilled Nurse/Staff. * Admit patient to Jireh Healthcare Services with the following orders verified with M.D: Patient: DNR Diet: As Tolerated * Admit with the following medications: Please see related medications.

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
Furosemide 1 Tablet 1 times a day PO (20 MG Tablet)			
LORazepam 1 Tablet 3 times a day PO As Needed Agitation (0.5 MG Tablet)			
PoTASsium ChLORide 1 Tablet 1 times a day PO (20 mEq Tablet)			

Related Assignees

Social Services - MSW_Minnick, Joseph 1 PRN visit(s) every 30 day(s) effective 09/03/2018
Skilled Nurse - RN_Cacanindin, Speedy 1 visit(s) Weekly 2 PRN visit(s) every 7 day(s) effective 09/03/2018
Physician - Dubin, Stephen Paul 1 PRN visit(s) every 30 day(s) effective 09/03/2018
MD Director - Dubin, Stephen Paul 1 PRN visit(s) every 30 day(s) effective 09/03/2018
Hospice Aide - Young, Grace Marie 5 visit(s) Weekly effective 09/03/2018
Chaplain - CHAPLAIN_Murphy, Kathryn 1 visit(s) Monthly 3 PRN visit(s) every 30 day(s) effective 09/03/2018

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **12/03/2018**. Recorded by jduga on 12/18/2018 14:57:45.

Patient Details for H[redacted] M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User
RN_Ruiz, Janyvill (jruiz)

Patient
H[redacted], M[redacted]

Order Date
09/17/2018

Time of Event
1946

Physician
Dubin, Stephen Paul

Nurse
RN_Ruiz, Janyvill (jruiz)

Oversight
No

Orders
Ensure 2 Bottle 1 times a day PO As Needed Supplement (Liquid)

Read Back
Yes

Non Verbal Order
No

Medications

Medication	Instructions	Quantity	Refills
Ensure 2 Bottle 1 times a day PO As Needed Supplement (Liquid)			

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **09/17/2018**. Recorded by jruiz on 09/18/2018 19:49:21.
2. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **09/18/2018**. Recorded by jruiz on 09/18/2018 19:49:04.

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	H[redacted] M[redacted]	09/18/2018	1944

Physician	Nurse	Oversight
Okeke, Chinyere	RN_Ruiz, Janyvill (jruiz)	No

Orders

Discontinue Medication Ensure 2 Bottle 1 times a day PO (Liquid) on 09/17/2018

Read Back	Non Verbal Order
Yes	No

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	H[redacted], M[redacted]	09/17/2018	1942

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Albuterol Sulfate 1 vial 2 times a day IN ((2.5 MG/3ML) 0.083% Nebu Soln

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
Albuterol Sulfate 1 vial 2 times a day IN ((2.5 MG/3ML) 0.083% Nebu Soln)			

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **09/17/2018**. Recorded by jruiz on 09/18/2018 19:43:41.
2. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **09/18/2018**. Recorded by jruiz on 09/18/2018 19:43:32.

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	H[redacted], M[redacted]	09/17/2018	1915

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Sertraline HCl 2 tab 1 times a day PO (50 MG Tablet

Read Back	Non Verbal Order
Yes	No

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **09/17/2018**. Recorded by jruiz on 09/18/2018 19:15:54.
2. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **09/18/2018**. Recorded by jruiz on 09/18/2018 19:15:47.

Patient Details for H[redacted] M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User
RN_Ruiz, Janyvill (jruiz)

Patient
H[redacted], M[redacted]

Order Date
08/21/2018

Time of Event
1924

Physician
Dubin, Stephen Paul

Nurse
RN_Ruiz, Janyvill (jruiz)

Oversight
No

Orders
Ventolin HFA 2 puff(s) every 6 hours IN As Needed SOB (108 (90 Base) MCG/ACT Aerosol Soln

Read Back
Yes

Non Verbal Order
No

Medications

Medication	Instructions	Quantity	Refills
Ventolin HFA 2 puff(s) every 6 hours IN As Needed SOB (108 (90 Base) MCG/ACT Aerosol Soln)			

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **08/21/2018**. Recorded by jruiz on 09/18/2018 19:25:23.
2. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **09/18/2018**. Recorded by jruiz on 09/18/2018 19:25:11.

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	H[redacted] M[redacted]	09/17/2018	1930

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders
Sertraline HCl 2 tab 1 times a day PO (50 MG Tablet)

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
Sertraline HCl 2 tab 1 times a day PO (50 MG Tablet)			

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **09/17/2018**. Recorded by jruiz on 09/18/2018 19:31:58.
2. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **09/18/2018**. Recorded by jruiz on 09/18/2018 19:31:45.

Patient Details for H[redacted] M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth [redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	H[redacted] M[redacted]	09/18/2018	1910

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Discontinue Medication Sertraline HCl 1 tab 1 times a day PO (50 MG Tablet) on 09/10/2018

Read Back	Non Verbal Order
Yes	No

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	H[redacted] M[redacted]	09/18/2018	1845

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Discontinue Medication Vitamin D 1 tab 1 times a day PO (2000 UNIT Capsule) on 09/16/2018

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
Vitamin D 2 tab 1 times a day PO (2000 UNIT Tablet)	Take one tablet by mouth once daily.		

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on 09/19/2018. Recorded by jruiz on 09/18/2018 18:49:29.
2. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on 09/18/2018. Recorded by jruiz on 09/18/2018 18:49:21.

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	H[redacted] M[redacted]	09/18/2018	1845

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Discontinue Medication Vitamin D 1 tab 1 times a day PO (2000 UNIT Capsule) on 09/16/2018

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
Vitamin D 1 tab 1 times a day PO (2000 UNIT Capsule)	Take one tablet by mouth once daily.		

Patient Details for H[redacted] M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
Fronda, MaryRose (mary1)	H[redacted] M[redacted]	09/03/2018	1000

Physician	Nurse	Related	Oversight
Dubin, Stephen Paul	Fronda, MaryRose (mary1)	Yes	No

Orders

Re-certify to Jireh Healthcare Services, LLC. for the 2nd 90 day benefit period
* Pharmacist may use generic drug equivalents or compound medications as appropriate.
* Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.)
* Assess and evaluate cardiac, respiratory, GI, GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs
* Instruction on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment
* Assess and evaluate current medications
* Administer oxygen via nasal cannula at 2.5 lpm as needed for shortness of breath or until oxygen saturation is 95% and above
* May give nutritional supplements 1 can a day as tolerated for supplement
* May crush medications that are crush-able.
* Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders
* Hospice Medical Director may assist patient as needed to manage symptoms
* Hospice nurse may pronounce death
* Check oxygen saturation level every SN visit
* Bed-rails up 2x
* Skilled Nurse visits - (Eval, 1x/week and 2x/week as needed for respiratory issues within certification period) to promote comfort and symptom management.
* CHHA visits (5x/week within certification period) to assist with personal care, home making and to promote comfort per RN assignment.
* MSW visits (1x/month as needed for psychosocial issues within certification period) to provide psychosocial support to patient and family.
* Chaplain visits (1x/month as needed for spiritual issues within certification period) to provide spiritual

Read Back	Non Verbal Order
Yes	No

Related Assignees

Hospice Aide - Young, Grace Marie 5 visit(s) Weekly effective 06/20/2018
MD Director - Dubin, Stephen Paul 1 PRN visit(s) every 30 day(s) effective 06/20/2018
Physician - Dubin, Stephen Paul 1 PRN visit(s) every 30 day(s) effective 06/20/2018
Skilled Nurse - RN_Ruiz, Janyvill 2 PRN visit(s) every 7 day(s) effective 06/20/2018
Skilled Nurse - RN_Cacanindin, Speedy 1 visit(s) Weekly 2 PRN visit(s) every 7 day(s) effective 06/20/2018
Social Services - MSW_Minnick, Joseph 1 PRN visit(s) every 30 day(s) effective 06/20/2018
Chaplain - CHAPLAIN_Murphy, Kathryn 1 visit(s) Monthly 3 PRN visit(s) every 30 day(s) effective 06/20/2018

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **09/03/2018**. Recorded by mary1 on 09/16/2018 22:58:18.

Patient Details for H[redacted] M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Esteban, Randy (Reste)	H[redacted], M[redacted]	06/18/2018	1639

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Esteban, Randy (Reste)	No

Orders

Discontinue previous frequency order for chaplain. Start new chaplain frequency: 1/x mo and 3x/mo as needed for spiritual issues within certification period.

Read Back	Non Verbal Order
Yes	No

Patient Details for H[redacted] M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	4[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	H[redacted], M[redacted]	08/24/2018	1109

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Discontinue Medication Oxygen Concentrator 2.5 L/M of 1 each Device continuously XX on 07/19/2018

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
Oxygen Concentrator 2.5 L/M of 1 each Device continuously XX			

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Esteban, Randy (Reste)	H[redacted], M[redacted]	07/19/2018	

Physician	Nurse	Oversight
Okeke, Chinyere	RN_Esteban, Randy (Reste)	No

Orders

1. Discontinue Carvedilol 3.125 MG Tablet, 1 tablet by mouth twice daily
2. Discontinue RisperiDONE 0.5 MG Tablet, 1 tablet by mouth once daily
3. Start Spiriva 18 mcg cp handihaler, inhale once daily
4. Start Ensure, 2 can by mouth daily
5. Start Albuterol 2.5 mg/3 ml via nebulizer, inhale three times daily as needed for shortness of breath, weezing

Read Back	Non Verbal Order
No	Yes

Medications

Medication	Instructions	Quantity	Refills
Spiriva HandiHaler 1 cap(s) 1 times a day IN (18 MCG Capsule)	Take one capsule once daily.		
Ensure 2 Bottle 1 times a day PO (Liquid)	Administer 2 bottles by mouth once daily.		
Albuterol Sulfate 1 vial 3 times a day IN As Needed SOB and Wheezing ((2.5 MG/3ML) 0.083% Nebu Soln)	Administer three times a day intranasally via nebulizer as needed for shortness of breath and wheezing.		

Signatures

1. Physician **Okeke, Chinyere** (Physician) signed on **07/19/2018**. Recorded by Reste on 08/21/2018 04:04:36.
2. Skilled Nurse **RN_Esteban, Randy** (User) signed on **08/21/2018**. Recorded by Reste on 08/21/2018 04:00:50.

Patient Details for Halstead, Mary (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Esteban, Randy (Reste)	H[redacted] M[redacted]	07/19/2018	

Physician	Nurse	Oversight
Okeke, Chinyere	RN_Esteban, Randy (Reste)	No

Orders

1. Discontinue Carvedilol 3.125 MG Tablet, 1 tablet by mouth twice daily
2. Discontinue RisperiDONE 0.5 MG Tablet, 1 tablet by mouth once daily
3. Start Spiriva 18 mcg cp handihaler, inhale once daily
4. Start Ensure, 2 can by mouth daily
5. Start Albuterol 2.5 mg/3 ml via nebulizer, inhale three times daily as needed for shortness of breath, weezing

Read Back	Non Verbal Order
No	Yes

Signatures

1. Skilled Nurse **RN_Esteban, Randy** (User) signed on **08/21/2018**. Recorded by Reste on 08/21/2018 04:01:27.
2. Physician **Okeke, Chinyere** (Physician) signed on **07/19/2018**. Recorded by Reste on 08/21/2018 04:00:39.

Consolo Physician Order (2204638) Dated: 07/19/2018 for Okeke, Chinyere for H[redacted] M[redacted]

Patient Details for H[redacted] M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User
RN_Esteban, Randy (Reste)

Patient
H[redacted], M[redacted]

Order Date
07/19/2018

Time of Event

Physician
Okeke, Chinyere

Nurse
RN_Esteban, Randy (Reste)

Oversight
No

Orders
Calmoseptine Cream topical
Apply to affected area each diaper change

Read Back
No

Non Verbal Order
Yes

Medications

Medication	Instructions	Quantity	Refills
Calmoseptine 1 application TP (0.44;20.625 %;% Lotion)	Apply to affected area every diaper change		

Signatures

1. Physician **Okeke, Chinyere** (Physician) signed on **07/19/2018**. Recorded by Reste on 08/21/2018 03:36:38.
2. Skilled Nurse **RN_Esteban, Randy** (User) signed on **08/21/2018**. Recorded by Reste on 08/21/2018 03:36:42.

Patient Details for H[redacted] M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth [redacted]	Status	Pending - Discharged

Physician's Order Details

User
RN_Esteban, Randy (Reste)

Patient
H[redacted], M[redacted]

Order Date
07/19/2018

Time of Event

Physician
Okeke, Chinyere

Nurse
RN_Esteban, Randy (Reste)

Oversight
No

Orders
Oxygen 2 lpm via nasal cannula as needed for shortness of breath

Read Back
No

Non Verbal Order
Yes

Medications

Medication	Instructions	Quantity	Refills
Oxygen Concentrator 2 LiterPerMin INS As Needed SOB (1 each Device)	Administer oxygen via nasal canula intranasally at two liters/minute as needed for shortness of breath.		

Signatures

1. Skilled Nurse **RN_Esteban, Randy** (User) signed on **08/21/2018**. Recorded by Reste on 08/21/2018 03:42:09.
2. Physician **Okeke, Chinyere** (Physician) signed on **07/19/2018**. Recorded by Reste on 08/21/2018 03:41:47.

Patient Details for H[redacted] M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Esteban, Randy (Reste)	H[redacted] M[redacted]	06/13/2018	

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Esteban, Randy (Reste)	No

Orders

Admit to Jireh Healthcare Services, LLC. for the 1st 90 day benefit period
* Pharmacist may use generic drug equivalents or compound medications as appropriate.
* Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.)
* Assess and evaluate cardiac, respiratory, GI, GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs
* Instruction on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment
* Assess and evaluate current medications
* Administer oxygen via nasal cannula at 2.5 lpm as needed for shortness of breath or until oxygen saturation is 95% and above
* May give nutritional supplements 1 can a day as tolerated for supplement
* May crush medications that are crush-able.
* Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders
* Hospice Medical Director may assist patient as needed to manage symptoms
* Hospice nurse may pronounce death
* Check oxygen saturation level every SN visit
* Bed-rails up 2x
* Skilled Nurse visits - (Eval, 1x/week and 2x/week as needed for respiratory issues within certification period) to promote comfort and symptom management.
* CHHA visits (5x/week within certification period) to assist with personal care, home making and to promote comfort per RN assignment.
* MSW visits (1x/month as needed for psychosocial issues within certification period) to provide psychosocial support to patient and family.
* Chaplain visits (1x/month as needed for spiritual issues within certification period) to provide spiritual

Read Back	Non Verbal Order
Yes	No

Signatures

1. Medical Director Dubin, Stephen Paul (Medical Director) signed on 06/13/2018. Recorded by mary1 on 09/16/2018 22:57:00.
2. Skilled Nurse RN_Esteban, Randy (User) signed on 08/07/2018. Recorded by Reste on 08/07/2018 13:08:37.

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User
RN_Ruiz, Janyvill (jruiz)

Patient
H[redacted] M[redacted]

Order Date
06/26/2018

Time of Event
1703

Physician
Dubin, Stephen Paul

Nurse
RN_Ruiz, Janyvill (jruiz)

Oversight
No

Orders

Read Back
Yes

Non Verbal Order
No

Medications

Medication	Instructions	Quantity	Refills
Miralax 17 gm 1 times a day PO As Needed Constipation (17 gm Powder)	Mix 17 gm to 8oz glass of water. Take once daily by mouth as needed for constipation. To administer if no bowel movement for three days.		

Signatures

1. Medical Director Dubin, Stephen Paul (Medical Director) signed on 07/04/2018. Recorded by jruiz on 07/03/2018 17:03:30.
2. Skilled Nurse RN_Ruiz, Janyvill (User) signed on 07/03/2018. Recorded by jruiz on 07/03/2018 17:03:24.

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	H[redacted], M[redacted]	06/12/2018	1629

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
Vitamin C 1 tab 1 times a day PO (500 MG Tablet)	Take one tablet by mouth once daily.		
Levothyroxine 1 tab 1 times a day PO (25 mcg Tablet)	Take one tablet by mouth once daily in the morning.		
Vitamin D 1 tab 1 times a day PO (2000 UNIT Capsule)	Take one tablet by mouth once daily.		
RisperiDONE 1 tab 1 times a day PO (0.5 MG Tablet)	take one tab orally daily at bedtime		
Carvedilol 1 tab 2 times a day PO (3.125 MG Tablet)			
Spiriva HandiHaler 2 cap(s) 1 times a day IN (18 MCG Capsule)	Take two capsules once daily.		
Folic Acid 1 tab 1 times a day PO (1 MG Tablet)	Take one tablet by mouth once daily.		
vitamin B12 1 tab 1 times a day PO (1000 mcg Tablet)	Take one tablet by mouth once daily.		
Sertraline HCl 1 tab 1 times a day PO (50 MG Tablet)	Take one tablet by mouth once daily.		
Ferrous Sulfate 1 tab 2 times a day PO (325 (65 Fe) MG Tablet)	Take one tablet by mouth twice daily.		
Oxygen Concentrator 2.5 L/M of 1 each Device continuously XX			

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **06/16/2018**. Recorded by jruiz on 06/16/2018 16:30:11.
2. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **06/16/2018**. Recorded by jruiz on 06/16/2018 16:30:05.

Patient Details for H[redacted], M[redacted] Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Indicator Dated 06/13/2018 for M[redacted] H[redacted] Medical Record No M0456

Effective Date
06/13/2018

Diagnoses

ICD10s

Primary ICD10 - J44.9 Chronic obstructive pulmonary disease, unspecified
Secondary ICD10 - R06.02 Shortness of breath
Tertiary ICD10 - R54 Age-related physical debility
4th ICD10 - R13.12 Dysphagia, oropharyngeal phase
5th ICD10 - M62.81 Muscle weakness (generalized)
6th ICD10 - Z74.01 Bed confinement status

Patient Details for H[redacted] M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Payer Group Details

Effective Date
06/13/2018

Hospice Item Sets
Medicare (traditional fee-for-service)

Payer 1: Medicare Part A

Payer Type
Medicare

Will Pay
Primary Hospice, Notice of Election, Pre Election

Payer Number
571445912A

Suspend Claims?
No

EXHIBIT 9

DUBIN0163

Jireh Healthcare Services LLC

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 Tel Fax

HospiceMD™

PHYSICIAN'S CERTIFICATION FOR HOSPICE BENEFIT

In order to determine if a patient is eligible for Hospice benefit we are required to have physician's authorization with a brief narrative supporting terminal illness.

Patient Name: H[redacted] M[redacted] M0456

(Last) (First) (MI) MR#

Certification #3: Re-Certification Statement for Next 60-day period

• I certify that H[redacted], M[redacted] has a life expectancy of six months or less, if the terminal illness runs its normal course.

☑ Verbal Authorization (if needed) Date: 12/3/2018 Obtained by: Julia Dugay/ RN Name / Title

Effective Date of Certification: **12/10/2018 To 2/7/2019**

Primary DX: Chronic obstructive pulmonary disease, unspecified (J44.9)

Secondary DX:
Shortness of breath (R06.02)

Comorbidities:

Certification is based on: ☑ Medical history, record and patient status ☑ Team Assessment ☑ Face to Face Encounter

Visit Date: 12/3/2018 (see MD F2F visit note)

RN Assessment Narrative: Patient is alert and oriented to person, place, and time. With +3 bilateral lower extremity edema, pedal pulses faint. Patient exhibits fatigue on exertion, fair coordination, and poor balance. Diet is as tolerated with significant worsening of appetite and nutritional intake. Patient with oxygen and breathing treatment at night for comfort. Patient requires complete assistance with activities of daily living (ADL's).

Physician Narrative: Ms. Halstead is an 85-year-old Caucasian female with diagnosis of COPD, hypoxemic on room air, hypertension, age-related physical debility, polyneuropathy, chronic pain, dementia, GERD, and anxiety disorder. Patient is chair-bound and mostly on wheelchair. Patient with very poor appetite and has generalized muscle weakness. Patient requires maximum to complete assistance with ADL's. I recertify that this patient is under my care, and to the best of my medical knowledge given the data available, has a life expectancy of six months or less if the terminal illness runs its normal course.

Medical Director Attestation/Certification

• I attest/confirm that I composed this narrative based on my review of patient's medical records, team assessment and/or examination of the patient.

STEPHEN DUBIN (MD) / 1023311040

Signature on File/Verified by MARY ROSE FRONDA.

Date: **12/3/2018**

Medical Director / Physician Designee / Referring MD (if attending)

PHYSICIAN FACE-TO-FACE ENCOUNTER/ RECERTIFICATION OF TERMINAL ILLNESS

60-DAY PERIODS

Patient Name:	ID#	Admission Date
M [redacted], M [redacted]	M0456	6-13-18

☐ **BENEFIT PERIOD** 60-Day Period from 12-10-18 to 02-07-2019

Face to Face Encounter *(Note: Must be completed no more than 30 days prior to this benefit period)*

Hospice Nurse Practitioner Attestation: I confirm that I had a face-to-face encounter with _____ *(Patient's Name)* on ____/____/_____ *(Date)* and that the clinical findings of that encounter have been provided to the certifying physician for use in determining continued eligibility for hospice care.

NP Name *(Printed)*:	NP Signature:	Date:

Physician Attestation: I confirm that I had a face-to-face encounter with M [redacted] H [redacted] *(Patient's Name)* on ____/____/_____ *(Date)* and that I used the clinical findings of that encounter in determining continued eligibility for hospice care.

Hospice Medical Director or Designee Name *(Printed)*:	Hospice Medical Director or Designee Signature:	Date:
STEPHEN DUBIN, MD		[redacted]

Recertification Statement: I recertify that I have reviewed the clinical record prior to recertification for the above noted patient and that patient is still considered to be terminally ill and has a life expectancy of six (6) months or less, if the terminal illness runs it's normal course.

Physician Brief Narrative Statement *(Note: Must be completed no more than 15 days prior to recertification)*

Review the patient's clinical circumstances and synthesize the medical information to provide clinical justification for continued Hospice services.

MJ Mary Halstead is an 86 yo white lady with PMH of COPD (hypoxemic on room air), HTN, age related debility, polyneuropathy, chronic pain, dementia, & anxiety disorder. Pt is chair bound & is mostly in her wheelchair. She had very poor appetite & has generalized muscle weakness; needs max+ to mod assistance with her ADL's. If her condition continues to run its normal course, she has 6 mos or less to live.

Attestation: I confirm that I composed this narrative based on my review of the patient's medical record and/or examination of the patient.

Hospice Medical Director or Designee Name *(Printed)*:	Hospice Medical Director or Designee Signature:	Date:
STEPHEN DUBIN, MD		[redacted]

☐ **BENEFIT PERIOD** 60-Day Period from _____ to _____

Face to Face Encounter *(Note: Must be completed no more than 30 days prior to this benefit period)*

Hospice Nurse Practitioner Attestation: I confirm that I had a face-to-face encounter with _____ *(Patient's Name)* on ____/____/_____ *(Date)* and that the clinical findings of that encounter have been provided to the certifying physician for use in determining continued eligibility for hospice care.

NP Name *(Printed)*:	NP Signature:	Date:

Physician Attestation: I confirm that I had a face-to-face encounter with _____ *(Patient's Name)* on ____/____/_____ *(Date)* and that I used the clinical findings of that encounter in determining continued eligibility for hospice care.

Hospice Medical Director or Designee Name *(Printed)*:	Hospice Medical Director or Designee Signature:	Date:

Recertification Statement: I recertify that I have reviewed the clinical record prior to recertification for the above noted patient and that patient is still considered to be terminally ill and has a life expectancy of six (6) months or less, if the terminal illness runs it's normal course.

Physician Brief Narrative Statement *(Note: Must be completed no more than 15 days prior to recertification)*

Review the patient's clinical circumstances and synthesize the medical information to provide clinical justification for continued Hospice services.

Attestation: I confirm that I composed this narrative based on my review of the patient's medical record and/or examination of the patient.

Hospice Medical Director or Designee Name *(Printed)*:	Hospice Medical Director or Designee Signature:	Date:

DUBIN0165

JIREH HEALTHCARE SERVICES
2323 Paseo Del Prado Suite B101 Las Vegas Nevada 8...02
PHONE: 702.359.1388 FAX: 702.359.2388
EMAIL ADDRESS: jirehhealthcare @gmail.com

PHYSICIAN'S CERTIFICATION FOR MEDICARE/MEDICAID HOSPICE BENEFIT

Physician's Certification of Terminal Illness for Hospice Benefit (Part – 1)

MR# M0456

A. CERTIFICATION STATEMENT **First 90-Day Period from** 6/13/2018 **to** 9/10/2018

I (or WE) certify that M [redacted] H [redacted] is terminally ill and Has a life expectancy of six (6) months or less if the terminal illness runs its normal course. I (WE) Reviewed the patient's clinical information and considered the primary terminal condition, related diagnoses, current subjective and objective medical findings, current medication and treatment orders and information about management of unrelated conditions in making this determination.

J. Ruiz
RN Signature — 6/13/2018 Verbal Order Date

Hospice Medical Director/Associate Hospice Doctor — 6/13/2018 Date

Attending Physician Signature — 6/13/2018 Date

B. RECERTIFICATION STATEMENT **Second 90-Day Period from** 9/11/2018 **to** 12/9/18

I certify that I have reviewed the clinical record prior to recertification for the above noted patient and That patient is still considered to be terminally ill and has life expectancy of six (six) months or less, if The terminal illness runs its normal course.

Hospice Medical Director/Associate Hospice Doctor — 9-11-18 Date

C. RECERTIFICATION STATEMENT **60-Day Period from** 12-10-17 **to** 02-07-19

I certify that I have reviewed the clinical record prior to recertification for the above noted patient and That patient is still considered to be terminally ill and has life expectancy of six (6) months or less, if The terminal illness runs its normal course.

Hospice Medical Director/Associate Hospice Doctor — [redacted] Date

JIREH HEALTHCARE SERVICES LLC
(HOSPICE AGENCY)

PATIENT NAME: D[redacted] B[redacted]

DOB: [redacted]

START OF CARE:

12/20/2018 TO 12/22/2018

EXHIBIT 10

Claim Number	From Service Date	To Service Date	Beneficiary Nam	Claim Status	Total Charge	Type Of Bill	Admit Date
21900700422207NVR	12/1/2018	12/31/2018	[redacted]	P - Paid	$7,790.97	813 - Hospice (...	9/7/2018
21833900538807NVR	11/1/2018	11/30/2018		P - Paid	$8,724.43	813 - Hospice (...	9/7/2018
21830901126607NVR	10/1/2018	10/31/2018		P - Paid	$9,083.84	813 - Hospice (...	9/7/2018
21827601222707NVR	9/7/2018	9/30/2018		P - Paid	$6,942.12	812 - Hospice (...	9/7/2018

Claim Number	From Service Date	To Service Date	Claim Status	Total Charge	Type Of Bill	Admit Date
21900700421907NVR	12/1/2018	12/31/2018	P - Paid	$6,986.61	813 - Hospice (...	10/10/2018
21833900542507NVR	11/1/2018	11/30/2018	P - Paid	$8,197.48	813 - Hospice (...	10/10/2018
21833900230804NVR	10/10/2018	10/31/2018	P - Paid	$6,230.74	817 - Hospice (...	10/10/2018
21830901121107NVR	10/10/2018	10/31/2018	P - Paid	$5,630.74	812 - Hospice (...	10/10/2018

Claim Number	From Service Date	To Service Date	Claim Status	Total Charge	Type Of Bill	Admit Date
21900901108507NVR	12/1/2018	12/26/2018	P - Paid	$6,626.68	814 - Hospice (...	6/13/2018
21833900542007NVR	11/1/2018	11/30/2018	P - Paid	$7,635.75	813 - Hospice (...	6/13/2018
21830901128607NVR	10/1/2018	10/31/2018	P - Paid	$8,065.97	813 - Hospice (...	6/13/2018
21827601223807NVR	9/1/2018	9/30/2018	P - Paid	$7,382.91	813 - Hospice (...	6/13/2018
21824701185107NVR	8/1/2018	8/31/2018	P - Paid	$8,276.79	813 - Hospice (...	6/13/2018
21821800581907NVR	7/1/2018	7/31/2018	P - Paid	$9,216.50	813 - Hospice (...	6/13/2018
21818600817807NVR	6/13/2018	6/30/2018	P - Paid	$5,126.72	812 - Hospice (...	6/13/2018

Claim Number	From Service Date	To Service Date	Claim Status	Total Charge	Type Of Bill	Admit Date
21900700421507NVR	12/20/2018	12/22/2018	P - Paid	$680.54	811 - Hospice (...	12/20/2018

PLEASE PRINT

Clark County Coroner/Medical Examiner Office
1704 Pinto Lane, Las Vegas, Nevada 89106
Phone number (702) 455-3210
Fax # (702) 455-3101

HOSPICE REPORT

*****All lines must be completed*****

1) Date: 12/22/2018 Time: 1430 Reported By: Roberto Alfajora, RN

2) Agency: Jireh Healthcare Services Phone # you are at: [redacted] Medical Record #: M0486

3) **Last Name:** B[redacted] **First Name:** D[redacted]

4) Time pronounced: 1406 Date of Birth: [redacted] Social Security #: [redacted]

5) Race: Asian/Black/Caucasian/Hispanic/Indian/Multi-Cultured/Other (Circle One) Sex: Male/Female (Circle One)

6) Home address: [redacted] Circle

City: Las Vegas Zip: 89123 Phone: 702 [redacted]

7) Death occurred at home/group home/facility (Circle one)

8) Name of Group home or facility: Olive Grove Grouphome

9) Location of Death address: [redacted] Circle City: Las Vegas Zip: 89123

10) Local Mortuary Used: Simple Cremation Martial status: Married/Single/Widowed/Divorced (circle one)

11) Name of Next of Kin Notified: S[redacted] U[redacted] Relation: POA

12) NOK address: [redacted] Lane

City: Las Vegas Zip: 89134 Phone: 702 [redacted]

13) Who notified next of kin: Roberto Alfajora, RN Method: Telephone / At Bedside (Circle One)

14) Death Certificate will be Signed By: Dr. Stephen Dubin Phone: 702-359-1387

15) Cause of Death: End Stage Heart failure

16) Additional Information:

If the cause of death includes any traumatic injury, contact our office at 455-3210 immediately. If the cause of death is of natural causes, please fax this completed form to our office and the information will be entered into our database. Our FAX number is 455-3101

08/28/2013

1	JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388
3a PAT. CNTL #	3612023
b. MED. REC. #	M0487
4 TYPE OF BILL	081A
5 FED. TAX NO.	251927052
6 STATEMENT COVERS PERIOD FROM / THROUGH	122018
8 PATIENT NAME a	[redacted]
b	[redacted] D[redacted]
9 PATIENT ADDRESS a	[redacted] CIRCLE
b / c / d / e	LAS VEGAS / NV / 89123 / USA
10 BIRTHDATE	[redacted]
11 SEX	M
ADMISSION 12 DATE / 13 HR / 14 TYPE / 15 SRC	122018 / 12 / 3 / 2
17 STAT	30
31 OCCURRENCE CODE / DATE	27 / 122018

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0650		Q5001	122018	1	000	000
0001	PAGE 1 OF 1	CREATION DATE	122118	TOTALS	000	

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI
Medicare Part A		Y	Y	000	000	1427366699

58 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
B[redacted] D[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES | 64 DOCUMENT CONTROL NUMBER | 65 EMPLOYER NAME

66 DX: 0 | 67: I5084 | I4891 | R627 | R0602 | R5381 | R531 | Z7401

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

74 PRINCIPAL PROCEDURE CODE / DATE | a. OTHER PROCEDURE CODE / DATE | b. OTHER PROCEDURE CODE / DATE | c. OTHER PROCEDURE CODE / DATE | d. OTHER PROCEDURE CODE / DATE | e. OTHER PROCEDURE CODE / DATE | 75

76 ATTENDING NPI 1023311040 QUAL
LAST Dubin FIRST Stephen Paul

77 OPERATING NPI QUAL LAST FIRST
78 OTHER NPI QUAL LAST FIRST
79 OTHER NPI QUAL LAST FIRST

80 REMARKS | 81CC a | b B3 251G00000X | c | d

UB-04 CMS-1450 NUCF-UB04-1 APPROVED OMB NO. 0938-0997 OCR/Original NUBC 24364604 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	2	3a PAT CNTL # 3644202			4 TYPE OF BILL 0817
		b MED REC # M0487			
		5 FED. TAX NO. 251927052	6 STATEMENT COVERS PERIOD FROM 122018	THROUGH 122218	7

8 PATIENT NAME	9 PATIENT ADDRESS				
a [redacted] A	a [redacted] CIRCLE				
[redacted] D[redacted]	b LAS VEGAS	c NV	d 89123	e USA	

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
[redacted]	M	122018	12	3	2		40													

31 CODE	31 DATE	32 CODE	32 DATE	33 CODE	33 DATE	34 CODE	34 DATE	35 CODE	35 OCCURRENCE SPAN FROM	THROUGH	36 CODE	36 OCCURRENCE SPAN FROM	THROUGH	37
a														a
b														b

38	39 CODE	39 VALUE CODES AMOUNT	40 CODE	40 VALUE CODES AMOUNT	41 CODE	41 VALUE CODES AMOUNT
	a 61	2982000				
	b					
	c					
	d					

	42 REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	0651	651-Routine Home Care	Q5001	122018	3	68054	000	
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23	0001	PAGE 1 OF 1	CREATION DATE	010419	TOTALS	68054		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
Medicare Part A		Y	Y	000	68054	57 OTHER PRV ID	

58 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
B[redacted] D[redacted]	18	[redacted] A		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX																		GA

67 ADMIT DX	68 PATIENT REASON DX			69 PPS CODE	70 ECI		71

74 PRINCIPAL PROCEDURE CODE	DATE	a OTHER PROCEDURE CODE	DATE	b OTHER PROCEDURE CODE	DATE	75
c OTHER PROCEDURE CODE	DATE	d OTHER PROCEDURE CODE	DATE	e OTHER PROCEDURE CODE	DATE	

76 ATTENDING	NPI 1023311040	QUAL	
LAST Dubin	FIRST Stephen Paul		
77 OPERATING	NPI	QUAL	
LAST	FIRST		
78 OTHER	NPI	QUAL	
LAST	FIRST		
79 OTHER	NPI	QUAL	
LAST	FIRST		

80 REMARKS	81CC	
	a	
	b	B3 251G00000X
	c	
	d	

UB-04 CMS-1450 NUCC 0904-1 APPROVED OMB NO. 0938-0997 OCR-Original

NUBC 24394604

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

DUBIN0171

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	2	3a PAT. CNTL # 3644201 b. MED. REC. # M0487			4 TYPE OF BILL 0817
		5 FED TAX NO 251927052	6 STATEMENT COVERS PERIOD FROM 122018	THROUGH 122218	7

8 PATIENT NAME	9 PATIENT ADDRESS				
a [redacted] A	a [redacted] CIRCLE				
b [redacted], D	b LAS VEGAS	c NV	d 89123	e USA	

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
[redacted]	M	122018	12	3	2		40													

31 OCCURRENCE CODE	31 OCCURRENCE DATE	32 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN CODE	35 OCCURRENCE SPAN FROM	35 OCCURRENCE SPAN THROUGH	36 OCCURRENCE SPAN CODE	36 OCCURRENCE SPAN FROM	36 OCCURRENCE SPAN THROUGH	37
27	122018	55	122218											

38	39 VALUE CODES CODE	39 VALUE CODES AMOUNT	40 VALUE CODES CODE	40 VALUE CODES AMOUNT	41 VALUE CODES CODE	41 VALUE CODES AMOUNT
	a 61	2982000				
	b					
	c					
	d					

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0651	651-Routine Home Care	Q5001	122018	3	68054	000	
0551	RN Clinical Visit	G0299	122018	8	9606	000	
0001	PAGE 1 OF 1	CREATION DATE	010419	TOTALS	77660		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57 OTHER PRV ID
Medicare Part A		Y	Y	000	77660	1427366699	

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
B[redacted], D[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66										
	I5084	I4891	R627	R0602	R5381	R531	Z7401			
0										

67 ABNRI DX	70 PATIENT REASON DX	71 PPS CODE	72 ECI	73

74 PRINCIPAL PROCEDURE CODE	DATE	A OTHER PROCEDURE CODE	DATE	B OTHER PROCEDURE CODE	DATE	75
c OTHER PROCEDURE CODE	DATE	d OTHER PROCEDURE CODE	DATE	e OTHER PROCEDURE CODE	DATE	

76 ATTENDING	NPI 1023311040	QUAL	
LAST Dubin	FIRST Stephen Paul		
77 OPERATING	NPI	QUAL	
LAST	FIRST		
78 OTHER	NPI	QUAL	
LAST	FIRST		
79 OTHER	NPI	QUAL	
LAST	FIRST		

80 REMARKS	81CC	
	a	
	b	B3 251G00000X
	c	
	d	

UB-04 CMS-1450 NUCC 010904 APPROVED OMB NO. 0938-0997 DER/Original NUBC 1394604

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

DUBIN0172

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	2	3a PAT CNTL # 3644104 b MED REC # M0487	4 TYPE OF BILL 0811
		5 FED TAX NO. 251927052	6 STATEMENT COVERS PERIOD FROM 122018 THROUGH 122218

8 PATIENT NAME	9 PATIENT ADDRESS				
a [redacted]	a 9446 BACK BAY CIRCLE				
b [redacted] D[redacted]	b LAS VEGAS	c NV	d 89123	e USA	

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
[redacted]	M	122018	12	3	2		40													

31 OCCURRENCE CODE	31 OCCURRENCE DATE	32 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN CODE	35 OCCURRENCE SPAN FROM	35 OCCURRENCE SPAN THROUGH	36 OCCURRENCE SPAN CODE	36 OCCURRENCE SPAN FROM	36 OCCURRENCE SPAN THROUGH	37
27	122018	55	122218											

38	39 VALUE CODES CODE	39 VALUE CODES AMOUNT	40 VALUE CODES CODE	40 VALUE CODES AMOUNT	41 VALUE CODES CODE	41 VALUE CODES AMOUNT
a	61	2982000				
b						
c						
d						

42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0651	651-Routine Home Care	Q5001	122018	3	68054	000	
0001	PAGE 1 OF 1		CREATION DATE 010419	TOTALS	68054		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INF	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57 OTHER PRV ID
Medicare Part A		Y	Y	000	68054	1427366699	

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
B[redacted], D[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX											67
	I5084	I4891	R627	R0602	R5381	R531	Z7401				
0											

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

74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75
c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE	

76 ATTENDING	NPI 1023311040	QUAL	
LAST Dubin		FIRST Stephen Paul	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI	QUAL	
LAST		FIRST	
79 OTHER	NPI	QUAL	
LAST		FIRST	

80 REMARKS	81CC	
	a	
	b	B3 251G00000X
	c	
	d	

UB-04 CMS-1450 NUCC 08/04 1 APPROVED OMB NO. 0938-0997 OCR/Original

NUBC National Uniform Billing Committee 2439A604

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

DUBIN0173

MD ORDERS, TREATMENT, MEDICATION & CTI

Trinity Pharmacy
2797 S. Maryland Pkwy 28 Las Vegas, NV 89109
Phone: 702-776-8210 Fax: 702-776-7195

Telephoned Prescription

STEPHEN DUBIN
5380 S RAINBOW STE 306
LAS VEGAS NV 89128

Phone : 702-369-1388
Fax : 702-362-9984

DEA # : FD2419706
Lic # : 13772
NPI # : 1023311040

Rx# : 170144

Rx Written : 12-20-2018

Patient : B[redacted] D[redacted]
Address : [redacted] CIRCLE
LAS VEGAS NV 89123
Phone # : 702-[redacted]
D.O.B. : [redacted]
Gender : Male

4 PN
Hmely

LORAZEPAM O/C 2MG/ML
Generic for LORAZEPAM O/S 2MG/ML
Quantity : 30 (thirty)
Instructions :
0.25 ML EVERY 4 HOURS AS NEEDED FOR MILD ANXIETY, GIVE 0.5ML
ERY 4 HOURS FOR MODERATE ANXIETY, GIVE 1.0 ML EVERY 4 HOURS FOR
EVERE ANXIETY
Refills Authorized : 0 RPh : MLJ / CC

MD called in new Rx 12/20/18

Signature Date

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW" IN THE BOX BELOW

Dispense As Written

JIREH HEALTHCARE

2320 PASEO DEL PRADO SUITE B101 LAS VEGAS, NV 89102
TEL: 702-359-1388

12/20/18
4 PM
Honey

PATIENT NAME: D[redacted] B[redacted] DATE OF BIRTH: [redacted]

Rx NUMBER: _____

MORPHINE SULFATE OS 20MG/ML #30

GIVE 5MG (0.25 ML) SL EVERY 4 HOURS PRN FOR MILD PAIN/SOB, 10 MG (0.5 ML) SL Q4H PRN FOR MOD PAIN/SOB, 20 MG (1 ML) SL Q4H PRN FOR SEVERE PAIN/SOB

"HOSPICE PATIENT"

PHYSICIAN SIGNATURE: _____ DEA #: FD2419706

PHYSICIAN NAME: STEPHEN DUBIN DATE: _____

PHYSICIAN ADDRESS: 5380 S RAINBOW STE 306 Las Vegas, Nevada 89128

PLEASE FAX BACK TO 702-776-7195

[redacted] CIRCLE LAS VEGAS NV 89123
RX0170143

TRINITY PHARMACY
2810 W CHARLESTON BLVD STE E44 LAS VEGAS, NV 89102 T: 702-776-8210 F: 702-776-7195

Jireh Healthcare Se[illegible]ces LLC

PHYSICIANS ORDER

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

PATIENT: B[redacted], D[redacted] **DOB:** [redacted] **MR#:** M0487

ORDERED BY: STEPHEN DUBIN (MD) **ORDER DATE:** 12/20/18 **ORDER#:** 3310180

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
12/20/18		Medication	New	Digoxin 0.125mg Tab	0.125 mg		Tab	Oral	1 tablet Daily	Afib	I
12/20/18		Medication	New	Diltiazem Hydrochloride 90mg Extended-Release Capsule	90 mg		Capsule	Oral	1 capsule two times daily	Hypertension/ Afib	I
12/20/18		Medication	New	Primidone 50mg Tab	50 mg		Tab	Oral	1 tablet by mouth daily	zeisure	I
12/20/18		Medication	New	Morphine Sulfate 20mg/1mL Solution	20 mg		Solution	Oral	Every 4 hours as needed for pain	Pain - Severe	H
		==> Note: Give 5mg (0.25ml) sublingual every 4 hours as needed for mild pain Give 10mg (0.5ml) sublingual every 4 hours as needed for moderate pain Give 20mg (1ml) sublingual every 4 hours as needed for severe pain									
12/20/18		Medication	New	Lorazepam 2mg/ml Conc Soln	2 mg		Soln	Oral	every 4 hours as needed for anxiety/agitation	Agitation/restlessness	H
		==> Note: Give 0.25ml every 4 hours as needed for mild anxiety/agitation Give 0.5ml every 4 hours as needed for moderate anxiety/agitation Give 1ml every 4 hours as needed for moderate anxiety/agitation									

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer

PHONE ORDER / READ BACK ORDER BY MARY ALYN DOMONDON (RN)

Electronically Signed: 12/20/2018, By STEPHEN DUBIN, MD

Jireh Healthcare Services LLC

HospiceMD™

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

Patient Name: B[redacted], D[redacted] **MR#:** M0487

CURRENT TREATMENT / MEDICATION / DME LIST

All medications have been reviewed for effectiveness of drug therapy, drug side effects, actual or potential drug / food interactions, duplicate drug therapy and drug currently associated with laboratory monitoring.

Order Date	Start Date	Stop Date	Type	MEDS/DME	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer	Administered By
12/20/18	12/20/18		Medication	Digoxin 0.125mg Tab	0.125 mg		Tab	Oral	1 tablet Daily	Afib	I	3&4
12/20/18	12/20/18		Medication	Diltiazem Hydrochloride 90mg Extended-Release Capsule	90 mg		Capsule	Oral	1 capsule two times daily	Hypertension/ Afib	I	3&4
12/20/18	12/20/18		Medication	Lorazepam 2mg/ml Conc Soln	2 mg		Soln	Oral	every 4 hours as needed for anxiety/agitation	Agitation/restlessness	H	3&4
		==>	Note: Give 0.25ml every 4 hours as needed for mild anxiety/agitation Give 0.5ml every 4 hours as needed for moderate anxiety/agitation Give 1ml every 4 hours as needed for moderate anxiety/agitation									
12/20/18	12/20/18		Medication	Morphine Sulfate 20mg/1mL Solution	20 mg		Solution	Oral	Every 4 hours as needed for pain	Pain - Severe	H	3&4
		==>	Note: Give 5mg (0.25ml) sublingual every 4 hours as needed for mild pain Give 10mg (0.5ml) sublingual every 4 hours as needed for moderate pain Give 20mg (1ml) sublingual every 4 hours as needed for severe pain									
12/20/18	12/20/18		Medication	Primidone 50mg Tab	50 mg		Tab	Oral	1 tablet by mouth daily	zeisure	I	3&4
12/20/18	12/20/18		Treatment									
			oxygen at 3L/min via nasal canula for comfort									

ADMINISTERED BY:(1) - SNF Nurse, (2) - Self, (3) - Fam/PCG, (4) - Hospice Nurse, (1&4) - SNF & Hospice Nurse, (2&3) - Self & Fam/PCG, (2&4) - Self & Hospice Nurse, (3&4) - Fam/PCG & Hospice Nurse , (2,3&4) - Self & Fam/PCG & Hospice Nurse

DUPLICATE

Patient Details for B[redacted], D[redacted] (Patient ID 518499, MRN M0487)

Date Of Birth	[redacted]	Status	Deceased

Hospice Certification of Terminal Illness

Benefit Period
1

Benefit Period Start Date
12/20/2018

Benefit Period End Date
03/19/2019

Certification Start Date
12/20/2018

Certification End Date
03/19/2019

Signed Date
12/20/2018

Medical Director or Certifying Physician
Dubin, Stephen Paul

Medical Director or Certifying Physician Address
5741 S. Fort Apache Rd. Suite 100 Las Vegas, NV 89148

Attending Physician
Dubin, Stephen Paul

Attending Physician Address
5741 S. Fort Apache Rd. Suite 100 Las Vegas, NV 89148

Patient HI Claim No
546421189A

Disaster Acuity
Medical services required today

Provider Information

Provider Name
Jireh Healthcare Services LLC

Provider Number
291533

Provider Address
2320 Paseo Del Prado Ste B101 Las Vegas, NV 89102-0048

Admission

New Admission 12/20/2018 (ROUTINE)

Verbal Certification

Verbal Certification received from Medical Director: Dubin, Stephen Paul by Fronda, MaryRose (mary1) on 12/20/2018

I certify that B[redacted] D[redacted] is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

Admin **Fronda, MaryRose** (User) signed on **12/20/2018.** Recorded by mary1 on 12/21/2018 17:06:18.

Verbal Certification received from Physician: Dubin, Stephen Paul by Fronda, MaryRose (mary1) on 12/20/2018

I certify that B[redacted] D[redacted] is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

Admin **Fronda, MaryRose** (User) signed on **12/20/2018.** Recorded by mary1 on 12/21/2018 17:06:33.

Brief Narrative Statement and Attestation

Review the patient's clinical circumstances and synthesize the medical information to provide clinical justification for admission and continuation to hospice services. If in third (3rd) or more benefit periods, clinical findings from the face to face encounter have been used to determine continued eligibility for hospice care.

Composing Physician
Dubin, Stephen Paul

Mr. B[redacted] is an 83 yr old Caucasian male, lives in a group home with 24/7 assistance, POA present at time of assessment. Patient's POA Stella Urbin signed consent as the Power of Attorney. Patient admitted to Jireh hospice under routine level of care, with terminal diagnosis of end stage Heart Failure, somnolence, sleeps most of the visit, confused and anxious. Co-morbidities include atrial fibrillation/flutter, hypertension, BPH, severe weakness, fatigue, severe SOB on non re-breather oxygen 15 l/min continuously. Patient has a worsening generalized and worsening adult failure to thrive with consequent loss of weight, MAC 20.7cm, POA claimed that patient to be over 180 lbs prior to this decline, dependent on ADLs, bed confined with complete assist, PPS 30 |KPS 30. Patient is incontinent of bladder and bowel, Patient is DNR, no agressive treatment nor hospitalization per POA request. Medications reviewed and POC discussed with POA, verbally agreed on plan. IDG notified.

Recorded By
Fronda, MaryRose (mary1)

Attestation: I confirm that I composed this narrative and that it is based on my review of the patient's medical record and/or examination of the patient.

Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **12/20/2018.** Recorded by mary1 on 12/21/2018 17:11:45.

Certification Statement

I certify that this patient is under my care, and to the best of my medical knowledge given the data available, has a life expectancy of six (6) months or less if the terminal illness runs its normal course.

Medical Director or Certifying Physician: Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **12/20/2018**. Recorded by mary1 on 12/21/2018 17:11:53.

I certify that this patient is under my care, and to the best of my medical knowledge given the data available, has a life expectancy of six (6) months or less if the terminal illness runs its normal course.

Attending Physician: Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **12/20/2018**. Recorded by mary1 on 12/21/2018 17:11:53.

Additional Signatures

1. Admin **Fronda, MaryRose** (User) signed on **12/21/2018**. Recorded by mary1 on 12/21/2018 17:12:03.

JIREH HEALTHCARE SERVICES

2320 Paseo Del Prado Suite B101 Las Vegas Nevada 89102
PHONE: 702.359.1388 FAX: 702.359.2388
EMAIL ADDRESS: jirehhealthcare @gmail.com

PHYSICIAN'S CERTIFICATION FOR MEDICARE/MEDICAID HOSPICE BENEFIT

Physician's Certification of Terminal Illness for Hospice Benefit (Part – 1)

MR# F10486

A. CERTIFICATION STATEMENT First 90-Day Period from 12/20/2018 **to** 03/19/2019

I (or WE) certify that D[redacted] B[redacted] is terminally ill and Has a life expectancy of six (6) months or less if the terminal illness runs its normal course. I (WE) Reviewed the patient's clinical information and considered the primary terminal condition, related diagnoses, current subjective and objective medical findings, current medication and treatment orders and information about management of unrelated conditions in making this determination.

G. R.N. — 12/20/2018
RN Signature — Verbal Order Date

[signature] — 12/20/18
Hospice Medical Director/Associate Hospice Doctor — Date

[signature] — 12/20/18
Attending Physician Signature — Date

B. RECERTIFICATION STATEMENT Second 90-Day Period from _____ **to** _____

I certify that I have reviewed the clinical record prior to recertification for the above noted patient and That patient is still considered to be terminally ill and has life expectancy of six (six) months or less, if The terminal illness runs its normal course.

Hospice Medical Director/Associate Hospice Doctor — Date

C. RECERTIFICATION STATEMENT 60-Day Period from _____ **to** _____

I certify that I have reviewed the clinical record prior to recertification for the above noted patient and That patient is still considered to be terminally ill and has life expectancy of six (6) months or less, if The terminal illness runs its normal course.

Hospice Medical Director/Associate Hospice Doctor — Date

Jireh Healthcare Services LLC

PHYSICIANS ORDER

88 South Rainbow Blvd Suite A, Las Vegas, NV 89146 . Tel: Fax:

PATIENT: B[redacted], D[redacted] **DOB:** [redacted] **MR#:** M0487

ORDERED BY: STEPHEN DUBIN (MD) **ORDER DATE:** 12/19/18 **ORDER#:** 4672846

ALLERGIES:

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
12/19/18		Other	New								
		Please do hospice evaluation and treat									

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer

PHONE ORDER / READ BACK ORDER BY MARY ALYN DOMONDON (RN)

Electronically Signed: 12/19/2018, By STEPHEN DUBIN, MD