

JFK University Medical Center - Insurance Information

Printed: November 18, 2021	MRN: 101018814	HAR: 80802005157	Patient: Bekesy, Steven E
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ENCOUNTER - 11/18/2021 CSN: 5108898150

Patient Class: OP Amb Proc	Unit: JFK CARDIAC CAT*
Hospital Service: SAC (SURG DAR CARD CATH)	Room/Bed: JFK CATH LAB/JFK CATH LAB
Admitting Provider: Nikita Varshneya, MD	Adm Diagnosis: CAD (coronary artery disease) [I25.10]
Attending Provider: Nikita Varshneya, MD	Admit Source: Non-healthcare Facility *

PATIENT

Name: BEKESY, STEVEN E	Race: White	DOB: 9/17/1960 (61 yrs)
Address: 16 SUNSET DRIVE PORT READING NJ 07064	Ethnicity: Other Spanish / Hispanic*	Sex: Male
City: PORT READING, NJ 07064	Language: English	MS: Married
PCP: Mary T O'Donnell, MD	Religion: OTHER	Primary Phone: 732-326-0150; 732-925-0919

GUARANTOR

Guarantor: BEKESY, STEVEN E	Date of Birth: 9/17/1960
Address: 16 SUNSET DRIVE PORT READING, NJ 07064	Sex: Male
Relation: Self	Home Phone: 732-326-0150
Guarantor: 112184414	Work Phone:
Guarantor Employer: middlesex county vocational schools	Status: FULL TIME

EMERGENCY CONTACT

Contact Name	Legal Guardian?	Relationship to Patient	Primary Phone
1. Bekesy, Steven		Spouse	732-326-0150
2. *No Contact Specified*			

COVERAGE

PRIMARY INSURANCE - Authorization Number: A162978375					
Insurance Company:	HORIZON BC/BS OF NJ	Phone:		Plan:	HORIZON NJ DIRECT
Payor Name:	HORIZON BC/BS OF NJ	Subscriber Name:	BEKESY, STEVEN E	Claim Address:	PO BOX 820 NEWARK, NJ 07101
Eff From - Eff To:	4/1/2008 -	Pat. Rel. to Subscriber:	Self	Insurance Type:	INDEMNITY
Group Number:	0293500	Subscriber ID:	NJX3HZN18978080	Sub. DOB:	09/17/1960
SECONDARY INSURANCE - Authorization Number: N/A					
Insurance Company:		Phone:		Plan:	
Payor Name:		Subscriber Name:		Claim Address:	
Eff From - Eff To:	-	Pat. Rel. to Subscriber:		Insurance Type:	
Group Number:		Subscriber ID:		Sub. DOB:	
TERTIARY INSURANCE - Authorization Number: N/A					
Insurance Company:		Phone:		Plan:	
Payor Name:		Subscriber Name:		Claim Address:	
Eff From - Eff To:	-	Pat. Rel. to Subscriber:		Insurance Type:	
Group Number:		Subscriber ID:		Sub. DOB:	

Referred By: Other

Destination: 1. 2. 3. 4.

Radha 11/18/21 Angus
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CAD
HNW
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ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT RAHWAY

Inpatient Facesheet

User Id: admdrobe

PATIENT INFORMATION									
PT Dir.	VIP A -	OR Conf#	Med Serv MED		Nurse Station EMD	Room/Bed EMD-0005-02 Ext:	Patient Type P - INPATIENT/ACUTE M/S		
Last Name, First Name, Middle Initial DERR, GABRELLA					Preferred Name GABRELLA			Admit Date 11/17/2021	
Address 1 1645 IRVING ST					Gender Identity F - Female			Discharge Date	
Address 2 APT 2A					Phone (732) 912-0472			Med Record Number 0059888	
City RAHWAY					State NJ	Zip 07065	County	Account Number 400415241	
Sex F	DOB 02/21/1950	Age 71 Y	Marital Status Single		Race Black or Africa		Ethnicity	Alt Comm. N	
Admit Date - Time 11/17/2021-18:44		Admit Source NON-HEALTH CARE FACILITY			Admitted By				
Admit Doctor 034371 - VARSHNEYA, NIKITA					Attending Doctor 034371 - VARSHNEYA, NIKITA				
PCP Doctor 002168 - PCP, UNKNOWN					Referring Doctor				
Complaint J45.901-ASTHMA EXACERBATION									
PATIENT EMPLOYER INFORMATION									
Employer Name RETIRED					Telephone Number		Occupation RETI - RETIRED		
GUARANTOR INFORMATION									
Last Name, First Name, Middle Initial DERR, GABRELLA							Relationship to Patient SELF		
Guarantor Address 1645 IRVING ST - RAHWAY, NJ 07065							Telephone Number (732) 912-0472		
PRIMARY INSURANCE									
Insurance Carrier/Name AETNA MEDICARE							Policy Number MEBQ7S3F		
Insurance Address PO BOX 981106 - EL PASO, TX 79998					Insurance Phone		Group Number AE45691808000019		
Subscriber DERR, GABRELLA					Relationship SELF		Authorization/Referral		
SECONDARY INSURANCE									
Insurance Carrier/Name							Policy Number		
Insurance Address					Insurance Phone		Group Number		
Subscriber					Relationship		Authorization/Referral		
TERTIARY INSURANCE									
Insurance Carrier/Name							Policy Number		
Insurance Address					Insurance Phone		Group Number		
Subscriber					Relationship		Authorization/Referral		
DESIGNATED REPRESENTATIVE									
Last Name, First Name SIRAANO, LISA							Relationship to Patient FRIEND		
Address 701 ALLEN STREET - LINDEN, NJ - NEW JERSEY 07036							Home Phone (908) 494-1011		Cell Phone
OTHER INFORMATION									
Religion CATHOLIC	Speech Impairment N	Primary Language ENGLISH			Advance Directive NO ADVANCE DIRECTIVE			Privacy Signed Y	
Congregation	Hearing Impairment N	Preferred Language ENGLISH			Organ Donor N	Comm Assessment		Date Signed	

11/17/21
Adms

→ Acute
on chronic
Asma
— now controlled
→ ↓ ↓ ↓
→ Anxiety / depression
— Narcolepsy AD.

INPATIENT ADMISSION FACE SHEET
KH New Jersey Rahway
865 Stone Street, Rahway, NJ 07065-2742

Med Rec #: FW00018264	Admit Date: 11/14/2021	Time: 11:09 PM	Acct #: FW0000434464
Serv/Loc: Long Term Acute	Room & Bed: FW.405-2	Accom: Semi-Private	Fin Class:
Pt. Status: ADM IN	Admit Source: 4 TRANSFER FROM A HOSPITAL		Disch Date:

*** PATIENT INFORMATION ***

Patient: POHORENCE, GARY	Birthdate: 01/16/1954	Age: 67	Sex: Male
Address: 11 JOHNSON ST, SCOTCH PLAINS, New Jersey 07076	Marital St: S SINGLE	SS#:	
	Religion: CATHOLIC	Race: CAUCASIAN	
	Mdn Name:		
Phone #: (908) 477-7958	Language: English		

*** PHYSICIAN INFORMATION ***

Primary Care:	Phone #:
Admitting: PHYSICIAN, TEMP	Phone #:
Attending/ER: CASALE, LISA M	Phone #: (732) 549-7380
Family:	Phone #:
Other:	Phone #:
Referring: TEMP, PHYSICIAN TEMP	Phone #:

*** EMPLOYMENT INFORMATION ***

Employer:	Occupation:
Address:	Emp Phone #

*** CONTACT INFORMATION ***

Next of Kin: MAY, DEBORAH	Notify Person:
NOK Address: 11 JOHNSON ST, SCOTCH PLAINS, NJ 07076	Notify Address:
Phone #: H (908) 591-9670 W	Phone #:
Relationship: 21 UNKNOWN	Relationship:

*** GUARANTOR INFORMATION ***

Guar Name: POHERENCE, GARY	Guar Employer:
Guar Address: 11 JOHNSON ST, SCOTCH PLAINS, NJ 07076	Guar Emp Phone #:
	Relationship: 21 UNKNOWN
	Guarantor SS#

Guar Phone #: (908) 591-9670

INSURANCE	POLICY #	AUTH #	SUBSCRIBER
1 UNITED HEALTHCARE DGG	117715131	139860208	POHORENCE, GARY
	Coverage # NJDUALCM		
2 UNH COMMUNITY MCD	102090558		POHORENCE, GARY
11 JOHNSON ST, SCOTCH PLAINS, NJ 07076			
	Coverage # NJFAMCAR		
3			
	Coverage #		

REASON FOR VISIT: Respiratory Failure	Adm Clerk: INFCE
ADMIT DIAGNOSIS: J96.20	
REMARKS: Host MR# 8093706/ 400414655	



ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT RAHWAY

Outpatient Facesheet

User Id: admcpitm

PATIENT INFORMATION									
PT Dir.	VIP A -	OR Conf#	Med Serv OBV	Dept Vst1	Dept Vst2	Dept Vst3	Patient Type Y - OBSERVATION		
Last Name, First Name, Middle Initial BEATO, FRANCISCO						Preferred Name FRANK		Admit Date 11/13/2021	
Address 1 1115 WILLIAM V YOUNG DR						Gender Identity -		Discharge Date	
Address 2						Phone (908) 256-9042		Med Record Number 0446122	
City RAHWAY						State NJ	Zip 07065	County	Account Number 400414509
Sex M	DOB 04/26/1966	Age 55 Y	Marital Status Married / Civil Union			Race White		Ethnicity	Alt Comm. N
Admit Date - Time 11/13/2021-15:11		Admit Source NON-HEALTH CARE FACILITY				Admitted By			
Admit Doctor 034371 - VARSHNEYA, NIKITA						Attending Doctor 034371 - VARSHNEYA, NIKITA			
PCP Doctor 391409 - GUZIK, DAVID						Referring Doctor 034371 - VARSHNEYA, NIKITA			
Complaint I48.91 - ATRIAL FIBRILLATION									
PATIENT EMPLOYER INFORMATION									
Employer Name PIZZA STOP						Telephone Number	Occupation FOOP - FOOD PREPARAT		
GUARANTOR INFORMATION									
Last Name, First Name, Middle Initial BEATO, FRANCISCO								Relationship to Patient SELF	
Guarantor Address 1115 WILLIAM V YOUNG DR - RAHWAY, NJ 07065								Telephone Number (908) 256-9042	
PRIMARY INSURANCE									
Insurance Carrier/Name AETNA/USHC								Policy Number W268363234	
Insurance Address PO BOX 981106 - EL PASO, TX 79998						Insurance Phone		Group Number 028724201800101	
Subscriber BEATO, FRANCISO E						Relationship SELF		Authorization/Referral	
SECONDARY INSURANCE									
Insurance Carrier/Name								Policy Number	
Insurance Address						Insurance Phone		Group Number	
Subscriber						Relationship		Authorization/Referral	
TERTIARY INSURANCE									
Insurance Carrier/Name								Policy Number	
Insurance Address						Insurance Phone		Group Number	
Subscriber						Relationship		Authorization/Referral	
DESIGNATED REPRESENTATIVE									
Last Name, First Name BEATO, IVONE								Relationship to Patient WIFE	
Address 1115 WILLIAM VYOUNG - RAHWAY, NJ 07065								Home Phone (732) 388-1313	Cell Phone (908) 256-9043
OTHER INFORMATION									
Religion CATHOLIC	Speech Impairment N	Primary Language ENGLISH		Advance Directive NO ADVANCE DIRECTIVE				Privacy Signed Y	
Congregation	Hearing Impairment N	Preferred Language ENGLISH		Organ Donor N		Comm Assessment		Date Signed	

INPATIENT ADMISSION FACE SHEET
KH New Jersey Rahway
865 Stone Street, Rahway, NJ 07065-2742

Med Rec #: FW00018254 Admit Date: 11/12/2021 Time: 4:55 PM Acct #: FW0000434365
Serv/Loc: Long Term Acute Room & Bed: FW.444-1 Accom: Semi-Private Fin Class: Commercial
Pt. Status: ADM IN Admit Source: 4 TRANSFER FROM A HOSPITAL Disch Date:

*** PATIENT INFORMATION ***

Patient: CERASOLI, KATHLEEN Birthdate: 09/01/1929 Age: 92 Sex: Female
Address: 41 POTTER AVE, STATEN ISLAND, New York 10314 Marital St: M MARRIED SS#: Race: CAUCASIAN
Religion: CATHOLIC Mdn Name:
Phone #: (718) 273-3467 Language: English

*** PHYSICIAN INFORMATION ***

Primary Care: Phone #:
Admitting: CASALE, LISA M Phone #: (732) 549-7380
Attending/ER: CASALE, LISA M Phone #: (732) 549-7380
Family: Phone #:
Other: Phone #:
Referring: OTHER, OTHER PHYSICIAN Phone #:

*Admit to
Kindred
444
Bed 2*

*** EMPLOYMENT INFORMATION ***

Employer: Occupation:
Address: Emp Phone #

(Single Rm)

*** CONTACT INFORMATION ***

Next of Kin: CERASOLI, ANTHONY Notify Person: CERASOLI, ANTHONY
NOK Address: 41 POTTER AVE, STATEN ISLAND, NY 10314 Notify Address: 41 POTTER AVE, STATEN ISLAND, NY 10314
Phone #: H (718) 273-3467 W Phone #: H (718) 273-3467 W
Relationship: 21 UNKNOWN Relationship: 21 UNKNOWN

*** GUARANTOR INFORMATION ***

Guar Name: CERASOLI, KATHLEEN Guar Employer:
Guar Address: 41 POTTER AVE, STATEN ISLAND, NY 10314 Guar Emp Phone #:
Relationship: 21 UNKNOWN
Guarantor SS#
Guar Phone #: (718) 273-3467

INSURANCE	POLICY #	AUTH #	SUBSCRIBER
1 US FAMILY HEALTH CPC	1025869776	129210	CERASOLI, KATHLEEN
2 MEDICARE PART A P.O. BOX 1602, OMAHA, NE 68101 (402) 351-5895	Coverage # R0BYON 2Q01C04EG04 Coverage #		CERASOLI, KATHLEEN
3	Coverage #		

8093652/40041426

REASON FOR VISIT:
ADMIT DIAGNOSIS: J96.92
REMARKS:

Adm Clerk: INFCE



ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT RAHWAY

Inpatient Facesheet

User Id: admyhopk

PATIENT INFORMATION									
PT Dir.	VIP	OR Conf#	Med Serv		Nurse Station	Room/Bed	Patient Type		
	A -		MED		EMD	EMD-0005-02 Ext:	P - INPATIENT/ACUTE M/S		
Last Name, First Name, Middle Initial						Preferred Name		Admit Date	
SERVEDIO, FRANCES J						FRANCES		11/16/2021	
Address 1						Gender Identity		Discharge Date	
209 CORNELL AVE						F - Female			
Address 2						Phone		Med Record Number	
						(732) 754-7378		0044344	
City						State	Zip	County	Account Number
RAHWAY						NJ	07065		400414960
Sex	DOB	Age	Marital Status		Race	Ethnicity		Alt Comm.	
F	01/21/1961	60 Y	Married / Civil Union		White			N	
Admit Date - Time		Admit Source			Admitted By				
11/16/2021-16:40		NON-HEALTH CARE FACILITY							
Admit Doctor						Attending Doctor			
000021 - PRASAD, VINEET						000021 - PRASAD, VINEET			
PCP Doctor						Referring Doctor			
000021 - PRASAD, VINEET									
Complaint									
S91.309A-WOUND OF FOOT									
PATIENT EMPLOYER INFORMATION									
Employer Name					Telephone Number		Occupation		
RAHWAY LIBRARY							EDUC - EDUCATIONAL		
GUARANTOR INFORMATION									
Last Name, First Name, Middle Initial							Relationship to Patient		
SERVEDIO, FRANCES J							SELF		
Guarantor Address							Telephone Number		
209 CORNELL AVE - RAHWAY, NJ 07065							(732) 754-7378		
PRIMARY INSURANCE									
Insurance Carrier/Name							Policy Number		
HORIZON BC STATE BEN							NJX3HZN15189760		
Insurance Address					Insurance Phone		Group Number		
P O BOX 25 - NEWARK, NJ 07101					(888) 666-2535		00925000012		
Subscriber					Relationship		Authorization/Referral		
SERVEDIO, FRANCES J					SELF				
SECONDARY INSURANCE									
Insurance Carrier/Name							Policy Number		
NALC HEALTH BENEFIT PLAN							N32567172		
Insurance Address					Insurance Phone		Group Number		
PO BOX 182223 - CHATTANOOGA, TN 37422					(888) 636-6252				
Subscriber					Relationship		Authorization/Referral		
SERVEDIO, FRANCES J					SELF				
TERTIARY INSURANCE									
Insurance Carrier/Name							Policy Number		
Insurance Address					Insurance Phone		Group Number		
Subscriber					Relationship		Authorization/Referral		
DESIGNATED REPRESENTATIVE									
Last Name, First Name							Relationship to Patient		
SERVEDIO, ANTHONY							SPOUSE		
Address							Home Phone		Cell Phone
209 CORNELL AVE - RAHWAY, NJ 07065							(732) 977-7481		
OTHER INFORMATION									
Religion	Speech Impairment	Primary Language		Advance Directive			Privacy Signed		
CATHOLIC	N	ENGLISH		NO ADVANCE DIRECTIVE			Y		
Congregation	Hearing Impairment	Preferred Language		Organ Donor		Comm Assessment		Date Signed	
	N	ENGLISH		N					

11/17/21
 Prop clearance
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 HNW
 chd
 Dr

JFK University Medical Center - Insurance Information

Printed: November 15, 2021	MRN: 105339162	HAR: 80802016355	Patient: Begum, Jahanara
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ENCOUNTER - 11/13/2021 CSN: 5109797943

Patient Class: Inpatient	Unit: JFK 3 WEST
Hospital Service: MED (MEDICINE)	Room/Bed: 3207/02
Admitting Provider: Sudhanshu Prasad, MD	Adm Diagnosis: Hyponatremia [E87.1]
Attending Provider: Sudhanshu Prasad, MD	Admit Source: Non-healthcare Facility *

PATIENT

Name: BEGUM, JAHANARA	Race: Other Race	DOB: 10/3/1957 (64 yrs)
Address: 1571 EAST 49TH ST BROOKLYN NY 11234	Ethnicity: Not: Spanish Or Hispanic*	Sex: Female
City: BROOKLYN, NY 11234	Language: Bengali	MS: Widowed
PCP: Not On Staff Physician,*	Religion: MUSLIM	Primary Phone: 917-660-4257;;

GUARANTOR

Guarantor: BEGUM, JAHANARA	Date of Birth: 10/3/1957
Address: 1571 EAST 49TH ST BROOKLYN, NY 11234	Sex: Female
Relation: Self	Home Phone: 917-660-4257
Guarantor: 112282516	Work Phone:
Guarantor Employer: NONE	Status: NOT EMPLO*

EMERGENCY CONTACT

Contact Name	Legal Guardian?	Relationship to Patient	Primary Phone
1. JOBAYER		Child - Daughter/Son To Pt.	917-660-4257
2. *No Contact Specified*			

COVERAGE

PRIMARY INSURANCE - Authorization Number: N/A					
Insurance Company:	NYMCMD	Phone:		Plan:	NYMCMD HEALTHFIRST
Payor Name:	NYMCMD	Subscriber Name:	BEGUM, JAHANARA	Claim Address:	PO BOX 5196 NEW YORK, NY 10274
Eff From - Eff To:	11/13/2021 -	Pat. Rel. to Subscriber:	Self	Insurance Type:	INDEMNITY
Group Number:		Subscriber ID:	NV26406M	Sub. DOB:	10/03/1957
SECONDARY INSURANCE - Authorization Number: N/A					
Insurance Company:		Phone:		Plan:	
Payor Name:		Subscriber Name:		Claim Address:	
Eff From - Eff To:	-	Pat. Rel. to Subscriber:		Insurance Type:	
Group Number:		Subscriber ID:		Sub. DOB:	
TERTIARY INSURANCE - Authorization Number: N/A					
Insurance Company:		Phone:		Plan:	
Payor Name:		Subscriber Name:		Claim Address:	
Eff From - Eff To:	-	Pat. Rel. to Subscriber:		Insurance Type:	
Group Number:		Subscriber ID:		Sub. DOB:	

Referred By:

Destination: 1. 2. 3. 4.

Uncontrolled AND
Dress
Abuse (3)

JFK University Medical Center - Insurance Information

Printed: November 15, 2021	MRN: 101941907	HAR: 80802016008	Patient: Kildea, Anna M
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ENCOUNTER - 11/13/2021 CSN: 5109766057

Patient Class:	Inpatient	Unit:	JFK 3 CENTRAL
Hospital Service:	MED (MEDICINE)	Room/Bed:	3413/01
Admitting Provider:	Sudhanshu Prasad, MD	Adm Diagnosis:	Hypoxia [R09.02]
Attending Provider:	Sudhanshu Prasad, MD	Admit Source:	Non-healthcare Facility *

PATIENT

Name:	KILDEA, ANNA M	Race:	White	DOB:	1/8/1944 (77 yrs)
Address:	4090B WOODBRIDGE AVE APT B	Ethnicity:	Not: Spanish Or Hispanic*	Sex:	Female
City:	EDISON, NJ 08837	Language:	English	MS:	Married
PCP:	Mohammed Islam, MD	Religion:	CHRISTIAN	Primary Phone:	732-841-2156;;732-841-2156; 732-738-7567

GUARANTOR

Guarantor:	KILDEA, ANNA M	Date of Birth:	1/8/1944
Address:	4090B WOODBRIDGE AVE APT B EDISON, NJ 08837	Sex:	Female
Relation:	Self	Home Phone:	732-841-2156
Guarantor:	111411225	Work Phone:	
Guarantor Employer:	RETIRED	Status:	RETIRED

EMERGENCY CONTACT

Contact Name	Legal Guardian?	Relationship to Patient	Primary Phone
1. Simon, Cheryl		Child - Daughter/Son To	973-914-2944
2. Kildea, James		Pt. Spouse	732-429-0189

COVERAGE

PRIMARY INSURANCE - Authorization Number: N/A					
Insurance Company:	MEDICARE	Phone:		Plan:	MEDICARE PART A AND B
Payor Name:	MEDICARE	Subscriber Name:	KILDEA, ANNA M	Claim Address:	PO BOX 890030 CAMP HILL, PA 17089-0030
Eff From - Eff To:	12/1/2009 -	Pat. Rel. to Subscriber:	Self	Insurance Type:	INDEMNITY
Group Number:		Subscriber ID:	8Y32UA5UT16	Sub. DOB:	01/08/1944
SECONDARY INSURANCE - Authorization Number: N/A					
Insurance Company:		Phone:		Plan:	
Payor Name:		Subscriber Name:		Claim Address:	
Eff From - Eff To:	-	Pat. Rel. to Subscriber:		Insurance Type:	
Group Number:		Subscriber ID:		Sub. DOB:	
TERTIARY INSURANCE - Authorization Number: N/A					
Insurance Company:		Phone:		Plan:	
Payor Name:		Subscriber Name:		Claim Address:	
Eff From - Eff To:	-	Pat. Rel. to Subscriber:		Insurance Type:	
Group Number:		Subscriber ID:		Sub. DOB:	

Referred By: Other

Destination: 1. 2. 3. 4.

③ → ElevatedTemp
—— SOB
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JFK University Medical Center - Insurance Information

Printed: November 15, 2021	MRN: 102080348	HAR: 80802016267	Patient: Lopez, Gilberto
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ENCOUNTER - 11/13/2021 CSN: 5109794131

Patient Class:	Inpatient	Unit:	JFK 2 EAST
Hospital Service:	MED (MEDICINE)	Room/Bed:	2513/02
Admitting Provider:	Sudhanshu Prasad, MD	Adm Diagnosis:	Accelerated hypertension [I10]
Attending Provider:	Sudhanshu Prasad, MD	Admit Source:	Non-healthcare Facility *

PATIENT

Name:	LOPEZ, GILBERTO	Race:	Other Race	DOB:	6/5/1950 (71 yrs)
Address:	24 Ballard Ave STATEN ISLAND NY 10312	Ethnicity:	Puerto Rican	Sex:	Male
City:	STATEN ISLAND, NY 10312	Language:	English	MS:	Divorced
PCP:	Robert Lapenna, MD	Religion:	ROMAN CATHOLIC	Primary Phone:	917-538-8954;;

GUARANTOR

Guarantor:	LOPEZ, GILBERTO	Date of Birth:	6/5/1950
Address:	24 Ballard Ave STATEN ISLAND, NY 10312	Sex:	Male
Relation:	Self	Home Phone:	917-538-8954
Guarantor:	111345967	Work Phone:	
Guarantor Employer:	Retired	Status:	RETIRED

EMERGENCY CONTACT

Contact Name	Legal Guardian?	Relationship to Patient	Primary Phone
1. Valentin, Hilda		Significant Other	347-452-5571
2. *No Contact Specified*			

COVERAGE

PRIMARY INSURANCE - Authorization Number: N/A					
Insurance Company:	MEDICARE	Phone:		Plan:	MEDICARE PART A AND B
Payor Name:	MEDICARE	Subscriber Name:	LOPEZ, GILBERTO	Claim Address:	PO BOX 890030 CAMP HILL, PA 17089-0030
Eff From - Eff To:	6/1/2011 -	Pat. Rel. to Subscriber:	Self	Insurance Type:	INDEMNITY
Group Number:		Subscriber ID:	3A46PY5PC54	Sub. DOB:	06/05/1950
SECONDARY INSURANCE - Authorization Number: npr					
Insurance Company:	GHI-GROUP HEALTH IN*	Phone:		Plan:	GHI PPO
Payor Name:	GHI-GROUP HEALTH IN*	Subscriber Name:	LOPEZ, GILBERTO	Claim Address:	PO BOX 2832 New York, NY 10116
Eff From - Eff To:	-	Pat. Rel. to Subscriber:	SELF	Insurance Type:	INDEMNITY
Group Number:		Subscriber ID:	930951752	Sub. DOB:	6/5/1950
TERTIARY INSURANCE - Authorization Number: N/A					
Insurance Company:		Phone:		Plan:	
Payor Name:		Subscriber Name:		Claim Address:	
Eff From - Eff To:	-	Pat. Rel. to Subscriber:		Insurance Type:	
Group Number:		Subscriber ID:		Sub. DOB:	

Referred By: Physician

Destination: 1. 2. 3. 4.

— Abn Pain
→ PAD
HMO
Adult
Abcl Aortic dissection
→ Abcl Aortic aneurysm

(3)

JFK University Medical Center - Insurance Information

Printed: November 16, 2021	MRN: 102792345	HAR: 80802020965	Patient: Sherman, Robert L
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ENCOUNTER - 11/15/2021 CSN: 5109892366

Patient Class: Inpatient	Unit: JFK 5 NORTH
Hospital Service: MED (MEDICINE)	Room/Bed: 5311/02
Admitting Provider: Deepali Prasad, MD	Adm Diagnosis: Elevated troponin [R77.8]
Attending Provider: Deepali Prasad, MD	Admit Source: Non-healthcare Facility *

PATIENT

Name: SHERMAN, ROBERT L	Race: Black or African American	DOB: 1/9/1951 (70 yrs)
Address: 528 ROLLING PEAKS WAY SCOTCH PLAINS NJ 07076	Ethnicity: Not: Spanish Or Hispanic*	Sex: Male
City: SCOTCH PLAINS, NJ 07076	Language: English	MS: Single
PCP: Deepali Prasad, MD	Religion: OTHER	Primary Phone: 908-922-6743; 201-709-1866; 201-709-1866

GUARANTOR

Guarantor: SHERMAN, ROBERT	Date of Birth: 1/9/1951
Address: 528 ROLLING PEAKS WAY SCOTCH PLAINS, NJ 07076	Sex: Male
Relation: Self	Home Phone: 908-922-6743
Guarantor: 111190071	Work Phone:
Guarantor Employer: retired	Status: RETIRED

EMERGENCY CONTACT

Contact Name	Legal Guardian?	Relationship to Patient	Primary Phone
1. Maxcksonn, Anna		Fiancee	908-922-6743
2. *No Contact Specified*			

COVERAGE

PRIMARY INSURANCE - Authorization Number: N/A					
Insurance Company:	MEDICARE	Phone:		Plan:	MEDICARE PART A AND B
Payor Name:	MEDICARE	Subscriber Name:	SHERMAN, ROBERT L	Claim Address:	PO BOX 890030 CAMP HILL, PA 17089-0030
Eff From - Eff To:	5/1/2010 -	Pat. Rel to Subscriber:	Self	Insurance Type:	INDEMNITY
Group Number:		Subscriber ID:	7FK4ED3VM76	Sub. DOB:	01/09/1951
SECONDARY INSURANCE - Authorization Number: N/A					
Insurance Company:		Phone:		Plan:	
Payor Name:		Subscriber Name:		Claim Address:	
Eff From - Eff To:	-	Pat. Rel to Subscriber:		Insurance Type:	
Group Number:		Subscriber ID:		Sub. DOB:	
TERTIARY INSURANCE - Authorization Number: N/A					
Insurance Company:		Phone:		Plan:	
Payor Name:		Subscriber Name:		Claim Address:	
Eff From - Eff To:	-	Pat. Rel to Subscriber:		Insurance Type:	
Group Number:		Subscriber ID:		Sub. DOB:	

Referred By: Other

Destination: 1. 2. 3. 4.