



Please Login

Username:

Password:

[Privacy Statement](#)



On behalf of: I am looking up information for the Member ID: By clicking [Lookup](#) I assert that I am accessing this information in accordance with the [Terms & Conditions](#).

[Change Password](#) [Logout](#)

[Privacy Statement](#)



[Logout](#)

Member ID: 11111112 Drew Doe DOB: 01/01/1940
100 Army Post Rd, Des Moines, IA, 55555-5555

Is this the correct person?

[Yes, show the information.](#)

[No, go back.](#)

[Privacy Statement](#)



Member ID: 11111112 Drew Doe DOB: 01/01/1940 100 Army Post Rd, Des Moines, IA, 55555-5555

[Lookup another person's information](#)
 [Open a printer friendly page](#)
 [Logout](#)

Refresh

Filter by All and/or Date 01/01/2003 through 10/03/2006

- This information is based on processed Medicaid claims. Thus keep in mind there will be gaps based on the time it takes to submit and process a claim.
- Use this information to improve patient care and help reduce duplicate services

Detail Full Description

Last Date	First Date	Description	Code	Occurrences
07/05/2006	06/25/2006	Oxycodone HCL/Acetaminophen	Drug	2
07/05/2006	07/05/2006	Propoxyphene/Acetaminophen	Drug	1
07/03/2006	06/29/2005	Naproxen	Drug	3
06/26/2006	07/03/2004	Risperidone	Drug	10
06/26/2006	10/01/2004	Trazodone HCL	Drug	5
06/26/2006	06/26/2006	Lisinopril/hydrochlorothiazide	Drug	1
06/11/2006	05/01/2006	Lumbago	Diagnosis: 724.2	2
06/11/2006	05/16/2006	Emergency Dept Service, New/Est Pt, Low Severity	Procedure: 99282	2
06/11/2006	05/21/2006	Therapeutic, prophylactic or diagnostic injection (specify	Procedure: 90772	2
05/31/2006	05/01/2006	Manual Therapy Techniques,(eg.Mobilization/Manipulation,	Procedure: 97140	10
05/26/2006	05/01/2006	Electrical Stimulation Other Than Wound Care	Procedure: G0283	11
05/26/2006	05/26/2006	Physical Therapy Re-Evaluation	Procedure: 97002	1
05/24/2006	05/01/2006	Therapeutic Procedure, 1 Or More Areas, Each 15 Min.	Procedure: 97110	7
05/22/2006	05/22/2006	Chiropractic Manipulative Treatment Spinal 3-4 Regions	Procedure: 98941	1
05/21/2006	05/21/2006	Emergency Dept Service, New/Est Pt, Low/Moderate Severity	Procedure: 99283	1
05/21/2006	05/21/2006	Chronic Airway Obstruction, Not Elsewhere	Diagnosis: 496	1
05/21/2006	05/21/2006	Esophageal Reflux	Diagnosis: 530.81	1
05/21/2006	05/21/2006	Vomiting Alone	Diagnosis: 787.03	1
05/21/2006	05/21/2006	Reglan/Metoclopramide HCL Injection, Up To 10MG	Procedure: J2765	1
05/16/2006	05/16/2006	Hyposmobility And/Or Hyponatremia	Diagnosis: 276.1	1
05/16/2006	05/16/2006	Other Musculoskeletal Symptoms Referable	Diagnosis: 729.89	1
05/16/2006	05/16/2006	Other Malaise And Fatigue	Diagnosis: 780.79	1
05/16/2006	05/16/2006	Facial Weakness	Diagnosis: 781.94	1
05/16/2006	05/16/2006	Other Speech Disturbance	Diagnosis: 784.5	1
05/16/2006	05/16/2006	Routine Venipuncture Finger/Heel/Ear Stick For Collect Speci	Procedure: 36415	1
05/16/2006	05/16/2006	Magnetic Resonance Imaging, W/O Contrast Follow. By Contrast	Procedure: 70553	1
05/16/2006	05/16/2006	Comprehensive Metabolic Panel Includes;82040,82247,82310,82374,82435,	Procedure: 80053	1
05/16/2006	05/16/2006	Thyroxine, Free	Procedure: 84439	1
05/16/2006	05/16/2006	Thyroid Stimulating Hormone (tsh)	Procedure: 84443	1
05/16/2006	05/16/2006	Blood Count;hemogram And Platelet Count, Automated	Procedure: 85027	1
05/01/2006	05/01/2006	Difficulty In Walking	Diagnosis: 719.7	1
05/01/2006	05/01/2006	Sciatica	Diagnosis: 724.3	1
05/01/2006	05/01/2006	Care Involving Other Physical Therapy	Diagnosis: V57.1	1
08/09/2005	01/13/2005	Hydrocodone bit/Acetaminophen	Drug	10
08/08/2005	03/16/2005	Esteroids,Conjugated	Drug	4

[Privacy Statement](#)



Look up another person's information Open a printer friendly page Logout

Member ID: 11111112 Drew Doe DOB: 01/01/1940
100 Army Post Rd, Des Moines, IA, 55555-5555

Refresh

Filter by and/or Date through

- This information is based on processed Medicaid claims. Thus keep in mind there will be gaps based on the time it takes to submit and process a claim.
- Use this information to improve patient care and help reduce duplicate services

Detail Full Description

Last Date	Service	Description	Code	Provider
06/26/2006	Prescribed Drugs	Risperidone (Risperdal 0.5MG Tablet), 30 Days, Qty 30	Dru: 50458030206	Montana Kleinstine DO Return
07/29/2005	Prescribed Drugs	Risperidone (Risperdal 0.5MG Tablet), 30 Days, Qty 90	Dru: 50458030206	Montana Kleinstine DO Return
06/30/2005	Prescribed Drugs	Risperidone (Risperdal 0.5MG Tablet), 30 Days, Qty 90	Dru: 50458030206	Montana Kleinstine DO Return
05/02/2005	Prescribed Drugs	Risperidone (Risperdal 0.5MG Tablet), 30 Days, Qty 90	Dru: 50458030206	Montana Kleinstine DO Return
04/04/2005	Prescribed Drugs	Risperidone (Risperdal 0.5MG Tablet), 30 Days, Qty 90	Dru: 50458030206	Montana Kleinstine DO Return
03/03/2005	Prescribed Drugs	Risperidone (Risperdal 0.5MG Tablet), 30 Days, Qty 90	Dru: 50458030206	Montana Kleinstine DO Return
02/02/2005	Prescribed Drugs	Risperidone (Risperdal 0.5MG Tablet), 30 Days, Qty 90	Dru: 50458030206	Montana Kleinstine DO Return
09/01/2004	Prescribed Drugs	Risperidone (Risperdal 0.5MG Tablet), 30 Days, Qty 90	Dru: 50458030206	Montana Kleinstine DO Return
08/03/2004	Prescribed Drugs	Risperidone (Risperdal 0.5MG Tablet), 30 Days, Qty 90	Dru: 50458030206	Montana Kleinstine DO Return
07/03/2004	Prescribed Drugs	Risperidone (Risperdal 0.5MG Tablet), 30 Days, Qty 90	Dru: 50458030206	Montana Kleinstine DO Return

Privacy Statement



Member ID: 1111112 Drew Doe DOB: 01/01/1940 100 Army Post Rd, Des Moines, IA, 55555-5555

Filter by All and/or Date through

This information is based on processed Medicaid claims. Thus keep in mind there will be gaps based on the time it takes to submit and process a claim.
 Use this information to improve patient care and help reduce duplicate services

Detail Full Description

Last Date	Service	Description	Code	Provider
07/05/2006	Prescribed Drugs	Propoxyphene/Acetaminophen (Propoxy-N/Apap 100-650 tablet), 20 Days, Qty 40	Pro: 0093049005	Montana KleinStine DO
07/05/2006	Prescribed Drugs	Oxycodone HCL/Acetaminophen (Oxycodone W/Apap 5/325 tablet), 3 Days, Qty 40	Pro: 00406051201	Montana KleinStine DO
07/05/2006	Prescribed Drugs	Naproxen (Naproxen 500MG Tablet), 30 Days, Qty 60	Pro: 00093014910	Montana KleinStine DO
06/26/2006	Prescribed Drugs	Lisinopril/hydrochlorothiazide (Lisinopril-Hctz 20/25 tablet), 30 Days, Qty 30	Pro: 00378202501	Montana KleinStine DO
06/26/2006	Prescribed Drugs	Trazodone HCL (Trazodone 150MG Tablet), 30 Days, Qty 60	Pro: 00555073202	Montana KleinStine DO
06/26/2006	Prescribed Drugs	Risperidone (Risperdal 0.5MG Tablet), 30 Days, Qty 30	Pro: 50458030206	Montana KleinStine DO
06/25/2006	Prescribed Drugs	Oxycodone HCL/Acetaminophen (Oxycodone W/Apap 5/325 tablet), 5 Days, Qty 50	Pro: 00406051201	Montana KleinStine DO
06/11/2006	Outpatient	Lumbago	Dia: 724.2	Montana KleinStine DO
06/11/2006	Outpatient	Emergency Dept Service, New/Est Pt, Low Severity	Pro: 99282	Montana KleinStine DO
06/11/2006	Outpatient	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	Pro: 90772	Montana KleinStine DO
05/31/2006	Outpatient	Manual Therapy Techniques,(eg,Mobilization/Manipulation, Manual Lyphatic	Pro: 97140	Montana KleinStine DO
05/26/2006	Outpatient	Physical Therapy Re-Evaluation	Pro: 97002	Montana KleinStine DO
05/26/2006	Outpatient	Electrical Stimulation Other Than Wound Care	Pro: G0283	Montana KleinStine DO
05/24/2006	Outpatient	Therapeutic Procedure, 1 Or More Areas, Each 15 Min.	Pro: 97110	Montana KleinStine DO
05/24/2006	Outpatient	Manual Therapy Techniques,(eg,Mobilization/Manipulation, Manual Lyphatic	Pro: 97140	Montana KleinStine DO
05/24/2006	Outpatient	Electrical Stimulation Other Than Wound Care	Pro: G0283	Montana KleinStine DO
05/22/2006	Outpatient	Chiropractic Manipulative Treatment Spinal 3-4 Regions	Pro: 96941	Montana KleinStine DO
05/22/2006	Outpatient	Manual Therapy Techniques,(eg,Mobilization/Manipulation, Manual Lyphatic	Pro: 97140	Montana KleinStine DO
05/22/2006	Outpatient	Electrical Stimulation Other Than Wound Care	Pro: G0283	Montana KleinStine DO
05/21/2006	Outpatient	Chronic Airway Obstruction, Not Elsew/wh	Dia: 496	Montana KleinStine DO
05/21/2006	Outpatient	Esophageal Reflux	Dia: 530.81	Montana KleinStine DO
05/21/2006	Outpatient	Vomiting Alone	Dia: 787.03	Montana KleinStine DO
05/21/2006	Outpatient	Emergency Dept Service, New/Est Pt, Low/Moderate Severity	Pro: 99283	Montana KleinStine DO
05/21/2006	Outpatient	Reglan/Metoclopramide HCL Injection, Up To 10MG	Pro: 32765	Montana KleinStine DO
05/21/2006	Outpatient	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	Pro: 90772	Montana KleinStine DO
05/19/2006	Outpatient	Manual Therapy Techniques,(eg,Mobilization/Manipulation, Manual Lyphatic	Pro: 97140	Montana KleinStine DO
05/19/2006	Outpatient	Electrical Stimulation Other Than Wound Care	Pro: G0283	Montana KleinStine DO
05/17/2006	Outpatient	Manual Therapy Techniques,(eg,Mobilization/Manipulation, Manual Lyphatic	Pro: 97140	Montana KleinStine DO
05/17/2006	Outpatient	Electrical Stimulation Other Than Wound Care	Pro: G0283	Montana KleinStine DO
05/16/2006	Outpatient	Hyposmolality And/Or Hyponatremia	Dia: 276.1	Montana KleinStine DO
05/16/2006	Outpatient	Other Musculoskeletal Symptoms Referable	Dia: 729.89	Montana KleinStine DO
05/16/2006	Outpatient	Other Speech Disturbance	Dia: 784.5	Montana KleinStine DO
05/16/2006	Outpatient	Facial Weakness	Dia: 781.94	Montana KleinStine DO

Privacy Statement