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| HEALTH CARE REQUEST | 990 |
| PRISONER: COMPLETE SECTIONS A THROUGH D | 1 |
| A NAME: Mays SUPPUNHAS EXPIGIT X-24 FACILITY: AMA | 1 |
| NUMBER: 218101 . LOCK: 3.214 DATE: 6-21-17 | 1 |
| B. This Health Care Request is for the following (check one or more): Health Record Copies Non-urgent | |
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| C. I have the following problems/symptoms: My Jaw 115 Paul Every Doy Ball | |
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| D NOTICE TO PRISONER QUES 162-10 SENEDINOS +425E /CLAES MAGES | |
| You will not be denied health care services for lack of personal funds. However, if your account does not have adequate funds, the copayment will be considered an institutional debt and shall be collected as set forth in PD 04.02.105, "Prisoner Funds". | |
| T KERLLY DONA X3 (17.0/5 Thee Kloth | 1 W |
| Signing this document formally requests treatment. In addition, it authorizes the DOC to treat or arrange treatment for you and to ream any necessary medical information to facilitate that treatment, to review treatment, to respond to a related grievance, or to review any | ease |
| appeal you may make regarding the Department's decision to charge for the care. Will NS With Your | |
| I have read Section D above, or it has been read to me and I understand that I will be charged \$5.00 for my health care visit unless it | is |
| for one of the reasons listed below in Section F. If I am charged for this visit, I agree that the \$5.00 may be taken from my account. | |
| Prisoner Signature: Threat You Date: BELLY | |
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| Signature: Title: Provider #: Date: | 1 |
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| Note: If none of the exceptions listed below apply, check the box below and a copay will be charged. It + (2) | MI |
| Care that is: requested by a QHP (includes transfer assessments, chronic care clinics, intake and annual screening, and required follow-up care) | |
| for injuries that are work-related as documented by the prisoner's work supervisor | |
| requested for testing for HIV, STD's, infestations, or reportable communicable diseases | -0/ |
| requested for evaluation, consultation, or treatment of a mental health need prompted by a medical emergency (see Section I of the policy, if self-inflicted) | 4 |
| I have reviewed the visit of and certify none of these exceptions apply. | 1 |

Distribution:

Signature:

White - Health Services,

Date

Canary - Prisoner, Pink - Business Office

Title:

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Provider #:

| | HEALTH CARE REQUEST-PLM-TPG ECF No. 1-8 filled 10/05/17 PageID.68 Page 2 of 8 |
|--|--|
| 1 | PRISONER: COMPLETE SECTIONS A THROUGH D |
| | A NAME: MC 45 SUPPORTING EXHIGH K-25 FACILITY: HIJE |
| 1 | NUMBER: 218 (0 (LOCK: 3.214 DATE: 6.24-17) |
| 学のご | B. This Health Care Request is for the following (check one or more): Health Record Copies Non-urgent |
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| | Signing this document formally requests treatment. In addition, it authorizes the DOC to treat or arrange treatment for you and to release any necessary medical information to facilitate that treatment, to review treatment, to respond to a related grievance, or to review any |
| 100 | appeal you may make regarding the Department's decision to charge for the care. |
| 1 | I have read Section D above, or it has been read to me and I understand that I will be charged \$5.00 for my health care visit unless it is |
| | for one of the reasons listed below in Section F. If I am charged for this visit, I agree that the \$5.00 may be taken from my account. |
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| | An appointment has been scheduled for you on: Date: COPAYMENT (to be filled out by health care): |

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| EALTH CARE REQUEST | - The Art of the Shire of the Art |
| A STATE OF THE PARTY OF THE PAR | PLETE SECTIONS A THROUGH D |
| NAME: MAYS SUPPOR | AINS ENGLIF X-26- FACILITY: PHILA |
| NUMBER: 21800 LOCK | 3 219 DATE: 6-30-17 |
| B. This Health Care Request is for the following (check one | e or more): Health Record Copies Non-urgent |
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| Signature: | Title: Provider #: Date: |
| Thite - Health Sarvices. Canary - Priso | |
| | The Carlo Land |

EXHIGIT K- 20

MICHIGAN DEPARTMENT OF CORRECTIONS



Patient Name Date Received MARCUS MAYS 06/30/2017

Age 53 Years

Time Received
Taken By

Elizabeth M. Corrigan, RN

Date Initiated 06/30/2017

SUPPORTING K-27

Other

Reason: I am being denied medical treatment. I asked for some throat medication to be prescribed for my burning throat like secret throat lozenges..

Details: lock 3-214.

Comment: You were seen by both nursing and the doctor. Throat lozenges and cough drops are available through the prisoner store for purchase. They are not precribed. If you need to be scheduled a nurse visit, please rekite stating clearly what you need to be seen for, a \$5 copay will apply.

EXH1617 K-27

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MAYS, MARCUS 218101 03/25/1964

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| MICHIGAN DEPARTMENT OF | CORRECTIONS-Bureau o | f Health Care | Middle 1 Page 5 01 84033-134 |
|---|--|---------------------------------|--|
| HEALTH CARE REQUES | 50 PPOK | LIES EXPOSO | |
| | PRISONER: COMPLETI | E SECTIONS A THROUGH | HD |
| A NAME: Ways | | | FACILITY: ARE |
| NUMBER: 21810(/ | LOCK: 3 | 2/4 | DATE: 7-5-(7 |
| B. This Health Care Request is for | the following (check one or mo | ore): Health Record Copi | es Non-urgent |
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| any necessary medical information t | o facilitate that treatment, to re | eview treatment, to respond to | or arrange treatment for you and to release o a related grievance, or to review any |
| appeal you may make regarding the | | | EXCEDRUM DO, |
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| for one of the reasons listed below in | | | 5.00 for my health care visit unless it is 5.00 may be taken from my account. |
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| CHJ-549 11/05 Case 2 1/7 EVT OF FOR THE BUILDING HER HIGH 10/05/17 Page 6 of 8 |
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| SUPPOLITION W - 34 |
| PRISONER: COMPLETE SECTIONS A THROUGH D |
| A NAME: MCY |
| NUMBER: 218(0) LOCK: 3-2147 DATE: 7/0-17 |
| B. This Health Care Request is for the following (check one or more): Health Record Copies . Non-urgent |
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| Signing this document formally requests treatment. In addition, it authorizes the DOC to treat or arrange treatment for you and to release |
| any necessary medical information to facilitate that treatment, to review treatment, to respond to a related grievance, or to review any appeal you may make regarding the Department's decision to charge for the care. |
| appear you may make regarding the Department's decision to charge for the care. |
| I have read Section D above, or it has been read to me and I understand that I will be charged \$5.00 for my health care visit unless it is |
| one of the reasons listed below in Section F. If I am charged for this visit, I agree that the \$5.00 may be taken from my account. |
| Prisoner Signature: Date: |
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| An appointment has been scheduled for you on: Date: |
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| Note: If none of the exceptions listed below apply, check the box below and a copay will be charged. |
| Care that is: • requested by a QHP (includes transfer assessments, chronic care clinics, intake and annual screening, |
| and required follow-up care) |
| for injuries that are work-related as documented by the prisoner's work supervisor requested for testing for HIV, STD's, infestations, or reportable communicable diseases |
| requested for evaluation, consultation, or treatment of a mental health need |
| prompted by a medical emergency (see Section I of the policy, if self-inflicted) |
| I have reviewed the visit of and certify none of these exceptions apply. |
| Signature: Provider #: Date: |

White - Health Services,

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| HEALTH CA | RE REQUEST | DUE DUE | Sup my | BURRING | + WI and many | 160 |
| | | PRISONER: COMPI | LETE SECTIONS | SATHROUGH D | 18300 NOISON | thing |
| A NAME: | rays | SUPPORTU | es Expibil | 1 x-30 | FACILITY: AM | 0 |
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MICHIGAN DEPARTMENT OF CORRECTIONS



Patient Name

MARCUS MAYS

Age 53 Years

Date Received Time Received Taken By 07/10/2017 00:00

Dawn M. Coon, RN 07/10/2017

Date Initiated

SUPPORINES EXHIBIT

Action & Resolution

<u>Date</u> <u>Time</u> 07/11/2017 4:34 AM

User Dawn M. Coon, RN <u>Detail</u>

Reason: Sore throat and "constant" headaches, "...blister in my nose which bleeds and drains". Call details: You have been previously placed on the call-out for this and will be seen this week. Comment Lock 3-214

Other

Reason: Sore throat and "constant" headaches, "...blister in my nose which bleeds and drains"...

Details: You have been previously placed on the call-out for this and will be seen this week...

Comment: Lock 3-214.

EX121610-2-31

ON 7-12-17 I was DENERD MEDICAL DEFENTION ON 15T

SHIEF BY RIBUSE

\$ 11266th CORKIGAN DUMPS MEDITONIOS

MAYS, MARCUS 218101 03/25/1964

LOCK 3-214