JFK University Medical Center - Insurance Information MRN: 101018814 HAR: 80802005157 Patient: Bekesy, Steven E Printed: November 18, 2021 **ENCOUNTER - 11/18/2021** CSN: 5108898150 JFK CARDIAC CAT\* Unit: Patient Class: **OP Amb Proc** Room/Bed: JFK CATH LAB/JFK CATH LAB SAC (SURG DAR CARD CATH) Hospital Service: CAD (coronary artery disease) [125.10] Adm Diagnosis: Nikita Varshneya, MD Admitting Provider: Non-healthcare Facility \* Attending Provider: Nikita Varshneya, MD Admit Source: **PATIENT** 9/17/1960 (61 yrs) Name: BEKESY, STEVEN E Race: White DOB: 16 SUNSET DRIVE PORT READING Ethnicity: Other Spanish / Hispanic\* Sex: Male Address: NJ 07064 MS: Married English City: PORT READING, NJ 07064 Language: Primary OTHER 732-326-0150;;732-925-0919 PCP: Mary T O'Donnell, MD Religion: Phone: **GUARANTOR** Date of Birth: 9/17/1960 Guarantor: BEKESY, STEVEN E Sex: Male Address 16 SUNSET DRIVE PORT READING, NJ 07064 Home Phone: 732-326-0150 Relation: Self Work Phone: Guarantor: 112184414 Status: FULL TIME Guarantor Employer: middlesex county vocational schools EMERGENCY CONTACT Relationship to Patient Primary Phone .egal Guardian? Contact Name 732-326-0150 Spouse 1. Bekesy,Steven 2. \*No Contact Specified\* COVERAGE PRIMARY INSURANCE - Authorization Number: A162978375 HORIZON NJ DIRECT Plan: HORIZON BC/BS OF Phone: Insurance Company: PO BOX 820 Payor Name: HORIZON BC/BS OF Subscriber Name: BEKESY, STEVEN E Claim NEWARK, NJ 07101 Address: NJ Insurance INDEMNITY 4/1/2008 -Pat. Rel. to Self Eff From - Eff Type: Subscriber: 09/17/1960 NJX3HZN18978080 Sub. DOB: 0293500 Subscriber ID: Group Number: SECONDARY INSURANCE - Authorization Number: N/A Plan: Phone: Insurance Company: Claim Payor Name: Subscriber Name: Address: Insurance Eff From - Eff Pat. Rel to Type: Subscriber: Subscriber ID: Sub. DOB: Group Number: TERTIARY INSURANCE - Authorization Number: N/A Plan: Insurance Company: Claim Payor Name: Subscriber Name: Address: Insurance Eff From - Eff Pat. Rel. to Subscriber: Group Number: Subscriber ID:

Referred By: Other Destination: 1. 2. 3.

Printed by Nikita Varshneya, MD [043672] +1718/2021 12:35

## ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT RAHWAY Inpatient Facesheet

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### INPATIENT ADMISSION FACE SHEET

KH New Jersey Rahway 865 Stone Street, Rahway, NJ 07065-2742

Med Rec #: FW00018264 Admit Date: 11/14/2021 Time: Acct #: FW0000434464 11:09 PM Serv/Loc: Long Term Acute Room & Bed: FW.405-2 Accom: Semi-Private Fin Class: Pt. Status: Admit Source: 4 TRANSFER FROM A HOSPITAL Disch Date: ADM IN \*\*\* PATIENT INFORMATION \*\*\* Patient: POHORENCE. GARY Age: 67 Sex: Male Birthdate: 01/16/1954 Address: 11 JOHNSON ST, SCOTCH PLAINS, New Jersey 07076 Marital St: S SINGLE SS#: Race: CAUCASIAN Religion: **CATHOLIC** 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 #: Phone #: Other: Referring: TEMP, PHYSICIAN TEMP Phone #: \*\*\* EMPLOYMENT INFORMATION \*\*\* Occupation: Employer: Address: Emp Phone # \*\*\* CONTACT INFORMATION \*\*\* **Notify Person:** Next of Kin: MAY, DEBORAH **Notify Address:** NOK Address: 11 JOHNSON ST, SCOTCH PLAINS, NJ 07076 Phone #: Phone #: H (908) 591-9670 Relationship: Relationship: 21 UNKNOWN \*\*\* GUARANTOR INFORMATION \*\*\* Guar Employer: Guar Name: POHERENCE, GARY Guar Emp Phone #: Guar Address: 11 JOHNSON ST, SCOTCH PLAINS, NJ 07076 21 UNKNOWN Relationship: **Guarantor SS#** Guar Phone #: (908) 591-9670 **SUBSCRIBER INSURANCE** POLICY# AUTH# POHORENCE, GARY 139860208 117715131 1 UNITED HEALTHCARE DGG Coverage # NJDUALCM 102090558 POHORENCE, GARY 2 UNH COMMUNITY MCD 11 JOHNSON ST, SCOTCH PLAINS, NJ 07076 Coverage # NJFAMCAR 3 Coverage #

REASON FOR VISIT: F

Respiratory Failure

ADMIT DIAGNOSIS: J9

J96.20

REMARKS: Host MR# 8093706/ 400414655

Patient: POHORENCE, GARY Med Rec #: FW00018264 Acct #: FW0000434464



Adm Clerk:

**INFCE** 

Page 1 of 1 001 Re vised: 07/06 current Form Version: 01.01

# ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT RAHWAY Outpatient Facesheet



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#### INPATIENT ADMISSION FACE SHEET

KH New Jersey Rahway 865 Stone Street, Rahway, NJ 07065-2742

Med Rec #: FW00018254 Admit Date: Time: Acct #: FW0000434365 11/12/2021 4:55 PM Room & Bed: FW.444-1 Accom: Semi-Private Fin Class: Commercial Serv/Loc: Long Term Acute Disch Date: Pt. Status: Admit Source: 4 TRANSFER FROM A HOSPITAL **ADM IN** \*\*\* PATIENT INFORMATION \*\*\* Sex: Female Patient: CERASOLI, KATHLEEN Birthdate: 09/01/1929 Age: 92 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 \*\*\* Kindred Phone #: **Primary Care:** Phone #: (732) 549-7380 Admittina: CASALE, LISA M Phone #: (732) 549-7380 Attending/ER: CASALE, LISA M Phone #: Family: Phone #: Other: Phone #: Referring: OTHER, OTHER PHYSICIAN \*\*\* EMPLOYMENT INFORMATION \*\*\* Occupation: Employer: Emp Phone # Address: \*\*\* CONTACT INFORMATION \*\*\* Next of Kin: CERASOLI, ANTHONY Notify Person: CERASOLI, ANTHONY Notify Address: 41 POTTER AVE, STATEN ISLAND, NY 10314 NOK Address:41 POTTER AVE, STATEN ISLAND, NY 10314 Phone #: H (718) 273-3467 W Phone #: H (718) 273-3467 Relationship: 21 UNKNOWN Relationship: 21 UNKNOWN \*\*\* GUARANTOR INFORMATION \*\*\* Guar Employer: Guar Name: CERASOLI, KATHLEEN Guar Emp Phone #: Guar Address: 41 POTTER AVE, STATEN ISLAND, NY 10314 Relationship: 21 UNKNOWN **Guarantor SS#** Guar Phone #:(718) 273-3467 SUBSCRIBER POLICY# **INSURANCE** AUTH# 8093452/40047 CERASOLI, KATHLEEN 1 US FAMILY HEALTH CPC 1025869776 Coverage # R0BYON 2Q01C04EG04 CERASOLI, KATHLEEN 2 MEDICARE PART A P.O. BOX 1602, OMAHA, NE 68101 (402) 351-5895 Coverage # 3 Coverage # Adm Clerk: INFCE REASON FOR VISIT: J96.92 **ADMIT DIAGNOSIS:** 

Patient: CERASOLI, KATHLEEN Med Rec #: FW00018254 Acct #: FW0000434365

**REMARKS:** 



001 Re vised: 07/06 Current Form Version: 01.01

### ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT RAHWAY Inpatient Facesheet

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Printe	d: Nove	mber 15, 2021	MRN: 1	01941907	HAR: 80802	0160	008	Pati	ent: Kildea, Anna M
NCOUNT	ΓER - 11	/13/2021	CSN: 5109	766057					
T	Patient Cla	ss: Inpatient						Unit: JFK 3	CENTRAL
	pital Servi		IĆINE)				Poo	m/Bed: 3413/0	
	ing Provid						Adm Dia		ia [R09.02]
	ing Provid	er: Sudhanshu I	Prasad, MD				Admit	Source: Non-he	ealthcare Facility *
ATIENT								T	
Name:	KILDE	A, ANNA M		Race:	White			DOB:	1/8/1944 (77 yrs)
Address:	4090B	WOODBRIDGE A	VE APT B	Ethnicity:	Not: Spanish Or H	ispani	ic*	Sex:	Female
City:	EDISO	N, NJ 08837		Language:	English			MS:	Married
PCP:	Moham	med Islam, MD		Religion:	CHRISTIAN			Primary Phone:	732-841-2156;;732-841-2156 732-738-7567
UARAN	TOR								
	Guarantor:	KILDEA,ANNA N	1		Date of Birth:	1/8/1	944		
		4090B WOODBRI		В		Fema			
		EDISON, NJ 0883							
	Relation:				Home Phone:	732-8	841-2156		
		111411225			Work Phone:				
Guarantor E					Status:	RET	IRED		
MERGE									
Contact Nam	ne		Legal Guardia	n?	Relationship to Patie	ent	Primary I	Phone	
. Simon,Ch			27,000		Child - Daughter/So				
. Kildea, Jai					Pt.		732-429-		
					Spouse				
COVERAC	GE								
PRIMARY	INSURA	NCE - Authorizatio	n Number: N/A						
Insurance		MEDICARE	Phone:					Plan:	MEDICARE PART A AND B
Company:									
Payor Nam	ie:	MEDICARE	Subscribe	er Name:	KILDEA,ANNA M			Claim	PO BOX 890030
								Address:	CAMP HILL, PA 17089-0030
Eff From -	Eff	12/1/2009 -	Pat. Rel.	to	Self			Insurance	INDEMNITY
To:			Subscribe	er:				Type:	
Group Nun	nber:		Subscribe	er ID:	8Y32UA5UT16			Sub. DOB:	01/08/1944
SECONDA	ARY INSU	RANCE - Authoriz	ation Number: N	/A					
Insurance			Phone:					Plan:	
Company:									
Payor Nam	e:		Subscribe	er Name:				Claim	
1000								Address:	
Eff From -	Eff	-	Pat. Rel t	0				Insurance	
To:			Subscribe	er:				Type:	
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ENCOUNT	ΓER - 11	/13/2021	CSN: 5109	794131				
I	Patient Cla	ss: Inpatient					Unit: JFK 2 E	EAST
	pital Servi		CINE)			Roor	n/Bed: 2513/02	2
	7.0	3)						
	ing Provid					Adm Diag		rated hypertension [I10]
	ing Provid	er: Sudhanshu Pra	asad, MD			Admit S	Source: Non-he	althcare Facility *
PATIENT								DESCRIPTION DATE OF THE PROPERTY OF THE PROPER
Name:	LOPEZ	, GILBERTO		Race:	Other Race		DOB:	6/5/1950 (71 yrs)
Address:	24 Balla 10312	ard Ave STATEN ISI	AND NY	Ethnicity:	Puerto Rican		Sex:	Male
City:	STATE	N ISLAND, NY 103	12	Language:	English		MS:	Divorced
PCP:	Robert	Lapenna, MD		Religion:	ROMAN CATHOLIC	: : : :	Primary Phone:	917-538-8954;;
GUARANT	FOR	•						
(	Guarantor:	LOPEZ,GILBERTO			Date of Birth: 6/5/	1950		
		24 Ballard Ave STATEN ISLAND,	NY 10312		Sex: Mal	e		
	Relation:	Self			Home Phone: 917-	-538-8954		
(	Guarantor:	111345967			Work Phone:			
Guarantor E	Employer:	Retired			Status: RET	ΓIRED		
EMERGEN	NCY CO	NTACT						
1. Valentin,F 2. *No Conta	act Specifi	ed*	r and		Significant Other	347-452-5	5571	
NUMBER OF STREET								
PRIMARY		NCE Authorization	Number M/A					
Incurance		NCE - Authorization					Plan.	MEDICARE PART A AND B
Insurance Company:		NCE - Authorization MEDICARE	Number: N/A Phone:				Plan:	MEDICARE PART A AND B
Company:		MEDICARE	Phone:	r Name:	LOPEZ,GILBERTO			MEDICARE PART A AND B
				r Name:	LOPEZ,GILBERTO		Claim	
Company:	ie:	MEDICARE	Phone:		LOPEZ,GILBERTO Self		Claim Address:	PO BOX 890030
Company: Payor Nam	ie:	MEDICARE MEDICARE	Phone: Subscribe	о			Claim Address:	PO BOX 890030 CAMP HILL, PA 17089-0030
Company: Payor Nam Eff From –	e: Eff	MEDICARE MEDICARE	Phone: Subscribe Pat. Rel. t	o er:			Claim Address: Insurance Type:	PO BOX 890030 CAMP HILL, PA 17089-0030
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Company: Payor Nam  Eff From – To: Group Num	e: Eff nber:	MEDICARE  MEDICARE  6/1/2011 -	Phone: Subscribe Pat. Rel. t Subscribe Subscribe	o er:	Self		Claim Address: Insurance Type: Sub. DOB:	PO BOX 890030 CAMP HILL, PA 17089-0030 INDEMNITY
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Referred By: Physician

Destination: 1. 2. 3. 4.

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Printe	d: Nove	mber 16, 2021	MRN: 10	)2792345	HAR: 80802	0209	65	Patier	it: Sherman, Robert L
NCOUNT	TER - 11	/15/2021	CSN: 5109	892366					
Р	Patient Cla	ss: Inpatient						Unit: JFK 5	NORTH
Host	pital Servi	ce: MED (MEDIC	CINE)				Room	n/Bed: 5311/0	2
•	<u>-</u> '						Adm Diag	nocie: Elavate	ed troponin [R77.8]
	ing Provid	•					Admit S		ealthcare Facility *
	ing Provid	ler: Deepali Prasa	d, MD				Adimi S	ource. Non-ne	anneare racinty
ATIENT	Γ			1				700	1/0/1051 (70)
Name:	SHERN	MAN, ROBERT L		Race:	Black or African A	meric	an	DOB:	1/9/1951 (70 yrs)
Address:	528 RO	LLING PEAKS WA	Y SCOTCH	Ethnicity:	Not: Spanish Or Hi	ispani	c*	Sex:	Male
7 tuuress.	PLAIN	S NJ 07076							
City:	SCOTO	H PLAINS, NJ 0707	6	Language:	English			MS:	Single
									000 000 (742, 701 700 1966
PCP:	Deepali	Prasad, MD		Religion:	OTHER			Primary	908-922-6743;;201-709-1866 201-709-1866
	<u> </u>							Phone:	201-709-1800
UARANT					D : 251	1/0/1	061		
G		SHERMAN,ROBER			Date of Birth:				
	Address:	528 ROLLING PEA			Sex:	Male			
		SCOTCH PLAINS,	NJ 07076		Harris Dire	009 6	122 6742		
	Relation:				Home Phone:	908-9	922-0743		
		111190071			Work Phone:	D 577	IDCD.		
Guarantor F					Status:	KEII	KED		
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			Legal Guardia	<u>n:</u>	Fiancee	<u> </u>	908-922-6		
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