Visit Information

Patient Name:		Visit #:	43055797
Visit Type:	Inpatient	MRN #:	949075
Admit Date/Time:	27-Jan-2025 11:06	Visit Status:	ADM
Service:	Medicine/LIJ	Admit Source:	ER Reg - Skilled Nurs Facility
Admit Diagnosis:	Sepsis	Location:	LIJ 5N 522 A
Attending Phys:	Husain, Syed I	Referring Physician:	
Admitting Phys:	Jain, Ajay	Mode of Arrival:	Senior Care

Acute hypoxic, Hypercapnic Resp. failure.
sepsis, Asp PNA.
Anemia
Parkinsons.
Type 2DM
HTN Adv. Dementia
Poor prognosis.
St 4. Sacral Decub.

1/28 - 2/2	2/4 - 2/15	2/17	2/18/25
33	33	32	38

Insurance

Carrier Name:	UNITED HLTH MCARE	Plan Name:	UNITED HLTH MCARE	Certification #:		Relation:	Self
Group Name:		Group #:		Policy #:	985851914		
Effective Date:		Expiration Date:		Subscriber:			
Addr 1:	PO BOX 740800			Addr 2:			
City:	ATLANTA	State:	GA	Zip:	303740800	Country:	
Phone:	877-842-3210						

Insurance

Carrier Name:	MEDICARE IME	Plan Name:	MEDICARE IME	Certification #:		Relation:	Self
Group Name:		Group #:		Policy #:	2HQ7QV3PQ33		
Effective Date:		Expiration Date:		Subscriber:			
Addr 1:				Addr 2:			
City:		State:		Zip:		Country:	
Phone:							

Insurance

Carrier Name:	MEDICAID	Plan Name:	MEDICAID	Certification #:		Relation:	Self
Group Name:		Group #:		Policy #:	UZ25657Z		
Effective Date:	01Feb24	Expiration Date:		Subscriber:			
Addr 1:				Addr 2:			
City:		State:		Zip:		Country:	
Phone:							

Patient Information

Gender:	Male	Marital Status:	Married	Privacy Status:	Standard
Enterprise #:	791655				
Date of Birth:	24-Sep-1946	Age:	78y		
Addr 1:	11644 227TH ST			Addr 2:	
City:	CAMBRIA HEIGHTS	State:	NY	Zip: 11411	Country: USA
Primary Phone:	(980) 3096990	Ext:			
Secondary Phone:	(623) 9202174	Ext:			
Religion:	Catholic	Race:	African Amer/Black	Ethnicity:	Not Hispanic or Latino

Contacts

Contact Name:			Contact Type:	Guarantor	Relation: Self
Addr 1:	11644 227TH ST		Addr 2:	THE GRAND REHABILITATION	
City:	CAMBRIA HEIGH	State: NY	Zip:	11411	Country:
Home Phone:	(980) 3096990	Ext:	Business Phone:	(212) 523-7512	Ext:
Alt Phone:		Ext:	Fax:		

Contact Name:			Contact Type:	Relative	Relation: Spouse
Addr 1:	11644 227TH STREET		Addr 2:		
City:	CAMBRIA HEIGHTS	State: NY	Zip:	11411	Country:
Home Phone:	(646) 2290198	Ext:	Business Phone:	(646) 2290198	Ext:
Alt Phone:		Ext:	Fax:		

Contact Name:			Contact Type:	Emerg. Contact	Relation: Daughter
Addr 1:	11644 227TH STREET		Addr 2:		
City:	CAMBRIA HEIGHTS	State: NY	Zip:	11411	Country:
Home Phone:	(623) 9202174	Ext:	Business Phone:	(623) 9202174	Ext:
Alt Phone:		Ext:	Fax:		