## RWJUH at Rahway RH Financial Record

SSN

**Demographics** 

Name: GOMEZ, AURA C

01/29/1949

Age: 72y

Prasad, Deepali

Non-Health Care Facility

Gender:

999999999

Visit #: 400393819

MR#: 8031253

MartialStatus Widowed

Visit Type: Inpatient

Visit Status: ADM Location:

2-E 0236 - Bed 01

Service:

BirthDate:

Patient Type:

Admitting MD:

RH-Medicine

RH Inpt Acute

Attending Physician: Ed, Physician

Admit Type:

Emergency

Admit Date/Time: 07-28-2021 06:21

Admit Source: Admitting DX:

R06.89 - DIFFICULTY BREATHING

Patient Address/Phone:

1642 MADISON ST APT 1L

APT 1L

**FLUSHING** 

NY

11385

Home

347 499-1999

**Insurance** 

PRIMARY

PlanName: EMBLEM HEALTH PPO

Phone Number: 800 624-2414

Subscriber SSN:

999999999

Group Name:

Subscriber Name: AURA GOMEZ

Policy #:

K4039822901

Relation to Patient: Guarantor

Cert #:

Group #:

Effective Dt: 01-01-2021

Insurance Addr:

PO BOX 2833

City: NEW YORK

State: NY

**Zip:** 10116

Child

**Designated Representative** 

Name: Address: DELEON, DORIS

38 CYRPESS ST

CARTERET

NJ - NEW

07008

Relationship:

Home

917

304-1103

## RWJUH at Rahway RH Financial Record

**Demographics** 

Name: ALMANZAR, LILIAN

BirthDate:

12/19/1951 Age: Gender:

SSN 084707749

Visit #: 400393776

MR #: 8089375

MartialStatus

Separated

Visit Status: ADM

Patient Type: Admitting MD:

RH Inpt Acute

Prasad, Deepali

Non-Health Care Facility

Visit Type: Inpatient Admit Date/Time: 07-27-2021 22:13

Location:

CCU 0CCU - Bed 08

Service:

RH-Medicine

Attending Physician:

Ed, Physician

Admit Type:

Emergency

Admit Source: Admitting DX:

J18.9-PNEUMONIA

Patient Address/Phone:

33 CHERRY ST APT 805

ELIZABETH

NJ

07202

Home

908 249-6626

**Insurance** 

PRIMARY

PlanName: WELLCARE MANAGED MEDICARE

Phone Number:

Subscriber SSN: 084707749

Subscriber Name: LILIAN ALMANZAR Group Name:

Relation to Patient: Guarantor

Group #:

Effective Dt: 02-01-2020

Policy #:

22392818

Cert #:

Insurance Addr:

33 WASHINGTON STREET

City: NEWARK

NJ State:

07102 Zip:

Brother

**Designated Representative** 

Name: Address: RODRIGUEZ, MANUEL 33 CHERRY STREET

ELIZABETH

Home

908

764-6291

07202

Relationship:

CONFIDENTIAL PATIENT INFORMATION

07-28-2021 09:16

Page: 1 of 1

## RWJUH at Rahway RH Financial Record

**Demographics** 

Name: SAHYUNI, ROLA

05/01/1966 55y Age:

Prasad, Deepali

Gender:

SSN

Visit #: 400393833

MartialStatus

MR#: 8063380

Divorced

Visit Type: Outpatient

Location:

Visit Status: ADM

BirthDate:

Patient Type:

Admitting MD:

RH Observation

Attending Physician:

EMD 0004 - Bed 02

Service:

RH-Observation

Ed, Physician

UNKNOWN

Admit Type:

Policy #:

State:

Emergency

Admit Date/Time: 07-28-2021 02:12

Admit Source: Admitting DX:

R07.9 - CHEST PAIN

Non-Health Care Facility

Patient Address/Phone:

399 KOENIG PL

RAHWAY

NJ

NJ

07065

Home

551 231-2317

**Insurance** 

PRIMARY

PlanName: HORIZON NJ HEALTH

Subscriber Name: ROLA SAHYUNI

Group Name:

Group #:

Effective Dt: 03-01-2020

Insurance Addr:

Address:

PO BOX 7117

City: LONDON

Phone Number:

71525475

KY

Subscriber SSN:

Relation to Patient: Guarantor

Cert #:

RAJAB, ALAA Name:

399 KOENIC PL

RAHWAY

Relationship:

Child

**Zip:** 40742

07065

Home 551 231-2317

**Designated Representative** 

CONFIDENTIAL PATIENT INFORMATION

## ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT RAHWAY Emergency Facesheet

User Id: admazene

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# ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT RAHWAY Inpatient Facesheet

User Id: admdIre

					ATIENT INFORM	ATTON				
PT Dir.	VIP	OR Conf#	Med Serv		Nurse Station	Room/Be	d		Patient Type	
	A -		MED		EMD	EMD-0	010-01 Ext	:	P - INPATIENT	r/acute m/s
Last Na	ne, First Name, Mid	dle Initial				Preferred	Name		<u> </u>	Admit Date
GOME	Z, AURA C					AURA				07/28/2021
Address	-				<del> </del>	Gender lo	entity			Discharge Date
	MADISON ST	APT 1L				-				Med Record Number
Address						Phone	400 1000			8031253
APT 1	.L						499-1999 Zip	County		Account Number
City	ITNO			•		NY	11385	County		400393819
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## ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT RAHWAY Outpatient Facesheet

User Id: ADMBBUCK

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# ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT RAHWAY Outpatient Facesheet

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JFK Medical Center - Insurance Information

Prin	ted: Au	gust 3, 2021	MRN: 10	5029995	HAR: 80801	717944	Patie	nt: Strasko, Alan M
NCOUNT	ER - 7/	26/2021	CSN: 510112	28734				
F	atient Cl	ass: Inpatient					Unit: JFK 3 C	CENTRAL
Hos	oital Serv	ice: MED (MEDIC	CINE)			Ro	om/Bed: 3415/01	l
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	ing Provi							ermia, initial encounter [T68.XXX
	ng Provi	der: Nehabahen Sh	an, MD			Admi	Source: Transfe	r from Another He*
ATIENT		·	-					T
Name:	STRA	SKO, ALAN M		Race:	White		DOB:	2/8/1948 (73 yrs)
Address:		ONE AT THE HIGHL	ANDS 1350	Ethnicity:	Not: Spanish Or Hi	ispanic*	Sex:	Male
	INMA	N AVENUE						
City:	EDISC	N, NJ 08820		Language:	English		MS:	Married
			<del></del>				<del></del>	<u></u>
PCP:	Nehab	ahen Shah, MD		Religion:	ROMAN CATHO	LIC	Primary Phone:	908-754-7100;;
UARANT	rop						Phone:	.l.,
		STRASKO,ALAN M		<del></del>	Date of Birth:	2/8/10/9		<del></del>
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ATIENT	1				I					25/10///55
Name:	SIMM	ONS, MIA		Race:	Black or African A	merican		DO	B: 1/2	25/1966 (55 yrs)
Address:	3 Prim	rose Lane Apt 1F		Ethnicity:	Not: Spanish Or Hi	ispanic*		Se	x: Fe	male
City:	FORD	S, NJ 08863		Language:	English			M	S: Sir	ngle
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PCP:	Not On	Staff Physician,*		Religion:	NONE			Phon	1 70	4-963-7586;;
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	nauress.	FORDS, NJ 08863	•		35%.					
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