

IN THE CIRCUIT COURT OF THE 11TH
JUDICIAL CIRCUIT IN AND FOR
MIAMI-DADE COUNTY, FLORIDA

In re:

COMPLEX BUSINESS LITIGATION
DIVISION

CRYSTAL CRUISES LLC, a California
limited liability company,

Case No. 2022-002742-CA-01
Lead Case

CRYSTAL HOLDINGS U.S., LLC, a
Delaware limited liability company,

Case No. 2022-002757-CA-01

CRYSTAL AIRCRUISES, LLC, a Florida
limited liability company, and

Case No. 2022-002758-CA-01

Assignors,
To:

(Jointly Administered Cases)

MARK C. HEALY,

Assignee.

**ASSIGNEE'S OBJECTION TO CLAIM OF GLOBAL SKY AIRCHARTER CORP. d/b/a
TRAUMA STAR**

NOTICE OF OPPORTUNITY TO OBJECT AND REQUEST FOR HEARING

PLEASE TAKE NOTICE that, Pursuant to section 727.111(4), Florida Statutes, the assignee may disallow improper claims of creditors, and the Court may consider these actions without further notice or hearing unless a party in interest files an objection within 21 days from the date this paper is served. If you object to the relief requested in this paper, you must file your objection with the Clerk of the Court of Miami-Dade County at 73 W. Flagler Street, Room 133, Miami, FL 33130, and serve a copy on the assignee's attorney, Paul N. Mascia, Esq., Nardella & Nardella, PLLC, 135 W. Central Blvd., Ste. 300, Orlando, FL 32801, and any other appropriate person.

If you file and serve an objection within the time permitted, the Court shall schedule a hearing and notify you of the scheduled hearing.

If you do not file an objection within the time permitted, the assignee and the Court will presume that you do not oppose the granting of the relief requested in the paper.

COMES NOW, Mark C. Healy, Assignee in the above-captioned Assignment proceeding (the “Assignee”), pursuant to Section 727.113 and 727.109(4), files this Objection to Global Sky AirCharter Corp. d/b/a Trauma Star (“Global Sky” or “Claimant”), and asserts as follows:

BACKGROUND

1. On February 10, 2022, the Crystal Cruises, LLC (the “Assignor”) executed and delivered, and the Assignee accepted, an irrevocable Assignment for the benefit of creditors to the Assignee (the “Assignment”). On February 11, 2022, a *Petition Commencing Assignment for the Benefit of Creditors* was filed by the Assignee for the Assignor, thereby commencing the following assignment for the benefit of creditors case pursuant to Chapter 727 of the Florida Statutes, in this Court: *In re Crystal Cruises LLC*, Case No. 2022-002742-CA-01 (the “Assignment Case”).

2. Prior to the Assignment, Assignor engaged in the business of travel and entertainment business, including operating ocean, river, and expedition cruises and conducting related activities around the world (the “Business”).

3. The Assignee's address and telephone number are c/o Paul N. Mascia, Esq., Nardella & Nardella, PLLC, 135 W. Central Boulevard, Orlando, Florida 32801 and (407) 966-2680.

4. Pursuant to § 727.112(2), *Florida Statutes*, all proofs of claims shall be filed by delivering the claims to the Assignee within 120 days from the filing of the Assignment.

5. In this case, all claims were required to be filed by June 11, 2022 (the “Bar Date”).

6. This Honorable Court has the power to allow or disallow claims against the estate and determine their priority. *See* § 727.109(4), *Florida Statutes*.

OBJECTION TO CLAIM

7. Global Sky delivered Claim No. 2656 in the amount of U.S. Dollars \$23,400.00 (the “Claim”) via U.S. Mail to the Assignee on June 10, 2022, a true and correct copy of which Claim is attached hereto as **Exhibit “A”**.

8. Assignee reviewed the claim, and it appears the basis of the Claim was a helicopter ambulance transport for an apparent Assignee employee. The Claimant has failed to provide any documentation to support how the Assignee would be held liable for such a Claim. From the documentation provided it appears the employee had health insurance through an employer health insurance plan. As such, there is no documentation showing the liability of Crystal Cruises. This claim is improper as to Assignee, and Assignor must object thereto.

WHEREFORE, the Assignee respectfully requests the Court enter an order sustaining his Objection to Global Sky’s Claim, DENYING the Claim in its entirety and granting any such further relief that this Court may deem just and proper.

DATED this 13th day of December 2023.

NARDELLA & NARDELLA, PLLC
Co-General Counsel for Assignee
135 W. Central Blvd., Ste. 300
Orlando, FL 32801
(407) 966-2680

By: /s/ Paul N. Mascia
Michael A. Nardella, Esq.
Florida Bar No. 051265
Paul N. Mascia, Esq.
Florida Bar No. 0489670
mnardella@nardellalaw.com
pmascia@nardellalaw.com
kcooper@nardellalaw.com

CERTIFICATE OF SERVICE

I **HEREBY CERTIFY** that a true and correct copy of the foregoing was served via the Florida Court's e-Filing Portal on December 13, 2023, which will serve upon all parties and interested persons of record in this action; on claimant Global Sky AirCharter Corp. d/b/a Trauma Star via U.S. mail to 490 63rd St – Ocean, Marathon, FL 33050; and via email to billing@monroecounty-FL.gov and cbl44@jud11.flcourts.org pursuant to CBL Rule 2.2.

By: /s/ Paul N. Mascia
Paul N. Mascia

EXHIBIT “A”

IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT,
IN AND FOR MIAMI-DADE COUNTY, FLORIDA

In Re:

CRYSTAL CRUISES, LLC
a California Limited Liability company.

2656

Assignor,

Case No.: 2022-002742 CA 01

To:

MARK C. HEALY,

Assignee,



PROOF OF CLAIM

TO RECEIVE ANY DIVIDEND IN THIS PROCEEDING, YOU MUST COMPLETE THIS PROOF OF CLAIM AND DELIVER IT TO THE ASSIGNEE NO LATER THAN:

JUNE 11, 2022

THE ASSIGNEE'S NAME AND ADDRESS ARE AS FOLLOWS:

Mark C. Healy, Assignee
MICHAEL MOECKER & ASSOCIATES, INC.
1885 Marina Mile Blvd., Suite 106
Fort Lauderdale, FL 33315
(954) 252-1560 · (954) 252-2791 Fax No.
Info@Moecker.com

1. CREDITOR NAME (Your name):
ADDRESS:

GLOBAL SKY AIRCHARTER CORP. d/b/a: TRAUMA
STAR

TELEPHONE NUMBER:
E-MAIL ADDRESS:

490 63RD ST.-OCEAN
MARATHON, FL 33050
305-289-6322
BILLING@MONROECOUNTY-FL.GOV

Please be sure to notify us if you have a change of address.

2. BASIS FOR CLAIM:

Goods Sold
 Services Performed
 Money Loaned

Wages, Salaries and Compensations Secured Creditor
 Taxes
 Shareholder Other: MEDICAL AIR TRANSPORTATION

3. DATE DEBT WAS INCURRED:

12/23/2021

4. AMOUNT OF CLAIM:

\$23,400

5. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase order, invoices, itemized statement of running accounts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.

6. SIGNATURE: Sign and print name and title, if any, of the creditor or other person authorized to file this claim:

DATED: 6/3/2022

BY: Dina L. Stitt
Signature of Claimant or Representative

DINA L. STITT, EMS BILLING SUPERVISOR
Print Name and Title Here



CRYSTAL CRUISES
 C/O MED SOLUTIONS INTERNATIONA
 57 WEST 57TH STREET 4TH FLOOR
 NEW YORK, NY 10019

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA <input type="checkbox"/>										PICA <input type="checkbox"/>									
1. MEDICARE <input type="checkbox"/> (Medicare#)										1a. INSURED'S I.D. NUMBER (For Program in Item 1) CC110131									
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) SUDRAJAT, AJAT										3. PATIENT'S BIRTH DATE (MM DD YY) 09 09 1985 SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F									
5. PATIENT'S ADDRESS (No., Street) C/O 1501 BISCAYNE BLVD										6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>									
CITY MIAMI					STATE FL					CITY					STATE				
ZIP CODE 33132					TELEPHONE (Include Area Code) ()					ZIP CODE					TELEPHONE (Include Area Code) ()				
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)										10. IS PATIENT'S CONDITION RELATED TO:									
a. OTHER INSURED'S POLICY OR GROUP NUMBER										a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
b. RESERVED FOR NUCC USE										b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State)									
c. RESERVED FOR NUCC USE										c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
d. INSURANCE PLAN NAME OR PROGRAM NAME										10d. CLAIM CODES (Designated by NUCC)									
11. INSURED'S POLICY GROUP OR FECA NUMBER C1473165										a. INSURED'S DATE OF BIRTH (MM DD YY) <input type="checkbox"/> M <input type="checkbox"/> F									
b. RESERVED FOR NUCC USE										b. OTHER CLAIM ID (Designated by NUCC)									
c. RESERVED FOR NUCC USE										c. INSURANCE PLAN NAME OR PROGRAM NAME									
d. INSURANCE PLAN NAME OR PROGRAM NAME										d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, complete items 9, 9a, and 9d.									
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.																			
SIGNED SIGNATURE ON FILE										DATE 12/23/2021									
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY 12 23 2021 QUAL. 431										15. OTHER DATE QUAL. MM DD YY									
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY									
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. N179 B. J811 C. D. ICD Ind. 0 E. F. G. H. I. J. K. L.										22. RESUBMISSION CODE ORIGINAL REF. NO.									
23. PRIOR AUTHORIZATION NUMBER										24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSON Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. #									
1 12 23 2021 12 23 2021 42 Y A0431 HH AB 1200000 1 NPI 1932263126										2 12 23 2021 12 23 2021 42 Y A0436 HH AB 1140000 114 NPI 1932263126									
3										4									
5										6									
25. FEDERAL TAX I.D. NUMBER 010646953 SSN EIN <input type="checkbox"/> <input checked="" type="checkbox"/>										26. PATIENT'S ACCOUNT NO. 213411									
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO										28. TOTAL CHARGE \$ 2340000									
29. AMOUNT PAID \$ 000										30. Rsvd for NUCC Use 305 289-6010									
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof) Dina Stitt DINA STITT 06/03/2022										32. FROM: LOWER KEYS MEDICAL CENTER 5900 COLLEGE RD KEY WEST, FL 33040 TO: JACKSON SOUTH COMMUNITY HOSPITAL 9333 S W 152ND STREET MIAMI, FL 33187									
33. BILLING PROVIDER INFO & PH # GLOBAL SKY AIRCHARTER CORP PO BOX 11713 NAPLES, FL 34101-1713										a. 1932263126 b. ZZ 3416A0800X									

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

*Memo / Schmitz
5542*

TRAUMA STAR

Medical Necessity for Air Transport

Documentation of the following criteria must exist prior to transportation by TRAUMA STAR flight crew
(Check all that apply)

- The receiving facility provides specialized care, treatment and diagnostics not available at the referring facility.
- The patient's condition meets established criteria for transport based on published standards for appropriate utilization of air transport.
- The patient requires critical care service beyond the scope of practice of local ambulance providers
- Distance to the closest appropriate facility is too great for safe and timely transport via ground transport
- The patient's condition is time critical requiring rapid air transport in order to minimize morbidity/mortality
- Ground transportation would be hazardous due to length of transport and lack of communication during transport with referring or receiving facility
- Critical patient with unusual circumstance that does not fit the above criteria.

The risks vs. benefits of air transport have been explained to the patient or patient's representative.

Patient Name: Ajat Sudrajat Date: _____

Patient Diagnosis: ARF, Pulm edema

I, Dr. Schultz as the attending/emergency room physician for Ajat Sudrajat, have referred this patient to Dr. Mednick based on my assessment of this patient and the continued medical and nursing care required.

Transportation by TRAUMA STAR critical care flight team is necessary for one of more criteria identified above.

Dr. Norman Schmitz
Referring Physician (Print Name)

[Signature]
Referring Physician (Signature)

Date: 12/23/01

Patient Information				Clinical Impression			
Last	SUDRAJAT	Address	123 bad address	Primary Impression	Renal Failure		
First	AJAT	Address 2		Secondary Impression			
Middle		City	Key West	Protocol Used			
Gender	Male	State	FL	Local Protocol Provided			
DOB	09/09/1985	Zip	33040	Care Level			
Age	36 Yrs, 3 Months, 14 Days	Country	US	Anatomic Position	Chest		
Weight	120.0lbs - 54.4kg	Tel		Onset Time			
Pedi Color		Physician		Last Known Well			
SSN		Ethnicity	Not Hispanic or Latino	Chief Complaint	acute heart failure, renal failure		
Race	White			Duration		Units	
Advance Directives	None			Secondary Complaint			
Resident Status	Non-Resident			Duration		Units	
Patient Resides in Service Area				Patient's Level of Distress			
Temporary Residence Type				Signs & Symptoms	Cardiovascular - Heart failure Other - renal failure		
				Injury	--		
				Additional Injury			
				Mechanism of Injury			
				Medical/Trauma	Medical		
				Barriers of Care	None Noted		
				Alcohol/Drugs	None Reported		
				Pregnancy			
				Initial Patient Acuity	Emergent (Yellow)		
				Final Patient Acuity			
				Patient Activity			

Medications/Allergies/History/Immunizations	
Medications	None Reported
Allergies	No known allergies
History	None Reported
Immunizations	Unable to Obtain - Not Immunized
Last Oral Intake	

Vital Signs															
Time	AVPU	Side	POS	BP	Pulse	RR	SPO2	ETCO2	CO	BG	Temp	Pain	GCS(E+V+M)/Qualifiers	RTS	PTS
16:47	Alert			184/120 A	78	22	95						15=4+5+6	12	
16:55				/			92								
16:55				160/110 A			93								
17:00				/		22	96	20							
17:05				/		25	98	21							
17:05				/		20	99	21							
17:08				153/92 A		24	96	21							
17:10				/		25	99	21							
17:10				168/114 A		25	99	21							
17:20				/		22		22							
17:25				159/111 A		23		22							

Flow Chart			
Time	Treatment	Description	Provider
PTA	Furosemide	40 Milligrams (mg); Intravenous (IV); Patient Response: Improved; Complication: None; Medical Control: Written Orders (Patient Specific); Treatment By: Hospital ER;	
PTA	Nitro Paste	0.5 Inches (in); Topical; Patient Response: Improved; Complication: None; Medical Control: Written Orders (Patient Specific); Treatment By: Hospital ER;	
PTA	Rocephin	1 Grams (gms); Intravenous (IV); Patient Response: Improved; Complication: None; Medical Control: Written Orders (Patient Specific); Treatment By: Hospital ER;	
PTA	Other - Medication	Comments: azithromycin; 500 Milligrams (mg); Intravenous (IV); Patient Response: Improved; Complication: None; Medical Control: Written Orders (Patient Specific); Treatment By: Hospital ER;	
PTA	IV Therapy	22 ga; Antecubital-Right; Saline Lock; Total Fluid: 10 ml; Patient Response: Unchanged; Successful; Complication: None; Medical Control: Written Orders (Patient Specific); Treatment By: Hospital ER;	

Specialty Patient - Outbreak Screening

Comments
negative swab

Incident Details		Destination Details		Incident Times	
Location Type	Hospital	Disposition	Transported Lights/Siren	PSAP Call	
Location	LOWER KEYS MEDICAL CENTER	Transport Due To	Patient's Physician's Choice	Dispatch Notified	16:06:18
Address	5900 COLLEGE RD	Transported To	JACKSON SOUTH COMMUNITY HOSPITAL	Call Received	16:06:18
Address 2		Requested By	Physician	Dispatched	16:06:29
Mile Marker		Destination	Hospital	En Route	16:12:00
City	KEY WEST	Department	Emergency Room	Staged	
County	Monroe	Address	9333 SW 152ND ST	Resp on Scene	
State	FL	Address 2		On Scene	16:15:00
Zip	33040	City	Miami	At Patient	16:17:00
Country	US	County	Miami-Dade	Care Transferred	
Medic Unit	TS1	State	FL	Depart Scene	16:49:00
Medic Vehicle	TS1	Zip	33157	At Destination	17:34:00
Run Type	Emergency Interfacility Transfer	Country	US	Pt. Transferred	17:37:00
Response Mode	Emergent	Zone	Out of County	Call Closed	18:00:00
Shift	A-Shift	Condition at Destination	Unchanged	In District	
Zone	KW - Zone	Destination Record #		At Landing Area	
Level of Service		Trauma Registry ID			
EMD Complaint	Transfer/Interfacility/Palliative Care	STEMI Registry ID			
EMD Card Number		Stroke Registry ID			
Dispatch Priority	Priority 2 (Emergent)	Alternative Disposition Offered			

Crew Members

Personnel	Role	Certification Level
SCHULER, RUSS	Driver - Response, Driver - Transport	
SIMANCAS, XAVIER	Other Caregiver - At Scene, Other Caregiver - Transport	EMT-Paramedic (Florida) - PMD528223
MENDEZ, ROY	Lead - At Scene, Lead - Transport	Registered Nurse (Florida) - RN9308659

Insurance Details

Insured's Name	Primary Payer	Dispatch Nature
		Interfacility
Relationship	Medicare	Response Urgency
		Immediate
Insured SSN	Medicaid	Job Related Injury
		Yes
Insured DOB	Primary Insurance	Employer
	Other Insurance - medsoultions internationa	Crystal Cruises
Address1	Policy #	Contact
	C1473165	
Address2	Primary Insurance Group Name	Phone
Address3	Group #	Mileage to Closest Hospital
City	Secondary Ins	
State	Policy #	
Zip	Secondary Insurance Group Name	
Country	Group #	

Mileage		Delays		Additional Agencies
Scene	0.0	Category	Delays	
Destination	114.0	Dispatch Delays	None/No Delay	
Loaded Miles	114.0	Response Delays	None/No Delay	
Start		Scene Delays	None/No Delay	
End		Transport Delays	None/No Delay	
Total Miles		Turn Around Delays	None/No Delay	



Section II - Authorized Representative Signature

Complete this section only if the patient is physically or mentally unable to sign. Authorized representatives include only the following:(Check one)

Patient's Legal Guardian
Patient's Medical Power of Attorney
Relative or other person who receives benefits on behalf of the patient
Relative or other person who arranges treatment or handles the patient's affairs
Representative of an agency or institution that provided care, services or assistance to patient

I am signing on behalf of the patient to authorize the submission of a claim for payment to Medicare, Medicaid, or any other payer for any services provided to the patient by the transporting ambulance service now or in the past or in the future. By signing below, I acknowledge that I am one of the authorized signers listed below. **My signature is not an acceptance of financial responsibility for the services rendered.**

Signature

Signed On	
Notice of Privacy Practices Provided	
Printed Name	
Reason unable to sign	

Section III - EMS Personnel and Facility Signatures

Complete this section if the patient was mentally or physically incapable of signing, and no Authorized Representative (section II) was available or willing to sign on behalf of the patient at the time of service.

EMS Personnel Signature

My signature below indicates that, at the time of service, the patient was physically or mentally incapable of signing, and that none of the authorized representatives listed in Section II of this form were available or willing to sign on the patient's behalf. **My signature is not an acceptance of financial responsibility for the services rendered.**

Signed On	
Printed Name	
Reason unable to sign	

Facility Representative Signature

The patient named on this form was received by this facility on the date and at the time indicated and this facility furnished care, services or assistance to the patient. **My signature is not an acceptance of financial responsibility for the services rendered..**

Signed On	
Notice of Privacy Practices Provided	
Printed Name	
Title of Representative	



Monroe County Fire Rescue

Patient Care Record

Name: SUDRAJAT, AJAT

Incident #: 05542

Date: 12/23/2021

Patient 1 of 2

Name:

ID:

Patient ID:

Incident ID:

Location:

Age:

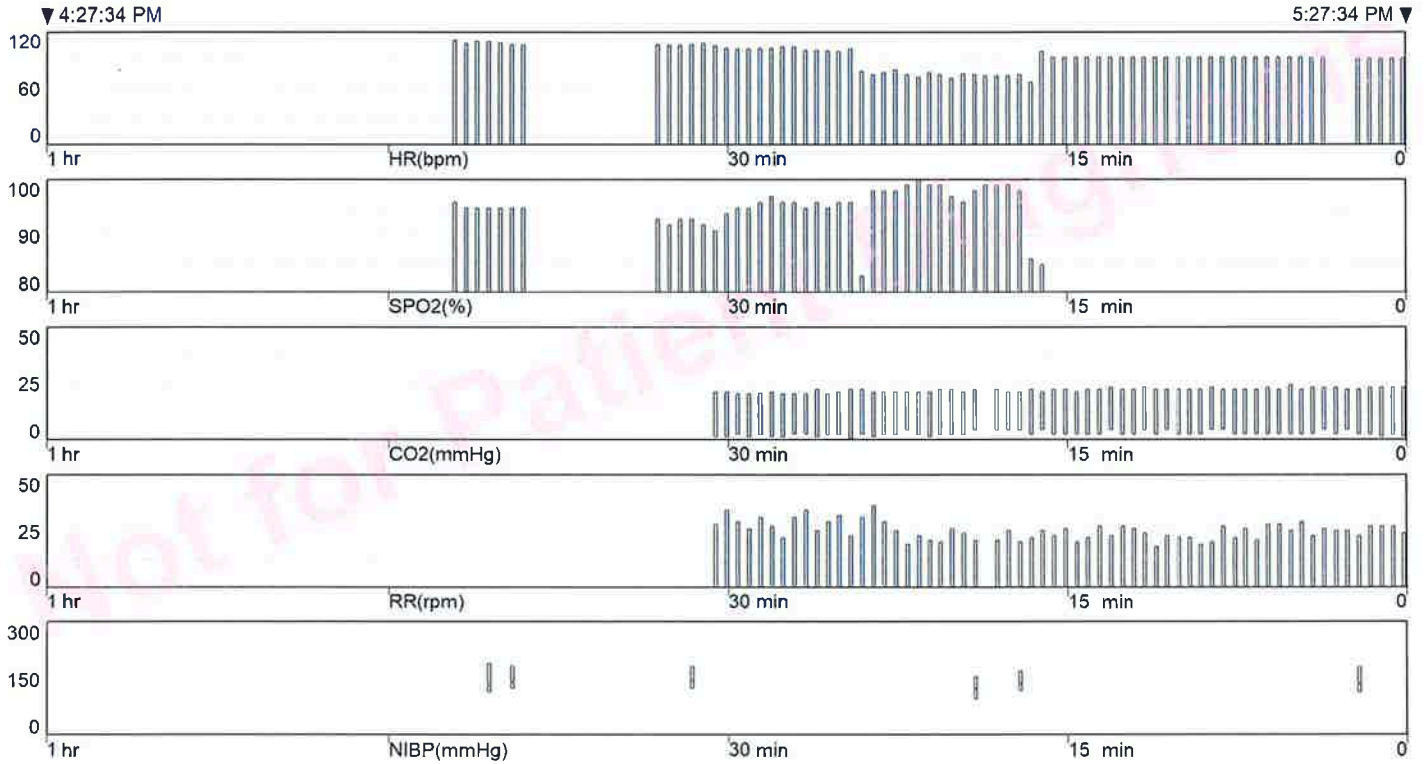
122321164506

Power On:
Elapsed Time

12/23/2021 4:45:05 PM
0:42:29

Physio-Control, Inc.

Sex: MCFR 3313494-011 LP1548843278





Monroe County Fire Rescue
Patient Care Record

Name: SUDRAJAT, AJAT

Incident #: 05542

Date: 12/23/2021

Patient 1 of 2

Name:

ID:

Patient ID:

Incident ID:

Location:

Age:

12/23/2021

122321164506

Sex:

Vital Signs

4:55:04 PM

SpO2•PR

SpCO

SpMet

92•105

Vital Signs▼

II Lead Off x1.0

20

CO2 Filter Line Of
CO2 (mmHg)

0

Physio-Control, Inc.

25mm/sec

ECG .05-40Hz Paddles 2.5-30Hz

ENGINE 17 MCFR 3313494-011 LP1548843278

Name: SUDRAJAT, AJAT

Incident #: 05542

Date: 12/23/2021

Patient 1 of 2

Name:

ID:

Patient ID:

Incident ID:

Location:

Age:

12/23/2021

122321164506

Sex:

Vital Signs

5:05:04 PM

SpO2•PR

SpCO

SpMet

EtCO2(mmHg)•RR

98•79

21•25

Vital Signs▼

II Lead Off x1.0

SPO2 x2.0

50

CO2 (mmHg)

0

Physio-Control, Inc.

25mm/sec

ECG .05-40Hz Paddles 2.5-30Hz

ENGINE 17 MCFR 3313494-011 LP1548843278

Name: SUDRAJAT, AJAT

Incident #: 05542

Date: 12/23/2021

Patient 1 of 2

Name:

ID: 122321164506

Patient ID:

Incident ID:

Location:

Age: 12/23/2021

Sex:

Vital Signs

5:15:04 PM

SpO2•PR

SpCO

SpMet

EtCO2(mmHg)•RR

22•27

Vital Signs ▼

II Lead Off x1.0

SPO2 x2.0

SPO2 Check Sensor

50

CO2 (mmHg)

0
Physio-Control, Inc.

25mm/sec
ECG .05-40Hz Paddles 2.5-30Hz

ENGINE 17 MCFR 3313494-011 LP1548843278

Lower Keys Medical Center

5900 College Road
Key West, FL 33040
305-294-5531

Alma / Sumanca
5592

FACILITY NUMBER: 0246

ADVANCE DIRECTIVE: U

MRSA ISOLATION:

PATIENT	ACCT#: 5744450 MED. REC.#: 010275397 NAME: SUDRAJAT AJAT EMERGENCY NAME: WELLS RICHARD DCH STATUS: PREV. SERVICE DATE: ACC. DATE: ADMITTING DIAGNOSIS:	ADM DATE: 12/23/21 DCH DATE: PT. TYPE: E PHONE #: (305)294-3288 Preferred Language: E ADM. TYPE: 1 TIME: 00 PEDAL EDEMA, SHORTNESS OF BREATH	TIME: 12:27 TIME: FC: C RELATION: G8 Ethnicity: NOT HISPANIC OR LAT ADM. SOURCE: 1 ACC. SITE:	ROOM#: ER0181 SVRC. CODE: EOP
PATIENT DEMOGRAPHIC	STREET: 123 BAD ADDRESS COUNTY: SS #: RACE: W SPOUSE'S NAME:	CITY/ST: OUT OF COUNTRY FL PHONE: (777)777-7777 BIRTHDATE: 09/09/1985 SEX: M FATHER'S NAME:	ZIP: 00009 RELIGION: MUSLIM AGE: 36 MARITAL STATUS: M	
PATIENT EMPLOYER	EMPLOYER: CRYSTAL CRUISES STREET: EMP. ID #: 10001	CITY/ST: EMP. OCCUPATION: COMGAL	ZIP:	
GUARANTOR	NAME: SUDRAJAT AJAT STREET: 123 BAD ADDRESS SS #:	RELATIONSHIP: SELF CITY/ST: OUT OF COUNTRY FL DOB: 09/09/1985	ZIP: 00009	
GUARANTOR EMPLOYER	EMPLOYER: CRYSTAL CRUISES STREET: EMP. OCCUPATION: COMGAL	CITY/ST:	ZIP:	
INSURANCE # 1	PAYOR: MEDSOULTIONS INTERNATIONAL 57W 57ST FL4 NEW YORK NY 10019 GROUP: HOLDER: SUDRAJAT AJAT	600 44 INS. PH #: (646)404-3314 POLICY #: C1473165 AUTH. #: REL.: SELF	DOB: 09/09/1985	
INSURANCE # 2	PAYOR: GROUP: HOLDER:	0 0 INS. PH #: POLICY #: AUTH. #: REL.:	DOB:	
PHYSICIAN	ER / ADMIT PHYS: SCHULTZ NORMAN ATTENDING PHYS: SCHULTZ NORMAN FAMILY PHYS: NO PCP	SURGEON: REFERRING PHYS: ADMITTED BY: TES		

COMMENTS:



TRAUMA STAR

Meun / Smancz
5542

Medical Necessity for Air Transport

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(Check all that apply)

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Patient Diagnosis: ARF, Pulm edema

I, Dr. Scheultz as the attending/emergency room physician for Ajat Sudrajat, have referred this patient to Dr. Mednick based on my assessment of this patient and the continued medical and nursing care required.

Transportation by TRAUMA STAR critical care flight team is necessary for one of more criteria identified above.

Dr. Norman Scheultz
Referring Physician (Print Name)

[Signature]
Referring Physician (Signature)

Date: 12/23/01

Ajat Sudrajat
MRN: 10275397
ACCT: 5744450

R

- Admitting physician to write
- Call for orders

Outstanding orders or immediate needs: _____

Additional Notes: _____

Reporting Nurse: Foxwell, Justine
Date/Time: 12/23/2021 04:31 PM

Receiving Nurse: _____

Physician Coding Worksheet Con't.

<u>Type of MDM</u>	Straightforward	Low Complexity	Moderate Complexity	Moderate Complexity	High Complexity
Diagnosis	Minimal	Limited	Moderate	Moderate	Extensive
Data	Minimal or none	Limited	Moderate	Moderate	Extensive
Risk	Minimal	Low	Moderate	Moderate	High

Physician Coding Worksheet Con't.

13:03 Chest/axilla: **Exam negative for** (*brief, Chest/axilla*) acute changes, ns2
 12/23
 13:03 Cardiovascular: **Exam negative for** (*brief, Cardiovascular*) acute changes, ns2
 12/23 Respiratory: (*brief, Respiratory*) mild respiratory distress is noted, Respirations: **labored breathing**, (*brief, ns2*
 13:03 Respiratory) Breath sounds: **decreased breath sounds**, (*detailed, Respiratory*) that are moderate,
 12/23 ns2
 13:03 Abdomen/GI: **Exam negative for** (*Abdomen/GI, brief*) acute changes,
 12/23 ns2
 13:03 Musculoskeletal/extremity: Extremities: (*detailed, Musculoskeletal*) Plus two pitting edema,
 12/23 ns2
 13:03 Neuro: (*Neuro*) **Exam negative for** (*brief, Neuro*) acute changes, ns2

DIAGNOSIS *Moderate*

DATA *Extensive*

12/23 ns2
 13:02 **The history from nurses notes was reviewed** (*Records*) and I agree with what is documented.
 12/23 ns2
 13:26 Lab Reviewed **SARS Antigen, SOFIA FIA** (*Lab Test*)
 12/23 ns2
 13:26 Rad Reviewed **CHEST PORTABLE 1V** (*X-ray Test*)
 12/23 ns2
 13:30 **ECG:** (*Med Test*)
 12/23 ns2
 13:32 Lab Reviewed **CBC W-PLT** (*Lab Test*)
 12/23 ns2
 13:32 Rad Reviewed **CHEST PORTABLE 1V** (*X-ray Test*)
 12/23 ns2
 14:22 Lab Reviewed **CMP** (*Lab Test*)
 12/23 ns2
 14:22 Lab Reviewed **BNP** (*Lab Test*)
 12/23 ns2
 14:22 Lab Reviewed **TROPONIN I** (*Lab Test*)
 12/23 ns2
 14:22 Lab Reviewed **SARS Antigen, SOFIA FIA** (*Lab Test*)
 12/23 ns2
 15:11 Lab Reviewed **LACTIC ACID - Initial** (*Lab Test*)
 12/23 ns2
 15:11 Lab Reviewed **TYPE & SCREEN** (*Lab Test*)
 12/23 ns2
 15:11 Lab Reviewed **ABO RH RETYPE** (*Lab Test*)
 12/23 ns2
 15:18 Data reviewed: **vital signs**, (*Records*) **nurses notes**, (*Records*) **lab test result(s)**, (*Lab Test*) **EKG**, (*Med ns2*
 15:18 *Test*) radiologic studies, plain films,

RISK *Moderate*

12/23/21 ns2 3
 13:00 Nitroglycerin Ointment 2 % 0.5 inches Transdermal once
 12/23/21 ns2 3
 13:00 Furosemide 40 mg IVP once
 12/23/21 ns2 3
 ceftRIAXone 1 grams IVPB once; (B)

Name: Ajat Sudrajat

MRN: 10275397
 Account#: 5744450
 Page 4 of 5

**Physician
Documentation**

**Lower Keys Medical Center
Emergency Department**

Name: Sudrajat, Ajat

Age: 36 yrs Sex: Male DOB: 09/09/1985

Arrival Date: 12/23/2021 Time: 12:27

Bed 2

ED Physician Schultz, Norman

MRN: 10275397

Account#: 5744450

Private MD:

Disposition:

12/23 15:20 Critical Care: Electronically signed by: Dr. Norman Schultz, MD.

ns2

Disposition Summary:

12/23/21 15:22

Transfer Ordered

- Accepting Physician: Dr Mednick ns2
- Transfer Location: Other ns2
- Reason: Urology/Nephrology- Higher level of care ns2
- Condition: Stable ns2
- Problem: new ns2
- Symptoms: are unchanged ns2
- Diagnosis:
 - Anemia, unspecified ns2
 - Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease ns2
 - Acute pulmonary edema ns2
- Forms:
 - Medication Reconciliation Form ns2

HPI:

12/23 13:01 This 36 yrs old Asian Male presents to ED via EMS Ground with complaints of Pedal Edema, Shortness Of Breath ns2

12/23 13:01 Patient is a 36-year-old Asian male presents from a cruise ship where he works with pulmonary edema and peripheral edema. He was given nitro and aspirin prior to coming in today. Patient denies any previous history of cardiac problems he has been having increased worsening shortness of breath for the past few days. He had chest pain initially but none presently. ns2

Historical:

- **Allergies:** No known Allergies;
- **Home Meds:**
 1. None
- **PMHx:** None
- **PSHx:** None

- **Social history:** : Smoking Status: Patient uses tobacco products, Denies chronic smoking, but will smoke occasionally. The patient speaks a little English..
- **Immunization history:** Last tetanus immunization: unknown Pneumococcal vaccine status is unknown. Flu vaccine status is unknown..
- **Family history:** Not pertinent..

ROS:

12/23 13:02 **Constitutional:** Positive for fatigue.
ENT: Negative for acute changes.
Neck: Negative for acute changes.
Cardiovascular: Positive for chest pain, Negative for.
Respiratory: Positive for orthopnea, shortness of breath.
Abdomen/GI: Negative for acute changes.
MS/extremity: Positive for swelling.
Neuro: Negative for acute changes.

ns2

Exam:

12/23

ns2

Physician Documentation Con't.

12/23 13:00	TROPONIN I	14:22	ns2
12/23 13:06	SARS Antigen, SOFIA FIA	14:22	ns2
12/23 13:33	LACTIC ACID - Initial	15:11	ns2
12/23 13:33	TYPE & SCREEN	15:11	ns2
12/23 14:34	ABO RH RETYPE	15:11	EDMS

Dispensed Medications:

Time	Drug & Dose <i>Dispensable & Quantity</i>	Volume	Route	Rate	Infused Over	Site	Delivery	Staff
12/23 14:06	Nitroglycerin Ointment 2 % 0.5 inches		Transdermal			anterior chest wall		jf5
12/23 14:07	Furosemide 40 mg		IVP			left antecubital		jf5
12/23 14:33	Follow up: Response: No adverse reaction							jf5
12/23 14:32	cefTRIAxone 1 grams		IVPB			left antecubital		jf5
12/23 15:05	Follow up: IV Status: Completed infusion; IV Intake: 100ml							jf5
12/23 15:06	Follow up: Response: No adverse reaction							jf5
12/23 15:06	azithromycin 500 mg, NS 0.9% 250 ml		IVPB			left antecubital		jf5

ECG:

12/23 Rate is 90 beats/min. Rhythm is regular. QRS Axis is Normal. PR interval is normal. QRS interval is normal. ns2
 13:30 QT interval is normal. No Q waves. T waves are Normal. No ST changes noted. Clinical impression: Normal
 ECG. Interpreted by me. Reviewed by me.

Critical care time excluding procedures:

12/23 Critical care time: Bedside Care: 20 minutes, Consultation: 10 minutes, Data Review: 10 minutes, Chart ns2
 15:20 Review: 10 minutes. Total time: 50 minutes

Signatures:

Dispatcher MedHost
 Foxwell, Justine

EDMS
 jf5

Dr. Norman Schültz, MD

MD ns2

Nurse's Notes Con't

12/23 **Present on Arrival:** Central Line: NO. Foley Catheter: NO. Wound/Pressure Ulcer: NO. **Neuro:** No gross abnormalities. Level of Consciousness is awake, alert. **Cardiovascular:** bilateral +2 pedal edema. Rhythm is sinus rhythm. **Respiratory:** Airway. jf5

12/23 **General:** Appears comfortable. **Nursing diagnosis:** Alteration in comfort: actual. jf5
14:37

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Pain	Staff
12/23 12:31	169 / 104	98	20		100%		7/10	jf5
12/23 13:20	180 / 100	93	18		98%			jf5
12/23 14:20	161 / 98	93	16		99%			jf5

ED Course:

12/23 Patient arrived in ED. jf5
12:27
12/23 Triage completed. jf5
12:29
12/23 Foxwell, Justine is Primary Nurse. jf5
12:55
12/23 Dr. Norman Schultz, MD is Attending Physician. ns2
12:56
12/23 Notified ED physician of BUN 182, Creatinine 21.5. ep1
14:21
12/23 No procedures required assistance by the nurse. jf5
15:23
12/23 Inserted peripheral IV: 20 gauge and blood collected. right ac Maintain field IV. Dressing intact. Good blood jf5
15:23 return noted. Gauge & site: 20g left ac.
12/23 Patient has correct armband on for positive identification. jf5
15:24

Administered Medications:

Time	Drug & Dose <i>Dispensable & Quantity</i>	Volume	Route	Rate	Infused Over	Site	Delivery	Staff
12/23 14:06	Nitroglycerin Ointment 2 % 0.5 inches		Transdermal			anterior chest wall		jf5
12/23 14:07	Furosemide 40 mg		IVP			left antecubital		jf5
12/23 14:33	Follow up: Response: No adverse reaction							jf5
12/23 14:32	cefTRIAxone 1 grams		IVPB			left antecubital		jf5
12/23 15:05	Follow up: IV Status: Completed infusion; IV Intake: 100ml							jf5
12/23 15:06	Follow up: Response: No adverse reaction							jf5
12/23 15:06	azithromycin 500 mg, NS 0.9% 250 ml		IVPB			left antecubital		jf5

Name: Ajat Sudrajat

MRN: 10275397
Account#: 5744450

Print Time: 12/23/2021 15:44:47

Page 2 of 3

Order Results

Name: Sudrajat, Ajat
 Age: 36 yrs Sex: Male DOB: 09/09/1985
 Arrival Date: 12/23/2021 Time: 12:27
 Bed 2

Lower Keys Medical Center
Emergency Department
 5900 College Road
 Key West FL 33040
 MRN: 10275397
 Account#: 5744450
 Private MD:

Test	Value	Flag	Range	Units	Status	Updated
CBC W-PLT SPEC'M 12/23/21 13:17						
WBC	10.1		3.6-11.0	thousand/uL	F	12/23 13:27
RBC	2.23	Below low normal	3.80-5.90	million/uL	F	12/23 13:27
HGB	6.3	Below lower panic limits	14.0-16.0	g/dL	F	12/23 13:27
HCT	18.8	Below lower panic limits	41.5-50.4	%	F	12/23 13:27
MCV	84.1		80-100	fl	F	12/23 13:27
MCH	28.1		26-34	pg	F	12/23 13:27
MCHC	33.4		32-37	g/dl	F	12/23 13:27
RDW	14.8		12-15	%	F	12/23 13:27
PLATELET COUNT	185		150-450	thousand/uL	F	12/23 13:27
MPV	9.7		8-11	fl	F	12/23 13:27
CMP SPEC'M 12/23/21 13:16						
GLUCOSE, QUANT	92		74-118	MG/DL	F	12/23 14:20
SODIUM	132	Below low normal	136-145	mMol/L	F	12/23 14:20
POTASSIUM	5.3	Above high normal	3.6-5.1	mMol/L	F	12/23 14:20
CHLORIDE BLOOD	100	Below low normal	101-111	mMol/L	F	12/23 14:20
CARBON DIOXIDE CO2	11	Below low normal	22-32	mMol/L	F	12/23 14:20
ANION GAP	21.0		6-22		F	12/23 14:20
CALCIUM TOTAL	7.7	Below low normal	8.9-10.3	MG/DL	F	12/23 14:20
UREA NITROGEN, QUAN	182	Above upper panic limits	8-26	MG/DL	F	12/23 14:20
CREATININE BLOOD	21.5	Above upper panic limits	0.6-1.2	mg/dL	F	12/23 14:20
BUN/CREATININE RATIO	8.5		8.0-20.0		F	12/23 14:20
GFR	3					
12/23 14:20	GFR is calculated based on Ethnicity of Patient (African American or Non-African American) Age and Sex from the Patient Registration Information. REFERENCE RANGES: Average GFR for Healthy Adults: >60 mL/min/1.73 m Chronic Kidney Disease: 15 - 60 mL/min/1.73 m Kidney Failure: <15 mL/min/1.73 m REFERENCE RANGES ARE NOT AVAILABLE FOR PATIENTS <18 OR >70 YEARS OF AND WILL BE RESULTED WITH TNP (TEST NOT PERFORMED)					
PROTEIN TOTAL SERUM	7.0		6.5-8.1	gm/dL	F	12/23 14:20
ALBUMIN SERUM	2.8	Below low normal	3.5-5.0	g/dL	F	12/23 14:20
AG RATIO	0.7	Below low normal	1.2-2.2		F	12/23 14:20
BILIRUBIN	0.6		0.3-1.2	mg/dL	F	12/23 14:20

Order Results Con't

Lower Keys Medical Center

5900 College Road
Key West FL 33040

ABO RH	B Positive				
STATUS	Completed				
ANTIBODY SCREEN, RBC	Negative		NEGATIVE		F 12/23 14:55
PREVIOUS HISTORY	No				
ABO RH RETYPE	SPEC'M 12/23/21 14:43				
ABO RH RETYPE	B POSITIVE				
STATUS	Completed				

CHEST PORTABLE 1V

Lower Keys Medical Center
5900 College Road
Key West, FL 33040
305 294 5531

IMAGING REPORT

NAME: SUDRAJAT, AJAT

MRN: 10275397 Room #: ER015 DOB: 09/09/1985
 Account #: 5744450 Bed #: 01 Age: 36
 Patient Type: EOP Exam Date/Time: Sex: M
 12/23/2021 13:00:00

Order #: Accession #: Exam Description:
 57444500000500 57444500000500 CH-CHEST PORTABLE 1V

Dictated by: Richard Shepler
 Ordering Physician: SCHULTZ, NORMAN
 Attending Physician: SCHULTZ, NORMAN
 Primary Care Physician:

FINAL REPORT

1 VIEW CHEST

COMPARISON:
None.

INDICATION:
36 years Male with provided indication of: Diminished breath sounds

FINDINGS:
The heart is normal. Mediastinal contours are within normal limits. There are moderate multifocal bilateral alveolar opacities predominantly in the left midlung and right lower lung field. There is no large pleural effusion. There is no pneumothorax. There is no regional acute osseous abnormality.

IMPRESSION:
Moderate bilateral pulmonary alveolar opacities. This can be seen in

Name: Ajat Sudrajat

MRN: 10275397
Account#: 5744450

Sudrajat, Ajak

Male
08/09/1995 (36 Years)

Heart rate	59	BPM
PR Interval	126	ms
QRS duration	86	ms
QT/QTc	368/41	ms
P-R-T axes	73 72 70	

Patient ID: 000000001
 Normal sinus rhythm
 Possible left atrial enlargement
 Minimal voltage criteria for LVI may
 be normal variant. Sokolow-Lyon?
 Borderline ECG

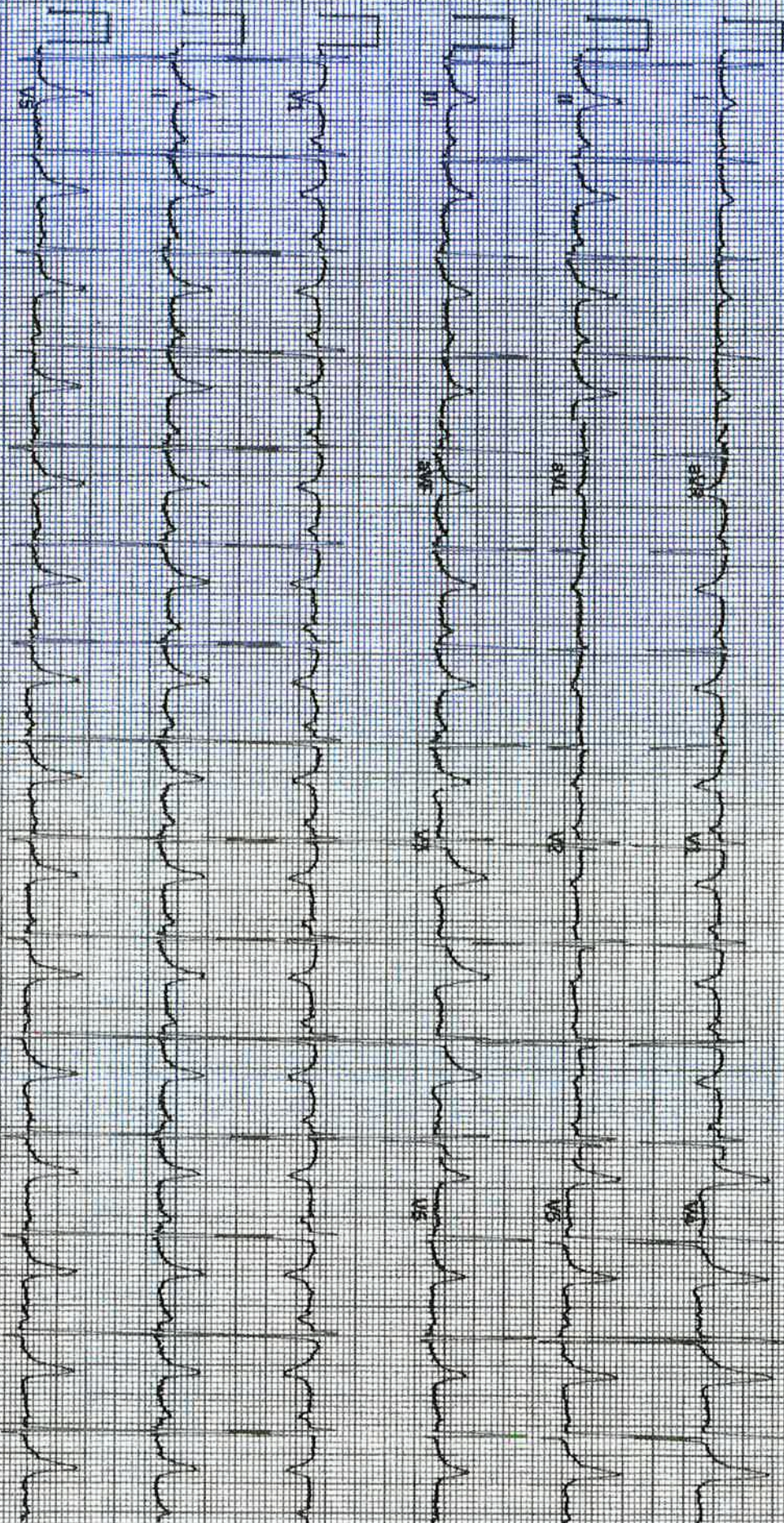
12/23/2023 12:33:55
 LOWER MERIDIAN MEDICAL CENTER

Technician: J.D. esp

EKG Read BY 21/11/23
 Date/Time

STEMI (leads one) YES NO

Unconfirmed



25mm/s 1.00mV/mV

Q36-150Hz SPD 50-18

MACC VU360 1.02 5P01

128L V3.2 4 by 2.5s + 3 rhythm file

ED Charge Sheet

Lower Keys Medical Center Emergency Department

Name: **Sudrajat, Ajat**
 Age: 36 yrs Sex: Male DOB: 09/09/1985
 Arrival Date: 12/23/2021 Time: 12:27

MRN: 10275397
 Account#: 5744450
 Private MD:

Diagnosis: Anemia, unspecified(ICD10 Code: D64.9);Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease(ICD10 Code: I13.11);Acute pulmonary edema (ICD10 Code: J81.0)

ED Service Charges Summary

Pts	Category *	Pts	Category *	Total
2	Triage	20	EMS Arrival	151
4	Vital Signs	65	Cardiac Monitor	
20	IV Start	20	Labs	
20	Meds Mgmt			
Service Level				
Level IV			1913224	

ED Service Charges Details

Category: Triage (Once)	Subtotal: 2
12/23/21 12:29 <u>Triage completed.</u>	2
12/23/21 12:27 <u>Presenting Complaint:</u> EMS states: pt c/o pedal edema and SOB x a few days starting while working on cruise ship. dx with heart failure on cruise ship today.	2
Category: EMS Arrival (Once)	Subtotal: 20
12/23/21 12:27 <u>Presenting Complaint:</u> EMS states: pt c/o pedal edema and SOB x a few days starting while working on cruise ship. dx with heart failure on cruise ship today.	20
12/23/21 12:27 <u>Method of arrival:</u> EMS Ground	20
Category: Vital Signs (Per Set of 4 = 2 pts)	Subtotal: 4
Vital Signs	9
Category: Cardiac Monitor (Once)	Subtotal: 65
12/23/21 12:28 Cardiovascular: bilateral +2 pedal edema. Rhythm is <u>sinus rhythm</u>	65
Category: IV Start (Once)	Subtotal: 20
12/23/21 15:23 Inserted <u>peripheral IV:</u> 20 gauge and blood collected. right ac Maintain field IV. Dressing intact. Good blood return noted. Gauge & site: 20g left ac.	20
Category: Labs (Once)	Subtotal: 20
12/23/21 15:23 Inserted peripheral IV: 20 gauge <u>and blood collected.</u> right ac Maintain field IV. Dressing intact. Good blood return noted. Gauge & site: 20g left ac.	20
Category: Meds Mgmt (Once)	Subtotal: 20
12/23 14:06 <u>Transdermal</u> - Nitroglycerin Ointment 2 % 0.5 inches Transdermal in anterior chest wall	20
12/23 14:07 <u>IVP</u> - Furosemide 40 mg IVP in left antecubital	20
12/23 14:32 <u>IVPB</u> - cefTRIAxone 1 grams IVPB in left antecubital	20
12/23 15:06 <u>IVPB</u> - azithromycin 500 mg, NS 0.9% 250 ml IVPB in left antecubital	20

IV Infusion Codes

Count	Procedure Code
1	1913259: Initial Therapeutic Infusion Ceftriaxone
2	1913258: IVP Subsequent New Med Injections Furosemide, Azithromycin

ED Procedure Codes

Count	Procedure Code	Count	Procedure Code
-------	----------------	-------	----------------



TO BE UTILIZED FOR ALL PATIENT TRANSFERS - EMERGENCY AND NON-EMERGENCY
 COMPLETE SECTIONS A AND B FOR ALL PATIENT TRANSFERS. COMPLETE SECTION D ONLY FOR EMERGENCY TRANSFERS.

SECTION A

TRANSFERRING NURSE TO COMPLETE

1. Appropriate medical records of the examination and treatment of the patient provided to the receiving facility at the time of transfer:
 (CHECK ALL THAT APPLY)

- | | | | | |
|------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------|-------------------------------------------------|---------------------------------------------------|
| <input checked="" type="checkbox"/> History/Physical | <input checked="" type="checkbox"/> Progress Notes | <input checked="" type="checkbox"/> Medication Records | <input checked="" type="checkbox"/> X-Rays | <input checked="" type="checkbox"/> EER Records |
| <input checked="" type="checkbox"/> Lab Tests | <input type="checkbox"/> Consultation Reports | <input checked="" type="checkbox"/> EKG | <input checked="" type="checkbox"/> Face Sheets | <input checked="" type="checkbox"/> Nurse's Notes |
| <input type="checkbox"/> Advance Directive | <input type="checkbox"/> Other | | | |

Additional reports needed by receiving facility should be requested through the HIM department.

2. Receiving facility has agreed to accept patient transfer, provide appropriate personnel and treatment, and has available space.

Jackson South 9333 SW 152nd St. MIAMI, FL 33157 (305) 256-5001
 Name of Receiving Facility Address Telephone #
Dr. Steven Mednick MD 1510 1523
 Full Name of Person Accepting Transfer Title Time Contacted Time Accepted
 Equipment Needs During Transfer ACLS crew, stretcher
 Personnel Needed During Transfer ACLS crew
 Accepting Physician Dr. Steven Mednick

TRANSFERRING PHYSICIAN TO DETERMINE IN ALL CASES

1. Mode of Transfer:

- | | |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Ambulance with Basic EMT (Basic Life Support) | <input type="checkbox"/> Ambulance with Paramedic (Advanced Life Support) |
| <input type="checkbox"/> Ambulance with RN (Critical Care Ground) | <input checked="" type="checkbox"/> Helicopter or fixed wing aircraft with RN (Critical Care Air) |
| <input type="checkbox"/> Law Enforcement | |

Harrison 12/23/21 1524
 Transferring Nurse to Complete Date Time
[Signature] 12/23/21 1524
 Physician Signature Date Time

SECTION B

PATIENT OR PATIENT'S LEGAL GUARDIAN TO COMPLETE

Risks related to transfer acknowledgment:

I realize that there are risks involved in transfer from one facility to another regardless of the reason for the transfer. Such risks include those inherent in the Transfer such as traffic delays, inclement weather, accidents during transport, rough terrain or turbulence, and the limitations of equipment and personnel present in the vehicle. I also understand that my medical condition may worsen.

I understand that every effort will be made to ensure a safe transfer. However I acknowledge I have been informed of the above and agree to transfer by the mode determined by the physician:

[Signature] Ajat Sudrajat
 Signature of patient or legally responsible individual Print patient's full name
12/23/21 1524
 Relationship to patient Date Time

1. Physician initiated transfer - Acceptance

I have been informed by the physician that the medical benefits of transfer outweigh the risks.

I accept those risks and consent to be transferred. I understand that a copy of my medical records and reports that are available at the time of transfer, as appropriate, will be sent to the receiving facility.

[Signature] Ajat Sudrajat
 Signature of patient or legally responsible individual Print Name
 Relationship to patient Date Time

Patient Transfer Form - EMTALA
 ER-3401 Page 1 of 3
 02/05 (Rev. 12/11, 03/18, 02/19, 10/19, 01/21, 02/21)
 Original - Medical Records, make copy for transferring facility

Patient Label

Lower Keys Medical Center
SUDRAJAT AJAT ER015-01
 DOB: 9/9/1985 36 M EOP-EOP MR#: 10275397
 SCHULTZ NORMAN DOS: 12/23/2021



Patient Acct #: **5744450**

Printed on 12/23/2021

SECTION D

ADDITIONAL PHYSICIAN DOCUMENTATION

TO BE COMPLETED FOR TRANSFERS FROM THE EMERGENCY DEPARTMENT AND LABOR & DELIVERY

The patient presented to the Hospital requesting emergency medical treatment and the Hospital has provided a medical screening examination and stabilization services to the extent possible, given the Hospital's current capacity and/or capabilities. Transfer of the patient to a hospital with additional capacity and/or capabilities is medically indicated, or has been requested by the patient or the patient's legal guardian. Check only one:

- The patient is being transferred to a hospital that provides a different level of care and/or services which this hospital does not provide, for the purpose of stabilizing and/or treating the patient's Emergency Medical Condition, including psychiatric emergencies.
The patient is being transferred, at the patient's request, following a disclosure by the Hospital of its obligations to provide Emergency Medical Screening and treatment, and after informing the patient of the risks and benefits of the Transfer.
The patient is being transferred because of failure, refusal, or inability of an on-call physician to respond

NA

On-Call Physician's Name Address Phone Number

PHYSICIAN CERTIFICATION

EMERGENCY MEDICINE PHYSICIAN TO COMPLETE:

The patient has an emergency medical condition that this hospital has attempted to stabilize and/or treat to the extent possible given the Hospital's capacity and capabilities. However, based on the information available to me at the time of transfer, I certify that the medical benefits expected from the provision of appropriate medical care at another facility outweigh the increased risks to the individual and, in the case of a patient in labor, to the unborn child associated with the transfer of the patient to the receiving facility. For psychiatric conditions, the patient is protected from harming him/herself or others. All transfers have the inherent risk that the patient's medical condition could worsen. There are also risks of traffic delays, accidents during transport, inclement weather, rough terrain or turbulence, and the limitations of equipment and personnel present in the vehicle. In addition, regarding this patient, additional risks and benefits include:

Expected Benefits of Transfer Nephrology EVAL

Specific Risks of Transfer MUA

Transferring Physician/Qualified Medical Personnel Signature

Physician Countersignature (if patient was transferred pursuant to a verbal order due to urgent need to transfer)

Ajat Sudrajat

12/23/21

1524

Patient

Date

Time

LKMC

ED

Facility

Department

