

<div> <div>MOVE IN RECORD</div> <div> <div>Woodland Terrace of New Palestine</div> <div>Jul 12, 2024 16:54:01 ET</div> </div> </div>								
RESIDENT INFORMATION								
Resident Name		Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Aadland, Barbara			AL	316-1	04/17/2023	04/17/2023	04/17/2023	WTONP30308
Previous address			Previous Phone #		Legal Mailing address			
2128 Meridian Springs Lane, Greenfield, IN, 46140			(765) 860-4892		Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)	Primary Lang.	
F	09/28/1935	88		Unknown	- Declined to Specify		- Declined to Specify	
Moved in From			Move in Location		Birth Place	Citizenship	Maiden Name	
Medicare (HIC) #		Medicaid #		Social Security #		Veterans Administration #		
				269-34-2516				
Insurance Name		Insurance Policy #:						
AetnaMedicareEagle		101248257500						
PAYER INFORMATION								
Primary Payer	Private Pay - AL							
OTHER INFORMATION								
Most Recent Hospital Stay		Allergies						
		diazepam, oxyCODONE, Sulfa Antibiotics						
Medicaid Recertification Date		Veteran's Status						
		No Service						
CARE PROVIDERS								
Provider		Phone		Address		UPIN		NPI
Primary Physician (Primary)		Office:(317) 462-5252 Fax:(317) 462-8010		300 E. Boyd Ave Greenfield, IN 46140				1689194086
Morrow, Andrew								
Primary Physician		Office:(317) 338-8507 Other:(866) 604-2922 Fax:(317) 338-2454		2001 W. 86th St Indianapolis, IN 46260				1750357513
Mustaklem, Marwan								
Dentist				101 N STATE ST Greenfield, IN 46140				1881690139
Kirkwood, Brian								
Nurse Practitioner				25802 State Rd 19 Arcadia, IN 46030				1982027785
Snyder, Allison								
Ophthalmologist		Office:(317) 477-3937 Fax:(317) 477-3939		400 W. Green Meadows Dr Suite 108 Greenfield, IN 46140				1235138876
Wilson, Douglas								
PHARMACY								
Pharmacy		Phone/Fax		Address				
Guardian Pharmacy of Indiana (Primary)		Phone: (317) 452-4669		6530 Corporate Drive				
Primary Contact: Johanna Readinger		Fax: (317) 452-4744		Indianapolis, IN, 46278				
EXTERNAL COMMUNITIES								
Community Name		Phone		Community Type				
Erlewein Mortuary		Phone: (317) 467-4918		Funeral Home				
Hancock Regional		Phone: (317) 462-5544		Hospital				
CONTACTS								
Name	Contact Type		Relationship	Address		Phone/Email		
Allison, Susan	Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1		Daughter	380 Paymaster Dr Greenfield, IN, 46140		Home:(765) 860-4892 Email:susiea2@yahoo.com		
Wagner, Philip	Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 2		Son	14830 41st Ave. Plymouth, MN, 55446		Home:(612) 816-9635 Email:ppwtrin@gmail.com		
DIAGNOSIS INFORMATION								
06/13/2024 - IRON DEFICIENCY ANEMIA SECONDA... (D50.0)				06/13/2024 - PERIPHERAL VASCULAR DISEASE, U... (I73.9)				
06/13/2024 - CARDIAC MURMUR, UNSPECIFIED (R01.1)				04/05/2024 - UNSPECIFIED MACULAR DEGENERATI... (H35.30)				
01/19/2024 - VASCULAR DEMENTIA, UNSPECIFIED... (F01.50)				01/19/2024 - IMPACTED CERUMEN, LEFT EAR (H61.22)				
01/19/2024 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)				01/19/2024 - PERSONAL HISTORY OF PEPTIC ULC... (Z87.11)				
01/19/2024 - PRESENCE OF AORTOCORONARY BYPA... (Z95.1)				04/17/2023 - ACUTE POSTHEMORRHAGIC ANEMIA (D62)				
04/17/2023 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)				04/17/2023 - UNSPECIFIED DEMENTIA, MILD, WI... (F03.A0)				

DIAGNOSIS INFORMATION			
04/17/2023 - METABOLIC ENCEPHALOPATHY (G93.41)		04/17/2023 - HYPERTENSIVE CHRONIC KIDNEY DI... (I12.9)	
04/17/2023 - ATHEROSCLEROTIC HEART DISEASE ... (I25.10)		04/17/2023 - MODERATE PERSISTENT ASTHMA, UN... (J45.40)	
04/17/2023 - GASTRO-ESOPHAGEAL REFLUX DISEA... (K21.9)		04/17/2023 - UNILATERAL PRIMARY OSTEOARTHRI... (M16.12)	
04/17/2023 - CHRONIC KIDNEY DISEASE, STAGE ... (N18.31)		04/17/2023 - PAIN, UNSPECIFIED (R52)	
04/17/2023 - AFTERCARE FOLLOWING JOINT REPL... (Z47.1)		04/17/2023 - PRESENCE OF CORONARY ANGIOPLAS... (Z95.5)	
04/17/2023 - PRESENCE OF LEFT ARTIFICIAL HI... (Z96.642)			
ADVANCE DIRECTIVE			
Advanced Directive: DNR			
MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		452	
Signature		Date	Time
Personal Effects Sent With	Relationship	Date	Time

<div> <div>MOVE IN RECORD</div> <div>Woodland Terrace of New Palestine</div> <div>Jul 12, 2024 16:54:01 ET</div> </div>									
RESIDENT INFORMATION									
Resident Name		Preferred Name		Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Allen, Betty				AL	211-1	01/20/2023	01/20/2023	01/20/2023	WTONP3029 7
Previous address				Previous Phone #		Legal Mailing address			
1020 Tree Top Lane, Greenwood, IN, 46142				(317) 514-9765		Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion		Race		Occupation(s)	Primary Lang.
F	06/18/1931	93	Widowed			White		School bus driver	English
Moved in From			Move in Location			Birth Place		Citizenship	Maiden Name
								U.S.	
Medicare (HIC) #			Medicaid #		Social Security #		Veterans Administration #		
8QE2AF6CP03					317-28-9438				
Insurance Name			Insurance Policy #:						
BCBSofMichigan			UGG921649088						
PAYER INFORMATION									
Primary Payer	Private Pay - AL								
OTHER INFORMATION									
Most Recent Hospital Stay		Allergies							
		Cephalexin, Ciprofloxacin, Codeine, metroNIDAZOLE, traMADol, Benicar, Bentyl, Penicillins, Sulfa Antibiotics							
Medicaid Recertification Date		Veteran's Status							
		No Service							
CARE PROVIDERS									
Provider		Phone		Address			UPIN	NPI	
Primary Physician (Primary) Lopshire, John		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268				1326128281	
Nurse Practitioner Holder, Chelsea		Office:(317) 941-7338		2485 Directors Row Ste D Indianapolis, IN 46241				1104551605	
Nurse Practitioner Pulliam, Brittany		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268				1265108161	
Medical Specialist Daly, Ryan Cardiologist		Office:(317) 893-1900		5330 E Stop 11 Rd				1598937484	
PHARMACY									
Pharmacy		Phone/Fax		Address					
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744		6530 Corporate Drive Indianapolis, IN, 46278					
EXTERNAL COMMUNITIES									
Community Name		Phone		Community Type					
St. Francis Hospital		Phone: (317) 528-5000		Hospital					
Wilson St. Pierre		Phone: (317) 882-0771		Funeral Home					
CONTACTS									
Name	Contact Type		Relationship	Address			Phone/Email		
Allen, Richard	Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 2		Son	3517 Heathcliff Ct Westfield, IN, 46074			Home:(317) 999-2534 Email:Rickallen1205@gmail.com		
Allen, Timothy	Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1		Son	6732 W Suncloud Dr New Palestine, IN, 46163			Home:(317) 902-1641 Email: tallen@centralinsuranceassoc.com		
DIAGNOSIS INFORMATION									
05/01/2024 - HYPOTHYROIDISM, UNSPECIFIED (E03.9)					05/01/2024 - HYPOKALEMIA (E87.6)				
05/01/2024 - UNSPECIFIED DEMENTIA, UNSPECIF... (F03.90)					05/01/2024 - MAJOR DEPRESSIVE DISORDER, REC... (F33.41)				
05/01/2024 - ANXIETY DISORDER, UNSPECIFIED (F41.9)					05/01/2024 - CHRONIC DIASTOLIC (CONGESTIVE)... (I50.32)				
05/01/2024 - DISORDER OF ARTERIES AND ARTER... (I77.9)					05/01/2024 - ALLERGIC RHINITIS, UNSPECIFIED (J30.9)				
05/01/2024 - GASTRO-ESOPHAGEAL REFLUX DISEA... (K21.9)					05/01/2024 - IRRITABLE BOWEL SYNDROME WITHO... (K58.9)				
05/01/2024 - CONSTIPATION, UNSPECIFIED (K59.00)					05/01/2024 - GOUT, UNSPECIFIED (M10.9)				
05/01/2024 - CHRONIC KIDNEY DISEASE, STAGE ... (N18.30)					05/01/2024 - URINARY TRACT INFECTION, SITE ... (N39.0)				
05/01/2024 - OTHER SPECIFIED SYMPTOMS AND S... (R09.89)					05/01/2024 - ATAXIA, UNSPECIFIED (R27.0)				
05/01/2024 - PERSONAL HISTORY OF OTHER ENDO... (Z86.39)					05/01/2024 - PERSONAL HISTORY OF OTHER SPEC... (Z87.898)				
04/12/2023 - MAJOR DEPRESSIVE DISORDER, REC... (F33.9)					01/19/2023 - HB-SS DISEASE WITH CRISIS WITH... (D57.09)				

DIAGNOSIS INFORMATION	
01/19/2023 - OTHER CHRONIC THYROIDITIS (E06.5)	01/19/2023 - VITAMIN D DEFICIENCY, UNSPECIF... (E55.9)
01/19/2023 - VITAMIN DEFICIENCY, UNSPECIFIE... (E56.9)	01/19/2023 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)
01/19/2023 - POSTPROCEDURAL HYPOTHYROIDISM (E89.0)	01/19/2023 - OTHER SPECIFIED DEPRESSIVE EPI... (F32.89)
01/19/2023 - INSOMNIA, UNSPECIFIED (G47.00)	01/19/2023 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)
01/19/2023 - OTHER SECONDARY HYPERTENSION (I15.8)	01/19/2023 - ACUTE SYSTOLIC (CONGESTIVE) HE... (I50.21)
01/19/2023 - CHRONIC SYSTOLIC (CONGESTIVE) ... (I50.22)	01/19/2023 - OCCLUSION AND STENOSIS OF UNSP... (I65.29)
01/19/2023 - OTHER IRRITABLE BOWEL SYNDROME (K58.8)	01/19/2023 - UNSPECIFIED HEMORRHOIDS (K64.9)
01/19/2023 - IDIOPATHIC GOUT, UNSPECIFIED S... (M10.00)	01/19/2023 - OTHER OSTEOPOROSIS WITHOUT CUR... (M81.8)
01/19/2023 - CHRONIC KIDNEY DISEASE, UNSPEC... (N18.9)	01/19/2023 - NAUSEA (R11.0)
01/19/2023 - UNSTEADINESS ON FEET (R26.81)	01/19/2023 - OTHER AMNESIA (R41.3)
01/19/2023 - ATTENTION AND CONCENTRATION DE... (R41.840)	01/19/2023 - AGE-RELATED PHYSICAL DEBILITY (R54)

ADVANCE DIRECTIVE

MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		539	
Signature		Date	Time
Personal Effects Sent With		Relationship	Time

MOVE IN RECORD									
Woodland Terrace of New Palestine						Jul 12, 2024 16:54:01 ET			
RESIDENT INFORMATION									
Resident Name		Preferred Name		Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Mrs. Anderson, Dana				AL	322-1	09/23/2022	09/23/2022	09/23/2022	WTONP30285
Previous address				Previous Phone #		Legal Mailing address			
				(740) 707-5427		Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion		Race		Occupation(s)	Primary Lang.
F	10/03/1937	86	Widowed	Unknown		White or Caucasian		Educator	English
Moved in From			Move in Location			Birth Place		Citizenship	Maiden Name
								U.S.	
Medicare (HIC) #		Medicaid #			Social Security #		Veterans Administration #		
3A11EC7CF04					276-34-7843				
Insurance Name		Insurance Policy #:							
Medicare									
PAYER INFORMATION									
Primary Payer	Private Pay - AL								
OTHER INFORMATION									
Most Recent Hospital Stay		Allergies							
		Codeine, glipiZIDE, Pioglitazone, Pitavastatin, raNITidine							
Medicaid Recertification Date		Veteran's Status							
		No Service							
CARE PROVIDERS									
Provider		Phone		Address			UPIN	NPI	
Primary Physician (Primary) Smith, Claudet Sielski, Richard		Office:(317) 781-2100 Fax:(317) 781-2109		2030 Churchman Ave Suite A Beech Grove, IN 46107				1124012729	
		Office:(740) 687-0303 Fax:(740) 687-5898		1941 W. Fair Ave Lancaster, OH 43130				1023080298	
Primary Physician Lopshire, John		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268				1326128281	
Nurse Practitioner Pulliam, Brittany		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268				1265108161	
Nurse Practitioner Saylor, Gina		Office:(317) 885-2860 Fax:(317) 885-2869		701 E County Line Road Suite 101 Greenwood, IN 46143				1801860325	
Medical Specialist Slaughter, Michael		Office:(317) 421-1812 Fax:(317) 421-1898		2455 Intelliplex Dr Shelbyville, IN 46176				1306815394	
PHARMACY									
Pharmacy		Phone/Fax			Address				
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744			6530 Corporate Drive Indianapolis, IN, 46278				
EXTERNAL COMMUNITIES									
Community Name		Phone			Community Type				
St. Francis Hospital		Phone: (317) 528-5000			Hospital				
CONTACTS									
Name	Contact Type		Relationship	Address			Phone/Email		
Anderson, Patrick	Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1		Son	4622 West Harvest Way New Palestine, IN, 46163			Cell:(317) 590-6080 Email:anderson6409@gmail.com		
DIAGNOSIS INFORMATION									
01/12/2023 - MALIGNANT NEOPLASM OF BREAST (C50)					01/03/2023 - ACUTE UPPER RESPIRATORY INFECT... (J06.9)				
12/15/2022 - PERSONAL HISTORY OF URINARY (T... (Z87.440)					11/22/2022 - CANDIDIASIS, UNSPECIFIED (B37.9)				
09/22/2022 - MALIGNANT NEOPLASM OF UNSPECIF... (C50.911)					09/22/2022 - ANEMIA, UNSPECIFIED (D64.9)				
09/22/2022 - TYPE 2 DIABETES MELLITUS WITHO... (E11.9)					09/22/2022 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)				
09/22/2022 - HEREDITARY AND IDIOPATHIC NEUR... (G60.9)					09/22/2022 - UNSPECIFIED CATARACT (H26.9)				
09/22/2022 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)					09/22/2022 - GASTRO-ESOPHAGEAL REFLUX DISEA... (K21.9)				
09/22/2022 - GOUT, UNSPECIFIED (M10.9)					09/22/2022 - UNSPECIFIED OSTEOARTHRITIS, UN... (M19.90)				
09/22/2022 - MUSCLE WEAKNESS (GENERALIZED) (M62.81)					09/22/2022 - OVERACTIVE BLADDER (N32.81)				
09/22/2022 - NAUSEA WITH VOMITING, UNSPECIF... (R11.2)					09/22/2022 - LOCALIZED SWELLING, MASS AND L... (R22.2)				
09/22/2022 - DIFFICULTY IN WALKING, NOT ELS... (R26.2)					09/22/2022 - NEED FOR ASSISTANCE WITH PERSO... (Z74.1)				

ADVANCE DIRECTIVE			
Advanced Directive: DNR			
MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		658	
Signature			Date
Personal Effects Sent With		Relationship	Date

MOVE IN RECORD								
Woodland Terrace of New Palestine						Jul 12, 2024 16:54:01 ET		
RESIDENT INFORMATION								
Resident Name		Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Baker, Betty			MC	110-1	04/08/2023	04/08/2023	04/08/2023	WTONP3030 7
Previous address			Previous Phone #		Legal Mailing address			
1384 Penny Ln, Greenfield, IN, 46140			(317) 512-1784		Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)	Primary Lang.	
F	03/25/1935	89	Widowed	Unknown	- Declined to Specify		- Declined to Specify	
Moved in From		Move in Location		Birth Place		Citizenship		Maiden Name
Medicare (HIC) #		Medicaid #		Social Security #		Veterans Administration #		
1E31Q32AH18				316-36-3984				
Insurance Name		Insurance Policy #:						
Medicare								
PAYER INFORMATION								
Primary Payer	Private Pay - MC							
OTHER INFORMATION								
Most Recent Hospital Stay		Allergies						
		Neosporin						
Medicaid Recertification Date		Veteran's Status						
		No Service						
CARE PROVIDERS								
Provider		Phone		Address		UPIN		NPI
Primary Physician (Primary) Lopshire, John		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268				1326128281
Nurse Practitioner Pulliam, Brittany		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268				1265108161
PHARMACY								
Pharmacy		Phone/Fax		Address				
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744		6530 Corporate Drive Indianapolis, IN, 46278				
EXTERNAL COMMUNITIES (No Data Found)								
Community Name		Phone		Community Type				
CONTACTS								
Name	Contact Type		Relationship	Address		Phone/Email		
Baker, David	Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1		Son	1384 Penny Ln Greenfield, IN, 46140		Home:(812) 593-1530 Email: Bakermontanamikes@yahoo.com		
Baker, Becky	Emergency Contact # 2		Daughter in law			Home:(317) 642-9505		
DIAGNOSIS INFORMATION								
05/01/2024 - UNSPECIFIED DEMENTIA, UNSPECIF... (F03.90)				05/01/2024 - MAJOR DEPRESSIVE DISORDER, REC... (F33.1)				
05/01/2024 - MAJOR DEPRESSIVE DISORDER, REC... (F33.9)				05/01/2024 - HEMIPLEGIA, UNSPECIFIED AFFECT... (G81.94)				
05/01/2024 - PAROXYSMAL ATRIAL FIBRILLATION (I48.0)				05/01/2024 - CHRONIC SYSTOLIC (CONGESTIVE) ... (I50.22)				
05/01/2024 - CHRONIC DIASTOLIC (CONGESTIVE)... (I50.32)				05/01/2024 - ACUTE ON CHRONIC DIASTOLIC (CO... (I50.33)				
05/01/2024 - UNSPECIFIED SEQUELAE OF CEREBR... (I69.30)				05/01/2024 - HEMIPLEGIA AND HEMIPARESIS FOL... (I69.354)				
05/01/2024 - DISORDER OF ARTERIES AND ARTER... (I77.9)				05/01/2024 - UNSPECIFIED OSTEOARTHRITIS, UN... (M19.90)				
05/01/2024 - CHRONIC KIDNEY DISEASE, STAGE ... (N18.31)				05/01/2024 - CHRONIC KIDNEY DISEASE, STAGE ... (N18.32)				
05/01/2024 - SECONDARY HYPERPARATHYROIDISM ... (N25.81)				05/01/2024 - EPISTAXIS (R04.0)				
05/01/2024 - ATAXIA, UNSPECIFIED (R27.0)				05/01/2024 - ENCOUNTER FOR GENERAL ADULT ME... (Z00.01)				
05/01/2024 - HISTORY OF FALLING (Z91.81)				06/23/2023 - VASCULAR DEMENTIA (F01)				
04/13/2023 - HYPOTHYROIDISM, UNSPECIFIED (E03.9)				04/13/2023 - VITAMIN D DEFICIENCY, UNSPECIF... (E55.9)				
04/13/2023 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)				04/12/2023 - AGE-RELATED OSTEOPOROSIS WITHO... (M81.0)				
04/06/2023 - DISORDER OF THYROID, UNSPECIFI... (E07.9)				04/06/2023 - MAJOR DEPRESSIVE DISORDER, SIN... (F32.9)				
04/06/2023 - OBSTRUCTIVE SLEEP APNEA (ADULT... (G47.33)				04/06/2023 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)				
04/06/2023 - CARDIOMYOPATHY, UNSPECIFIED (I42.9)				04/06/2023 - PERMANENT ATRIAL FIBRILLATION (I48.21)				
04/06/2023 - UNSPECIFIED SYSTOLIC (CONGESTI... (I50.20)				04/06/2023 - CEREBRAL INFARCTION, UNSPECIFI... (I63.9)				
04/06/2023 - OCCLUSION AND STENOSIS OF UNSP... (I65.29)				04/06/2023 - BILATERAL PRIMARY OSTEOARTHRI... (M17.0)				
04/06/2023 - CHRONIC KIDNEY DISEASE (CKD) (N18)				04/06/2023 - DISORIENTATION, UNSPECIFIED (R41.0)				
04/06/2023 - PREDIABETES (R73.03)				04/06/2023 - SOLITARY PULMONARY NODULE (R91.1)				

ADVANCE DIRECTIVE			
Advanced Directive: DNR			
MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		461	
Signature			Date
Personal Effects Sent With		Relationship	Date

MOVE IN RECORD

Woodland Terrace of New Palestine

Jul 12, 2024 16:54:01 ET

RESIDENT INFORMATION

Resident Name		Preferred Name		Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Berg, Rita				AL	332-1	03/15/2024	03/15/2024	03/15/2024	WTONP30340
Previous address				Previous Phone #		Legal Mailing address			
928 Kirkpatrick Place, Greenfield, IN, 46140				(317) 459-5723		Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion		Race		Occupation(s)	Primary Lang.
F	06/26/1938	86				- Declined to Specify			English
Moved in From			Move in Location			Birth Place		Citizenship	Maiden Name
Medicare (HIC) #			Medicaid #		Social Security #			Veterans Administration #	
					330-30-8485				
Insurance Name			Insurance Policy #:						
United			97435299200						

PAYER INFORMATION

Primary Payer	Private Pay - AL
---------------	------------------

OTHER INFORMATION

Most Recent Hospital Stay	Allergies
	Penicillin
Medicaid Recertification Date	Veteran's Status
	No service

CARE PROVIDERS

Provider	Phone	Address	UPIN	NPI
Primary Physician (Primary) Lopshire, John	Office:(317) 497-5530 Fax:(855) 422-5182	9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268		1326128281
Primary Physician Powell, Talessa	Office:(317) 462-5252 Fax:(317) 462-8010	300 E Boyd Ave Ste 100 Greenfield, IN 46140		1629162987
Dentist Young, Randy	Office:(765) 932-4861 Fax:(765) 932-5774	610 E 11th Street Rushville, IN 46173		1396966073
Psychiatrist Cobb, Melinda	Office:(317) 468-6200 Fax:(317) 468-6201	120 W McKenzie Rd Greenfield, IN 46140		1639161896
Podiatrist Kapsalis, Andrew	Office:(317) 745-5403	8607 E US Highway 36 Ste 100 Avon, IN 46123		1780093765
Nurse Practitioner O'Hara, Christine	Office:(317) 462-5252 Fax:(317) 462-8010	300 East Boyd Ave Suite 100 Greenfield, IN 46140		1346613866
Nurse Practitioner Pulliam, Brittany	Office:(317) 497-5530 Fax:(855) 422-5182	9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268		1265108161
Ophthalmologist Cacchillo, Paul	Office:(317) 462-2020 Fax:(317) 462-3459	740 W Green Meadows Dr Greenfield, IN 46140		1902848765
Ophthalmologist Davis, Lauren	Office:(317) 462-2020 Fax:(317) 462-3459	740 W Green Meadows Dr Suite 310 Greenfield, IN 46140		1669034492

PHARMACY

Pharmacy	Phone/Fax	Address
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger	Phone: (317) 452-4669 Fax: (317) 452-4744	6530 Corporate Drive Indianapolis, IN, 46278

EXTERNAL COMMUNITIES

Community Name	Phone	Community Type
Hancock Regional	Phone: (317) 462-5544	Hospital

CONTACTS

Name	Contact Type	Relationship	Address	Phone/Email
Hays, Peggy	Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1	Daughter	507 Woodland West Drive Greenfield, IN, 46140	Home:(317) 847-4193 Email:mchays64@gmail.com
Berg, Paul	Durable Power of Attorney for Finances Durable Power of Attorney for	Son	268 West Hampton Dr Indianapolis, IN, 46208	Home:(317) 987-2786 Email:paul.berg@yahoo.com

CONTACTS

Name	Contact Type	Relationship	Address	Phone/Email
Berg, Paul	Healthcare Emergency Contact # 2	Son	268 West Hampton Dr Indianapolis, IN, 46208	Home:(317) 987-2786 Email:paul.berg@yahoo.com

DIAGNOSIS INFORMATION

04/23/2024 - HYPOVOLEMIA (E86.1)	04/23/2024 - HYPOKALEMIA (E87.6)
04/23/2024 - GENERALIZED ANXIETY DISORDER (F41.1)	04/23/2024 - SEROUS RETINAL DETACHMENT, RIG... (H33.21)
04/23/2024 - MEMORY DEFICIT FOLLOWING OTHER... (I69.811)	04/23/2024 - DYSPHAGIA FOLLOWING OTHER CERE... (I69.891)
04/23/2024 - INFLUENZA DUE TO OTHER IDENTIF... (J10.1)	04/23/2024 - MILD INTERMITTENT ASTHMA WITH ... (J45.21)
04/23/2024 - UNSPECIFIED ASTHMA, UNCOMPLICA... (J45.909)	04/23/2024 - COUGH VARIANT ASTHMA (J45.991)
04/23/2024 - ACUTE RESPIRATORY FAILURE WITH... (J96.01)	04/23/2024 - ACUTE KIDNEY FAILURE, UNSPECIF... (N17.9)
04/23/2024 - CHRONIC KIDNEY DISEASE, UNSPEC... (N18.9)	04/23/2024 - DIARRHEA, UNSPECIFIED (R19.7)
04/23/2024 - UNSPECIFIED SKIN CHANGES (R23.9)	04/23/2024 - DIFFICULTY IN WALKING, NOT ELS... (R26.2)
04/23/2024 - OTHER LACK OF COORDINATION (R27.8)	04/23/2024 - PAIN, UNSPECIFIED (R52)
04/23/2024 - LONG TERM (CURRENT) USE OF SYS... (Z79.52)	04/04/2024 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)
04/04/2024 - UNSPECIFIED GLAUCOMA (H40.9)	04/04/2024 - UNSPECIFIED DIASTOLIC (CONGEST... (I50.30)
04/04/2024 - CHRONIC DIASTOLIC (CONGESTIVE)... (I50.32)	04/04/2024 - ALLERGIC RHINITIS, UNSPECIFIED (J30.9)
04/04/2024 - MILD INTERMITTENT ASTHMA, UNCO... (J45.20)	04/04/2024 - GASTRO-ESOPHAGEAL REFLUX DISEA... (K21.9)
04/04/2024 - UNSPECIFIED OSTEOARTHRITIS, UN... (M19.90)	04/04/2024 - OTHER SPECIFIED DISORDERS OF B... (M85.80)
03/07/2024 - MONOCLONAL GAMMOPATHY (D47.2)	03/07/2024 - MAJOR DEPRESSIVE DISORDER, REC... (F33.41)
03/07/2024 - MAJOR DEPRESSIVE DISORDER, REC... (F33.9)	03/07/2024 - GLAUCOMA (H40)
03/07/2024 - RHEUMATIC AORTIC INSUFFICIENCY (I06.1)	03/07/2024 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)
03/07/2024 - ATHEROSCLEROTIC HEART DISEASE ... (I25.10)	03/07/2024 - ATHEROSCLEROSIS OF AORTA (I70.0)
03/07/2024 - OTHER SEASONAL ALLERGIC RHINIT... (J30.2)	03/07/2024 - CHRONIC OBSTRUCTIVE PULMONARY ... (J44.9)
03/07/2024 - ASTHMA (J45)	03/07/2024 - BRONCHIECTASIS, UNCOMPLICATED (J47.9)
03/07/2024 - OSTEOARTHRITIS, UNSPECIFIED SI... (M19.9)	03/07/2024 - CHRONIC KIDNEY DISEASE, STAGE ... (N18.31)
03/07/2024 - NOCTURIA (R35.1)	

ADVANCE DIRECTIVE

MISCELLANEOUS INFORMATION

Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		119	
Signature			Date
Personal Effects Sent With		Relationship	Date

MOVE IN RECORD								
Woodland Terrace of New Palestine						Jul 12, 2024 16:54:01 ET		
RESIDENT INFORMATION								
Resident Name		Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Borgmann, Patricia			AL	235-1	11/24/2020	11/24/2020	11/24/2020	WTONP3018 8
Previous address			Previous Phone #		Legal Mailing address			
2615 south 700 west, New Palestine, IN, 46163					Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)	Primary Lang.	
F	01/20/1932	92	Married	Unknown	White or Caucasian		English	
Moved in From		Move in Location		Birth Place		Citizenship		Maiden Name
Home						U.S.		
Medicare (HIC) #		Medicaid #		Social Security #		Veterans Administration #		
7FW6V71EH62				306-30-1323				
Insurance Name		Insurance Policy #:						
AARPMedicareComplete								
PAYER INFORMATION								
Primary Payer	Private Pay - AL							
OTHER INFORMATION								
Most Recent Hospital Stay		Allergies						
		No Known Allergies						
Medicaid Recertification Date								
CARE PROVIDERS								
Provider		Phone		Address		UPIN		NPI
Primary Physician (Primary) Lopshire, John		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268				1326128281
Primary Physician Mustaklem, Marwan		Office:(317) 338-8507 Other:(866) 604-2922 Fax:(317) 338-2454		2001 W. 86th St Indianapolis, IN 46260				1750357513
Primary Physician Surburg, Matthew		Office:(317) 462-2335 Fax:(317) 462-2069		120 W McKenzie Rd Greenfield, IN				1376545756
Nurse Practitioner Pulliam, Brittany		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268				1265108161
Nurse Practitioner Snyder, Allison				25802 State Rd 19 Arcadia, IN 46030				1982027785
PHARMACY								
Pharmacy		Phone/Fax		Address				
CVS (New Pal)		Phone: (317) 861-4838 Fax:		5026 W. US 52 New Palestine, IN, 46163				
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744		6530 Corporate Drive Indianapolis, IN, 46278				
EXTERNAL COMMUNITIES								
Community Name		Phone		Community Type				
Hancock Regional		Phone: (317) 462-5544		Hospital				
Stillinger Family Funeral Home		Phone: (317) 462-5536		Funeral Home				
CONTACTS								
Name	Contact Type		Relationship	Address		Phone/Email		
Borgmann, Amy	Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1 Emergency Contact # 5		Daughter	2615 south 700 west New Palestine, 46163		Cell:(317) 979-0074 Email:brgmnlady@comcast.net		
Mr. Borgmann, Alan	Emergency Contact # 2		Son	4869 E US 40 Greenfield, IN, 46140		Cell:(317) 626-6224 Email:albdirt@gmail.com		
Borgmann, Patricia			Self	2615 south 700 west New Palestine, IN, 46163		Cell:(317) 979-0074 Email:brgmnlady@comcast.net		
DIAGNOSIS INFORMATION								
05/01/2024 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)				05/01/2024 - NONRHEUMATIC MITRAL (VALVE) IN... (I34.0)				
05/01/2024 - CHRONIC ATRIAL FIBRILLATION, U... (I48.20)				05/01/2024 - HYPOTENSION, UNSPECIFIED (I95.9)				
05/01/2024 - ACUTE UPPER RESPIRATORY INFECT... (J06.9)				05/01/2024 - CHRONIC OBSTRUCTIVE PULMONARY ... (J44.9)				
05/01/2024 - UNSPECIFIED OSTEOARTHRITIS, UN... (M19.90)				05/01/2024 - CHRONIC KIDNEY DISEASE, STAGE ... (N18.32)				
05/01/2024 - URINARY TRACT INFECTION, SITE ... (N39.0)				05/01/2024 - ATAXIA, UNSPECIFIED (R27.0)				

DIAGNOSIS INFORMATION	
05/01/2024 - AGE-RELATED COGNITIVE DECLINE (R41.81)	05/01/2024 - EDEMA, UNSPECIFIED (R60.9)
05/01/2024 - UNSPECIFIED FALL, INITIAL ENCO... (W19.XXXA)	05/01/2024 - ENCOUNTER FOR GENERAL ADULT ME... (Z00.01)
05/01/2024 - PERSONAL HISTORY OF OTHER MALI... (Z85.828)	05/01/2024 - PERSONAL HISTORY OF TRANSIENT ... (Z86.73)
05/01/2024 - HISTORY OF FALLING (Z91.81)	01/03/2023 - IMPACTED CERUMEN, BILATERAL (H61.23)
12/29/2022 - SHORTNESS OF BREATH (R06.02)	06/10/2021 - TYPE 2 DIABETES MELLITUS (E11)
06/10/2021 - UNSPECIFIED ATRIAL FIBRILLATIO... (I48.91)	11/19/2020 - TYPE 2 DIABETES MELLITUS WITHO... (E11.9)
11/19/2020 - MIXED HYPERLIPIDEMIA (E78.2)	11/19/2020 - HYPO-OSMOLALITY AND HYPONATREM... (E87.1)
11/19/2020 - UNSPECIFIED DEMENTIA, UNSPECIF... (F03.90)	11/19/2020 - ANXIETY DISORDER DUE TO KNOWN ... (F06.4)
11/19/2020 - ANXIETY DISORDER, UNSPECIFIED (F41.9)	11/19/2020 - PAIN DISORDER WITH RELATED PSY... (F45.42)
11/19/2020 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)	11/19/2020 - HEART FAILURE, UNSPECIFIED (I50.9)
11/19/2020 - CELLULITIS OF RIGHT LOWER LIMB (L03.115)	11/19/2020 - NAUSEA (R11.0)
11/19/2020 - LOCALIZED EDEMA (R60.0)	

ADVANCE DIRECTIVE
Advanced Directive: DNR

MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		1326	
Signature		Date	Time
Personal Effects Sent With		Relationship	Time

MOVE IN RECORD									
Woodland Terrace of New Palestine						Jul 12, 2024 16:54:01 ET			
RESIDENT INFORMATION									
Resident Name		Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #	
Boring, Evelyn			MC	106-1	08/11/2023	08/11/2023	08/11/2023	WTONP30318	
Previous address			Previous Phone #		Legal Mailing address				
1223 W Furry Road, Fountaintown, IN, 46130			(317) 443-1569		Same as Previous Address				
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)	Primary Lang.		
F	01/01/1938	86	Married	Unknown	- Declined to Specify		English		
Moved in From		Move in Location		Birth Place		Citizenship		Maiden Name	
Medicare (HIC) #		Medicaid #		Social Security #		Veterans Administration #			
2N15Y88YJ67				307-38-6571					
Insurance Name		Insurance Policy #:							
Medicare									
PAYER INFORMATION									
Primary Payer	Private Pay - MC								
OTHER INFORMATION									
Most Recent Hospital Stay		Allergies							
		Linacotide, Potassium Chloride, Povidone Iodine, Pregabalin, Iodinated Contrast Media							
Medicaid Recertification Date		Veteran's Status							
		No Service							
CARE PROVIDERS									
Provider		Phone		Address		UPIN		NPI	
Primary Physician (Primary) Moonesinghe, Deshini		Office:(765) 776-8000		3500 S Lafontaine Kokomo, IN 46902				1780882449	
Primary Physician Lopshire, John		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268				1326128281	
Nurse Practitioner Pulliam, Brittany		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268				1265108161	
Medical Specialist Murphy, Leigha				8904 Bash Street Suite B Indianapolis, IN 46256				1003564717	
PHARMACY									
Pharmacy		Phone/Fax		Address					
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744		6530 Corporate Drive Indianapolis, IN, 46278					
EXTERNAL COMMUNITIES									
Community Name		Phone		Community Type					
Erlewein Mortuary		Phone: (317) 467-4918		Funeral Home					
Hancock Regional		Phone: (317) 462-5544		Hospital					
CONTACTS									
Name	Contact Type		Relationship	Address		Phone/Email			
Reed, Robin	Billing Responsible Party Durable Power of Attorney for Finances Emergency Contact # 1		Daughter	4616 S 100W Fountaintown, IN, 46130		Home:(317) 797-1158 Email:tomrobinreed@gmail.com			
Boring, William	Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 2		Husband	1223 W Furry Road Fountaintown, IN, 46130		Home:(317) 443-1569			
DIAGNOSIS INFORMATION									
08/09/2023 - DISORDER OF THYROID, UNSPECIFI... (E07.9)				08/09/2023 - TYPE 2 DIABETES MELLITUS WITH ... (E11.42)					
08/09/2023 - TYPE 2 DIABETES MELLITUS WITHO... (E11.9)				08/09/2023 - PURE HYPERCHOLESTEROLEMIA, UNS... (E78.00)					
08/09/2023 - HYPO-OSMOLALITY AND HYPONATREM... (E87.1)				08/09/2023 - UNSPECIFIED DEMENTIA, UNSPECIF... (F03.90)					
08/09/2023 - MIGRAINE, UNSPECIFIED, NOT INT... (G43.909)				08/09/2023 - TRANSIENT CEREBRAL ISCHEMIC AT... (G45.9)					
08/09/2023 - PERIODIC LIMB MOVEMENT DISORDE... (G47.61)				08/09/2023 - CARPAL TUNNEL SYNDROME, UNSPEC... (G56.00)					
08/09/2023 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)				08/09/2023 - CEREBRAL INFARCTION, UNSPECIFI... (I63.9)					
08/09/2023 - PNEUMONIA, UNSPECIFIED ORGANIS... (J18.9)				08/09/2023 - OTHER SPECIFIED DISORDERS OF N... (J34.89)					
08/09/2023 - GASTRO-ESOPHAGEAL REFLUX DISEA... (K21.9)				08/09/2023 - NONINFECTIVE GASTROENTERITIS A... (K52.9)					
08/09/2023 - GOUT, UNSPECIFIED (M10.9)				08/09/2023 - UNSPECIFIED OSTEOARTHRITIS, UN... (M19.90)					
08/09/2023 - CARDIAC MURMUR, UNSPECIFIED (R01.1)				08/09/2023 - PARESTHESIA OF SKIN (R20.2)					
08/09/2023 - REPEATED FALLS (R29.6)				08/09/2023 - WEAKNESS (R53.1)					
08/09/2023 - SHOCK, UNSPECIFIED (R57.9)									

ADVANCE DIRECTIVE				
MISCELLANEOUS INFORMATION				
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)	
		336		
Signature			Date	Time
Personal Effects Sent With		Relationship	Date	Time

MOVE IN RECORD									
Woodland Terrace of New Palestine						Jul 12, 2024 16:54:01 ET			
RESIDENT INFORMATION									
Resident Name		Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #	
Bowman, Elizabeth M.			AL	333-1	06/29/2022	02/05/2021	02/05/2021	WTONP3019 7	
Previous address			Previous Phone #		Legal Mailing address				
4334 Wooded Way, New Palestine, IN, 46163			(317) 370-0265		Same as Previous Address				
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)	Primary Lang.		
F	11/16/1939	84	Married	Unknown	White or Caucasian		English		
Moved in From		Move in Location		Birth Place		Citizenship		Maiden Name	
						U.S.			
Medicare (HIC) #		Medicaid #		Social Security #		Veterans Administration #			
7AGDK80HU79				310-42-0999					
Insurance Name		Insurance Policy #:							
IUHealth		M0000794400							
PAYER INFORMATION									
Primary Payer	Private Pay - AL								
OTHER INFORMATION									
Most Recent Hospital Stay		Allergies							
		Codeine							
Medicaid Recertification Date		Prepaid Funeral Arrangements							
		Yes							
CARE PROVIDERS									
Provider		Phone		Address		UPIN		NPI	
Primary Physician (Primary) Moore, Shawn		Office:(317) 861-4171 Fax:(317) 861-5325		7375 W US 52 New Palestine, IN 46163				1861920977	
Primary Physician Murphy, Richard Heart 2 Heart Hospice		Office:(317) 718-7422 Fax:(317) 718-7433		252 Meadow Dr. Ste 6 Danville, IN 46122				1629354436	
Primary Physician Mustaklem, Marwan		Office:(317) 338-8507 Other:(866) 604-2922 Fax:(317) 338-2454		2001 W. 86th St Indianapolis, IN 46260				1750357513	
Primary Physician Shammas, Issa		Office:(317) 890-5500 Fax:(317) 890-5566		9650 E Washington St Suite 100 Indianapolis, IN 46229				1073554424	
Nurse Practitioner Snyder, Allison				25802 State Rd 19 Arcadia, IN 46030				1982027785	
PHARMACY									
Pharmacy		Phone/Fax		Address					
CVS (New Pal) (Primary)		Phone: (317) 861-4838 Fax:		5026 W. US 52 New Palestine, IN, 46163					
CVS (Emerson-Southport)		Phone: (317) 783-5325 Fax:		6010 S Emerson Ave Indianapolis, IN, 46237					
Guardian Pharmacy of Indiana Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744		6530 Corporate Drive Indianapolis, IN, 46278					
EXTERNAL COMMUNITIES									
Community Name		Phone		Community Type					
Hancock Regional		Phone: (317) 462-5544		Hospital					
Oakley Hammond Funeral Home		Phone: (317) 357-1159		Funeral Home					
CONTACTS									
Name	Contact Type		Relationship	Address		Phone/Email			
Mr. Bowman, William	Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare		Son	Indianapolis, IN, 46239		Cell:(317) 557-7496 Email:william.bowman@indy.gov			
Mrs. Bowman, Elizabeth			Self	4400 Terrace Dr APT 333 New Palestine, 46163		Cell:(317) 370-0265			
DIAGNOSIS INFORMATION									
01/19/2024 - INSOMNIA, UNSPECIFIED (G47.00)				01/03/2023 - VITAMIN D DEFICIENCY, UNSPECIF... (E55.9)					
01/03/2023 - MAJOR DEPRESSIVE DISORDER, REC... (F33.9)				02/02/2021 - MALIGNANT NEOPLASM OF BREAST O... (C50.9)					
02/02/2021 - HYPOTHYROIDISM, UNSPECIFIED (E03.9)				02/02/2021 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)					
02/02/2021 - ANXIETY DISORDER, UNSPECIFIED (F41.9)				02/02/2021 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)					
02/02/2021 - GASTRO-ESOPHAGEAL REFLUX DISEA... (K21.9)									
ADVANCE DIRECTIVE									
Advanced Directive: CPR									

MISCELLANEOUS INFORMATION				
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)	
		744		
Signature			Date	Time
Personal Effects Sent With		Relationship	Date	Time

MOVE IN RECORD									
Woodland Terrace of New Palestine						Jul 12, 2024 16:54:01 ET			
RESIDENT INFORMATION									
Resident Name		Preferred Name		Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Bowman, Marcia				AL	210-1	05/01/2022	05/01/2022	04/29/2022	WTONP3026 1
Previous address				Previous Phone #		Legal Mailing address			
907 N Franklin Rd, Indianapolis, IN, 46219				(317) 402-3095		Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion		Race		Occupation(s)	Primary Lang.
F	09/15/1944	79	Widowed	Unknown		White or Caucasian			English
Moved in From			Move in Location			Birth Place		Citizenship	Maiden Name
								U.S.	
Medicare (HIC) #		Medicaid #			Social Security #		Veterans Administration #		
4CT3MN1CR76					303-46-3562				
Insurance Name		Insurance Policy #:							
Anthem		CNF744M55686							
PAYER INFORMATION									
Primary Payer	Private Pay - AL								
OTHER INFORMATION									
Most Recent Hospital Stay		Allergies							
		Dye, Tartrazine							
Medicaid Recertification Date									
CARE PROVIDERS									
Provider		Phone		Address			UPIN	NPI	
Primary Physician (Primary) Schaeffer, Teresa		Office:(317) 355-2200 Home:(317) 355-2200 Fax:(317) 355-2185		10122 E 10th St Ste 220 Indianapolis, IN 46229				1235150442	
Primary Physician Mustaklem, Marwan		Office:(317) 338-8507 Other:(866) 604-2922 Fax:(317) 338-2454		2001 W. 86th St Indianapolis, IN 46260				1750357513	
Nurse Practitioner Snyder, Allison				25802 State Rd 19 Arcadia, IN 46030				1982027785	
Medical Specialist Keating, Vincent		Office:(317) 887-7880 Fax:(317) 887-7998		1402 E County Line Rd Ste 2400 Indianapolis, IN 46227				1871569103	
Medical Specialist Wang-Joy, Qin		Office:(317) 353-8985 Fax:(317) 353-2389		8205 E 56th Street Suite 250 Indianapolis, IN 46216				1992790299	
PHARMACY									
Pharmacy		Phone/Fax			Address				
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744			6530 Corporate Drive Indianapolis, IN, 46278				
EXTERNAL COMMUNITIES									
Community Name		Phone			Community Type				
Community Hospital East		Phone: (317) 355-1411			Hospital				
CONTACTS									
Name	Contact Type		Relationship	Address			Phone/Email		
Mr. Bowman, James	Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1 Emergency Contact # 5		Son	7334 Capel Drive Indianapolis, IN, 46259			Cell:(317) 730-1610 Email:j.bowman51@yahoo.com		
Mrs. Edmondson, Christine	Emergency Contact # 2		Daughter	2208 East Cole Ave Fresno, CA, 93720			Cell:(559) 301-8561 Email:christine.edmondson623@gmail.com		
DIAGNOSIS INFORMATION									
04/18/2023 - VITAMIN D DEFICIENCY, UNSPECIF... (E55.9)					02/28/2023 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)				
11/22/2022 - ACUTE PAIN, NOT ELSEWHERE CLAS... (G89.1)					05/02/2022 - SEPSIS, UNSPECIFIED ORGANISM (A41.9)				
05/02/2022 - ANEMIA IN CHRONIC KIDNEY DISEA... (D63.1)					05/02/2022 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)				
05/02/2022 - ALCOHOL ABUSE, UNCOMPLICATED (F10.10)					05/02/2022 - DEPRESSION, UNSPECIFIED (F32.A)				
05/02/2022 - MILD COGNITIVE IMPAIRMENT OF U... (G31.84)					05/02/2022 - METABOLIC ENCEPHALOPATHY (G93.41)				
05/02/2022 - HYPERTENSIVE CHRONIC KIDNEY DI... (I12.9)					05/02/2022 - UNSPECIFIED ATRIAL FIBRILLATIO... (I48.91)				
05/02/2022 - CHRONIC DIASTOLIC (CONGESTIVE)... (I50.32)					05/02/2022 - ABDOMINAL AORTIC ANEURYSM, WIT... (I71.4)				
05/02/2022 - PNEUMONIA, UNSPECIFIED ORGANIS... (J18.9)					05/02/2022 - ACUTE RESPIRATORY FAILURE WITH... (J96.01)				
05/02/2022 - GASTRO-ESOPHAGEAL REFLUX DISEA... (K21.9)					05/02/2022 - CONSTIPATION, UNSPECIFIED (K59.00)				

DIAGNOSIS INFORMATION				
05/02/2022 - MUSCLE WEAKNESS (GENERALIZED) (M62.81)		05/02/2022 - ACUTE KIDNEY FAILURE, UNSPECIF... (N17.9)		
05/02/2022 - CHRONIC KIDNEY DISEASE, STAGE ... (N18.30)		05/02/2022 - DYSPHAGIA, UNSPECIFIED (R13.10)		
05/02/2022 - UNSTEADINESS ON FEET (R26.81)		05/02/2022 - OTHER ABNORMALITIES OF GAIT AN... (R26.89)		
05/02/2022 - ENCOUNTER FOR OTHER SPECIFIED ... (Z51.89)		05/02/2022 - PERSONAL HISTORY OF PULMONARY ... (Z86.711)		
ADVANCE DIRECTIVE				
Advanced Directive: Living Will; Advanced Directive: CPR				
MISCELLANEOUS INFORMATION				
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)	
		803		
Signature			Date	Time
Personal Effects Sent With		Relationship	Date	Time

MOVE IN RECORD

Woodland Terrace of New Palestine

Jul 12, 2024 16:54:01 ET

RESIDENT INFORMATION

Resident Name				Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #	
Brauneller, Carolyn					AL	226-1	05/29/2024	05/29/2024	05/29/2024	WTONP30348	
Previous address					Previous Phone #		Legal Mailing address				
4400 Terrace Drive Unit 226, New Palestine, IN, 46163							Same as Previous Address				
Sex	Birthdate	Age	Marital Status		Religion		Race		Occupation(s)		Primary Lang.
F	07/27/1939	84	Widowed				White				English
Moved in From				Move in Location			Birth Place		Citizenship		Maiden Name
Medicare (HIC) #				Medicaid #			Social Security #			Veterans Administration #	
							322-32-9577				
Insurance Name				Insurance Policy #:							
Humana				H30420613							

PAYER INFORMATION

Primary Payer	Private Pay - AL	
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OTHER INFORMATION

Most Recent Hospital Stay	Allergies
	Fosamax
Medicaid Recertification Date	

CARE PROVIDERS

Provider	Phone	Address	UPIN	NPI
Primary Physician (Primary) Bagley, Kristen	Office:(317) 861-4171 Fax:(317) 861-5325	7375 W US 52 New Palestine, IN 46163		1710971734
Primary Physician Whelchel, Eric	Office:(317) 890-5500 Fax:(317) 890-5627	IU Physicians Family Medicine 1520 N Senate Ave Indianapolis, IN 46202		1609364959
Medical Specialist Cantor, Braca	Office:(317) 621-1465 Fax:(317) 355-8750	9669 E 146th Street Ste 250 Noblesville, IN 46060		1487072419

PHARMACY

Pharmacy	Phone/Fax	Address
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger	Phone: (317) 452-4669 Fax: (317) 452-4744	6530 Corporate Drive Indianapolis, IN, 46278

EXTERNAL COMMUNITIES (No Data Found)

Community Name	Phone	Community Type

CONTACTS

Name	Contact Type	Relationship	Address	Phone/Email
Lumbley, Courtney	Billing Responsible Party		4155 Siefert Ct. New Palestine, IN, 46163	Home:(317) 670-7531
Brauneller, Carolyn		Self	4400 Terrace Drive Unit 226 New Palestine, IN, 46163	

DIAGNOSIS INFORMATION

05/20/2024 - MIXED HYPERLIPIDEMIA (E78.2)	05/20/2024 - UNSPECIFIED DEMENTIA, UNSPECIF... (F03.90)
05/20/2024 - OTHER CHRONIC PAIN (G89.29)	05/20/2024 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)
05/20/2024 - ATHEROSCLEROSIS OF AORTA (I70.0)	05/20/2024 - PRIMARY GENERALIZED (OSTEO)ART... (M15.0)
05/20/2024 - OSTEOARTHRITIS OF KNEE, UNSPEC... (M17.9)	05/20/2024 - LOW BACK PAIN, UNSPECIFIED (M54.50)
05/20/2024 - MUSCLE WEAKNESS (GENERALIZED) (M62.81)	05/20/2024 - AGE-RELATED OSTEOPOROSIS WITHO... (M81.0)

ADVANCE DIRECTIVE

MISCELLANEOUS INFORMATION

Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)	
		44		
Signature			Date	Time
Personal Effects Sent With		Relationship	Date	Time

MOVE IN RECORD								
Woodland Terrace of New Palestine						Jul 12, 2024 16:54:01 ET		
RESIDENT INFORMATION								
Resident Name		Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Brownfield, Alma			AL	218-1	02/07/2023	02/07/2023	02/07/2023	WTONP3030 0
Previous address			Previous Phone #		Legal Mailing address			
New Palestine, 46163			(317) 727-3984		Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)	Primary Lang.	
F	06/26/1928	96	Widowed	Unknown	- Declined to Specify		English	
Moved in From		Move in Location		Birth Place		Citizenship		Maiden Name
Home						U.S.		
Medicare (HIC) #		Medicaid #		Social Security #		Veterans Administration #		
9xw4F83UA76				316-28-9567				
Insurance Name		Insurance Policy #:						
Medicare								
PAYER INFORMATION								
Primary Payer	Private Pay - AL							
OTHER INFORMATION								
Most Recent Hospital Stay		Allergies						
		No Known Allergies						
Medicaid Recertification Date								
CARE PROVIDERS								
Provider		Phone		Address		UPIN		NPI
Primary Physician (Primary) Moore, Shawn		Office:(317) 861-4171 Fax:(317) 861-5325		7375 W US 52 New Palestine, IN 46163				1861920977
Primary Physician Lopshire, John		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268				1326128281
Nurse Practitioner Pulliam, Brittany		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268				1265108161
PHARMACY								
Pharmacy		Phone/Fax		Address				
CVS (New Pal) (Primary)		Phone: (317) 861-4838 Fax:		5026 W. US 52 New Palestine, IN, 46163				
Guardian Pharmacy of Indiana Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744		6530 Corporate Drive Indianapolis, IN, 46278				
EXTERNAL COMMUNITIES								
Community Name		Phone		Community Type				
Flanner & Buchanan (E. Wash)		Phone: (317) 898-4462		Funeral Home				
Hancock Regional		Phone: (317) 462-5544		Hospital				
CONTACTS								
Name	Contact Type		Relationship	Address		Phone/Email		
Innis, Nina	Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1		Niece	6762 W Steinmeyer Road New Palestine, IN, 46163		Home:(317) 727-3984 Email:n5473@aol.com		
Innis, John	Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Guardian Emergency Contact # 2		Nephew	680 Dee Lane Mount Vernon, IA, 52314		Home:(319) 360-0938 Email:jdinnis@gmail.com		
DIAGNOSIS INFORMATION								
04/18/2023 - DISORDER OF MUSCLE, UNSPECIFIE... (M62.9)				02/02/2023 - ANEMIA, UNSPECIFIED (D64.9)				
02/02/2023 - CELLULITIS OF RIGHT UPPER LIMB (L03.113)				02/02/2023 - PAIN IN RIGHT WRIST (M25.531)				
ADVANCE DIRECTIVE								
Advanced Directive: DNR								

MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		521	
Signature			Date
Personal Effects Sent With		Relationship	Date

<div> <div>MOVE IN RECORD</div> <div> <div>Woodland Terrace of New Palestine</div> <div>Jul 12, 2024 16:54:01 ET</div> </div> </div>								
RESIDENT INFORMATION								
Resident Name		Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Buntain, William			AL	306-1	08/27/2021	08/27/2021	08/27/2021	WTONP30220
Previous address			Previous Phone #		Legal Mailing address			
4725 W Harrisburg Ct, New Palestine, IN, 46163					Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)	Primary Lang.	
M	10/29/1940	83	Widowed	Unknown	White or Caucasian		English	
Moved in From		Move in Location			Birth Place	Citizenship	Maiden Name	
Home						U.S.		
Medicare (HIC) #		Medicaid #		Social Security #		Veterans Administration #		
3J33XX8DR05				311-40-6051				
Insurance Name		Insurance Policy #:						
UnitedHealthcare		9118772604						
PAYER INFORMATION								
Primary Payer	Private Pay - AL							
OTHER INFORMATION								
Most Recent Hospital Stay		Allergies						
		No Known Allergies						
Medicaid Recertification Date		Miscellaneous Information:		Prepaid Funeral Arrangements		Veteran's Status		
		Faith United Methodist Church		Yes		WW2 Veteran		
CARE PROVIDERS								
Provider		Phone		Address		UPIN	NPI	
Primary Physician (Primary) Basham, Jared		Office:(317) 355-2800 Fax:(317) 355-2828		2040 N SHADELAND AVE Indianapolis, IN 46219			1316907009	
Primary Physician Lopshire, John		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268			1326128281	
Alternate Physician Naqvi, Syeda		Office:(317) 355-7744 Fax:(317) 355-8750		1400 N Ritter Indianapolis, IN 46219			1679709216	
Nurse Practitioner Pulliam, Brittany		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268			1265108161	
Medical Specialist Turchan, William		Office:(317) 355-5347 Fax:(317) 351-7737		1500 North Ritter Ave Indianapolis, IN 46219			1962937458	
PHARMACY								
Pharmacy		Phone/Fax		Address				
CVS (New Pal) (Primary)		Phone: (317) 861-4838 Fax:		5026 W. US 52 New Palestine, IN, 46163				
Guardian Pharmacy of Indiana Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744		6530 Corporate Drive Indianapolis, IN, 46278				
EXTERNAL COMMUNITIES								
Community Name		Phone		Community Type				
Community Hospital North		Phone: (317) 621-6262		Hospital				
Shirley Brothers Funeral Home		Phone: (317) 897-9606		Funeral Home				
CONTACTS								
Name	Contact Type	Relationship	Address			Phone/Email		
Givan, Amy	Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1	Daughter	2795 S Wollenweber Rd. New Palestine, IN, 46163			Home:(317) 840-2150 Other:(317) 862-8900 Email:amy.givan. l467@statefarm.com		
Berry, Beth	Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 2	Daughter	5750 E 79th St.			Home:(317) 697-0524 Email:beffann7@aol.com		
DIAGNOSIS INFORMATION								
01/15/2024 - DEMENTIA IN OTHER DISEASES CLA... (F02.80)				04/18/2023 - ANEMIA, UNSPECIFIED (D64.9)				
04/18/2023 - MAJOR DEPRESSIVE DISORDER, REC... (F33.9)				08/19/2021 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)				
08/19/2021 - ANXIETY DISORDER, UNSPECIFIED (F41.9)				08/19/2021 - ALZHEIMER'S DISEASE, UNSPECIFI... (G30.9)				
08/19/2021 - INSOMNIA, UNSPECIFIED (G47.00)				08/19/2021 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)				
08/19/2021 - GASTRO-ESOPHAGEAL REFLUX DISEA... (K21.9)				08/19/2021 - OTHER ARTHRITIS (M13)				

DIAGNOSIS INFORMATION				
08/19/2021 - BENIGN PROSTATIC HYPERPLASIA (N40)		08/19/2021 - UNSPECIFIED SYMPTOMS AND SIGNS... (R41.9)		
ADVANCE DIRECTIVE				
Advanced Directive: CPR				
MISCELLANEOUS INFORMATION				
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)	
		1050		
Signature			Date	Time
Personal Effects Sent With		Relationship	Date	Time

MOVE IN RECORD								
Woodland Terrace of New Palestine						Jul 12, 2024 16:54:01 ET		
RESIDENT INFORMATION								
Resident Name		Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Calvert, Virginia			AL	331-1	11/05/2018	11/05/2018	11/05/2018	WTONP3008 0
Previous address			Previous Phone #		Legal Mailing address			
1715 S Patriot Dr, Yorktown, IN, 47396			(765) 759-0319		Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)	Primary Lang.	
F	10/02/1932	91	Widowed		White or Caucasian		English	
Moved in From		Move in Location			Birth Place	Citizenship	Maiden Name	
						U.S.		
Medicare (HIC) #		Medicaid #		Social Security #		Veterans Administration #		
9JP3TC2DV16				310-34-9261				
Insurance Name		Insurance Policy #:						
UnitedAmerican		574293215						
PAYER INFORMATION								
Primary Payer	Private Pay - AL							
OTHER INFORMATION								
Most Recent Hospital Stay		Allergies						
		Aspirin, Codeine, Sulfa Antibiotics						
Medicaid Recertification Date								
CARE PROVIDERS								
Provider		Phone		Address		UPIN	NPI	
Primary Physician (Primary) Shammas, Issa		Office:(317) 890-5500 Fax:(317) 890-5566		9650 E Washington St Suite 100 Indianapolis, IN 46229			1073554424	
Primary Physician Hirsch, Brad		Office:(317) 861-4171 Fax:(317) 861-5325		7375 W US Highway 52 New Palestine, IN 46163			1184986523	
PHARMACY								
Pharmacy		Phone/Fax		Address				
Meijers		Phone: (317) 894-6710 Fax:		11351 E. Washington St. Cumberland, IN, 46229				
EXTERNAL COMMUNITIES								
Community Name		Phone		Community Type				
Hancock Regional		Phone: (317) 462-5544		Hospital				
Indiana Funeral Care		Phone: (317) 636-6464		Funeral Home				
CONTACTS								
Name	Contact Type	Relationship	Address		Phone/Email			
Calvert, Cheri J (CJ)	Billing Responsible Party		15223 Charbono Street Fishers, IN, 46037		Home:(765) 610-4440 Email:cjcalvert1@gmail.com			
Mr. Calvert, Brent	Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 2 Emergency Contact # 5	Son-in-law	11307 Bear Hollow Ct Indianapolis, IN, 46229		Home:(317) 372-1302 Email:bcalvert_1@yahoo.com			
Littrell, Teresa	Emergency Contact # 1	Daughter	11307 Bear Hollow Ct Indianapolis, IN, 46229		Cell:(317) 372-1302 Home:(317) 372-1302			
Chance, Sara	Emergency Contact # 3	Granddaughter			Home:(317) 372-1302			
Calvert, Virginia		Self			Office:(765) 759-0319			
DIAGNOSIS INFORMATION								
04/18/2023 - INSOMNIA, UNSPECIFIED (G47.00)				04/18/2023 - ATHEROSCLEROTIC HEART DISEASE ... (I25.10)				
03/17/2023 - URINARY TRACT INFECTION, SITE ... (N39.0)				11/07/2018 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)				
11/07/2018 - CONSTIPATION (K59.0)				11/05/2018 - ANGINA PECTORIS, UNSPECIFIED (I20.9)				
11/05/2018 - ASTHMA (J45)				11/05/2018 - GASTRO-ESOPHAGEAL REFLUX DISEA... (K21.9)				
11/02/2018 - HYPOTHYROIDISM, UNSPECIFIED (E03.9)				11/02/2018 - VITAMIN D DEFICIENCY, UNSPECIF... (E55.9)				
11/02/2018 - UNSPECIFIED MENTAL DISORDER DU... (F09)				11/02/2018 - SLEEP APNEA, UNSPECIFIED (G47.30)				
11/02/2018 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)				11/02/2018 - SOFT TISSUE DISORDER, UNSPECIF... (M79.9)				
11/02/2018 - UNSPECIFIED URINARY INCONTINEN... (R32)								
ADVANCE DIRECTIVE								
Advanced Directive: DNR								

MISCELLANEOUS INFORMATION				
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)	
		2076		
Signature			Date	Time
Personal Effects Sent With		Relationship	Date	Time

MOVE IN RECORD								
Woodland Terrace of New Palestine						Jul 12, 2024 16:54:01 ET		
RESIDENT INFORMATION								
Resident Name		Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Clark, Barbara			AL	216-1	04/26/2024	04/26/2024	04/26/2024	WTONP3034 4
Previous address			Previous Phone #		Legal Mailing address			
5774 Treetop Dr, New Palestine, IN, 46163					Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)	Primary Lang.	
F	03/16/1939	85	Widowed	Unknown	- Declined to Specify		English	
Moved in From		Move in Location			Birth Place	Citizenship	Maiden Name	
Medicare (HIC) #		Medicaid #		Social Security #		Veterans Administration #		
6XY3QR9QA70				403-48-2201				
Insurance Name		Insurance Policy #:						
PAYER INFORMATION								
Primary Payer	Private Pay - AL							
OTHER INFORMATION								
Most Recent Hospital Stay		Allergies						
		No Known Allergies						
Medicaid Recertification Date		Veteran's Status						
		No service						
CARE PROVIDERS								
Provider		Phone		Address		UPIN	NPI	
Primary Physician (Primary) Hill, Steven		Office:(317) 678-3800 Fax:(317) 678-3830		13100 136th Street Suite 3400 Fishers, IN 46037			1598716458	
Primary Physician Lopshire, John		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268			1326128281	
Nurse Practitioner Pulliam, Brittany		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268			1265108161	
PHARMACY								
Pharmacy		Phone/Fax		Address				
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744		6530 Corporate Drive Indianapolis, IN, 46278				
EXTERNAL COMMUNITIES (No Data Found)								
Community Name		Phone		Community Type				
CONTACTS								
Name		Contact Type		Relationship	Address		Phone/Email	
Clark, Barbara		Billing Responsible Party		Self	4400 Terrace Drive Unit 216 New Palestine, IN, 46163			
Wright, Melinda		Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1		Daughter	7630 W Williamswood Dr. New Palestine, IN, 46163		Home:(317) 730-3159 Email:Melinda80@comcast.net	
Clark, Sam		Emergency Contact # 2		Son	617 Brightview Dr Simpsonville, KY, 40067		Home:(502) 321-0539 Email:sam_clark@bellsouth.net	
DIAGNOSIS INFORMATION								
04/23/2024 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)				04/23/2024 - UNSPECIFIED DEMENTIA, UNSPECIF... (F03.90)				
04/23/2024 - INSOMNIA, UNSPECIFIED (G47.00)				04/23/2024 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)				
04/23/2024 - CHRONIC KIDNEY DISEASE, STAGE ... (N18.4)				04/23/2024 - PREDIABETES (R73.03)				
ADVANCE DIRECTIVE								

MISCELLANEOUS INFORMATION				
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)	
		77		
Signature			Date	Time
Personal Effects Sent With		Relationship	Date	Time

MOVE IN RECORD								
Woodland Terrace of New Palestine						Jul 12, 2024 16:54:01 ET		
RESIDENT INFORMATION								
Resident Name		Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Coleman, Connee			MC	112-1	05/22/2023	05/22/2023	05/22/2023	WTONP30310
Previous address			Previous Phone #		Legal Mailing address			
126 Yorkshire Blvd E, Indianapolis, IN, 46220			(317) 800-3204		Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)	Primary Lang.	
F	11/11/1954	69	Married	Unknown	- Declined to Specify	Aerobic dance teacher	English	
Moved in From		Move in Location			Birth Place	Citizenship	Maiden Name	
						U.S.		
Medicare (HIC) #		Medicaid #		Social Security #		Veterans Administration #		
				282-56-2363				
Insurance Name		Insurance Policy #:						
Aetna		101873046000						
PAYER INFORMATION								
Primary Payer	Private Pay - MC							
OTHER INFORMATION								
Most Recent Hospital Stay		Allergies						
		Penicillin, Zithromax						
Medicaid Recertification Date		Veteran's Status						
		No Service						
CARE PROVIDERS								
Provider		Phone		Address		UPIN	NPI	
Primary Physician (Primary) Moonesinghe, Deshini		Office:(765) 776-8000		3500 S Lafontaine Kokomo, IN 46902			1780882449	
Primary Physician Lopshire, John		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268			1326128281	
Nurse Practitioner Adams, Elizabeth		Office:(317) 294-7465		343 Parkway Ave Indianapolis, IN 46225			1164847372	
Nurse Practitioner Snyder, Allison				25802 State Rd 19 Arcadia, IN 46030			1982027785	
Medical Specialist Bello Segura, Manuel		Office:(317) 621-1006		8435 Clearvista Pl STE 101 Indianapolis, IN 46256			1659774669	
Medical Specialist Murphy, Leigha				8904 Bash Street Suite B Indianapolis, IN 46256			1003564717	
PHARMACY								
Pharmacy		Phone/Fax		Address				
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744		6530 Corporate Drive Indianapolis, IN, 46278				
EXTERNAL COMMUNITIES (No Data Found)								
Community Name		Phone		Community Type				
CONTACTS								
Name	Contact Type	Relationship		Address		Phone/Email		
Coleman, Mark	Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1	Husband		126 Yorkshire Blvd E Indianapolis, IN, 46220		Home:(317) 800-3204		
DIAGNOSIS INFORMATION								
05/09/2023 - ANEMIA, UNSPECIFIED (D64.9)				05/09/2023 - HYPOTHYROIDISM, UNSPECIFIED (E03.9)				
05/09/2023 - VITAMIN B DEFICIENCY, UNSPECIF... (E53.9)				05/09/2023 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)				
05/09/2023 - DEHYDRATION (E86.0)				05/09/2023 - ALZHEIMER'S DISEASE (G30)				
05/09/2023 - MILD COGNITIVE IMPAIRMENT OF U... (G31.84)				05/09/2023 - SLEEP DISORDERS (G47)				
05/09/2023 - INSOMNIA, UNSPECIFIED (G47.00)				05/09/2023 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)				
05/09/2023 - IRRITABLE BOWEL SYNDROME (K58)				05/09/2023 - CHRONIC KIDNEY DISEASE (CKD) (N18)				
05/09/2023 - RESTLESSNESS AND AGITATION (R45.1)								
ADVANCE DIRECTIVE								
Advanced Directive: CPR								

MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		417	
Signature			Date
Personal Effects Sent With		Relationship	Date

<div> <div>MOVE IN RECORD</div> <div>Woodland Terrace of New Palestine</div> <div>Jul 12, 2024 16:54:01 ET</div> </div>								
RESIDENT INFORMATION								
Resident Name		Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Dahltorp, Sally J.			AL	302-1	02/09/2023	02/09/2023	02/09/2023	WTONP30299
Previous address			Previous Phone #		Legal Mailing address			
			(317) 753-5180		Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)	Primary Lang.	
F	03/31/1939	85	Divorced	Unknown	- Declined to Specify		English	
Moved in From		Move in Location			Birth Place	Citizenship	Maiden Name	
Medicare (HIC) #		Medicaid #		Social Security #		Veterans Administration #		
8RK0MV0UC18				341-32-3310				
Insurance Name		Insurance Policy #:						
PAYER INFORMATION								
Primary Payer	Private Pay - AL							
OTHER INFORMATION								
Most Recent Hospital Stay		Allergies						
		Ciprofloxacin						
Medicaid Recertification Date		Veteran's Status						
		No Service						
CARE PROVIDERS								
Provider		Phone		Address		UPIN	NPI	
Primary Physician (Primary) Lopshire, John		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268			1326128281	
Alternate Physician Vivio, Jennifer		Office:(317) 859-1020 Fax:(317) 859-4040		8051 S Emerson Ave Suite 350 Indianapolis, IN 46237			1447254008	
Nurse Practitioner Pulliam, Brittany		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268			1265108161	
Medical Specialist Sharief, Mohammad		Office:(317) 885-2860 Fax:(317) 885-2869		701 E County Line Road Greenwood, IN 46143			1710150628	
PHARMACY								
Pharmacy		Phone/Fax		Address				
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744		6530 Corporate Drive Indianapolis, IN, 46278				
EXTERNAL COMMUNITIES								
Community Name		Phone		Community Type				
St. Francis Hospital		Phone: (317) 528-5000		Hospital				
Stillinger Family Funeral Home		Phone: (317) 462-5536		Funeral Home				
CONTACTS								
Name	Contact Type		Relationship	Address		Phone/Email		
Dahltorp, Tim	Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 2		Son	188 Castlemaine Pl Castle Rock, CO, 80104		Home:(303) 717-0777 Email:tdahltorp@mac.com		
Dahltorp, Jeff	Durable Power of Attorney for Finances Emergency Contact # 1		Son	8526 Vanguard Ln Indianapolis, IN, 46239		Home:(317) 753-5180 Email:jdahltorp@gmail.com		
DIAGNOSIS INFORMATION								
03/28/2024 - HYPOKALEMIA (E87.6)				03/28/2024 - MAJOR DEPRESSIVE DISORDER, REC... (F33.41)				
03/28/2024 - ACUTE EMBOLISM AND THROMBOSIS ... (I82.409)				03/28/2024 - IRRITABLE BOWEL SYNDROME WITHO... (K58.9)				
03/28/2024 - CELLULITIS OF LEFT TOE (L03.032)				03/28/2024 - CELLULITIS OF UNSPECIFIED TOE (L03.039)				
03/28/2024 - DISORDER OF THE SKIN AND SUBCU... (L98.9)				03/28/2024 - GOUT, UNSPECIFIED (M10.9)				
03/28/2024 - PAIN IN LEFT TOE(S) (M79.675)				03/28/2024 - CHRONIC KIDNEY DISEASE, STAGE ... (N18.31)				
03/28/2024 - ATAXIA, UNSPECIFIED (R27.0)				03/28/2024 - ENCOUNTER FOR GENERAL ADULT ME... (Z00.01)				
03/28/2024 - OTHER REDUCED MOBILITY (Z74.09)				03/28/2024 - LONG TERM (CURRENT) USE OF ANT... (Z79.01)				
03/28/2024 - PERSONAL HISTORY OF OTHER DISE... (Z87.39)				03/28/2024 - PERSONAL HISTORY OF OTHER SPEC... (Z87.898)				
11/30/2023 - ANEMIA, UNSPECIFIED (D64.9)				11/30/2023 - HYPERTENSIVE CHRONIC KIDNEY DI... (I12.0)				
11/30/2023 - CHRONIC OBSTRUCTIVE PULMONARY ... (J44.9)				11/30/2023 - OBSTRUCTIVE AND REFLUX UROPATH... (N13.9)				
11/30/2023 - CHRONIC KIDNEY DISEASE, STAGE ... (N18.30)				11/30/2023 - DISORDER OF URINARY SYSTEM, UN... (N39.9)				
11/30/2023 - UNSTEADINESS ON FEET (R26.81)				11/30/2023 - OTHER LACK OF COORDINATION (R27.8)				

DIAGNOSIS INFORMATION	
11/30/2023 - FACIAL WEAKNESS (R29.810)	11/30/2023 - ATTENTION AND CONCENTRATION DE... (R41.840)
11/30/2023 - HALLUCINATIONS, UNSPECIFIED (R44.3)	11/30/2023 - ENCOUNTER FOR PROPHYLACTIC MEA... (Z29.9)
11/30/2023 - PERSONAL HISTORY OF OTHER VENO... (Z86.718)	04/14/2023 - VITAMIN D DEFICIENCY, UNSPECIF... (E55.9)
04/14/2023 - MAJOR DEPRESSIVE DISORDER, REC... (F33.9)	04/14/2023 - UNSPECIFIED CONVULSIONS (R56.9)
02/21/2023 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)	02/21/2023 - IRRITABLE BOWEL SYNDROME (K58)
01/31/2023 - NEOPLASM OF UNSPECIFIED BEHAVI... (D49.4)	01/31/2023 - IODINE-DEFICIENCY RELATED DIFF... (E01.0)
01/31/2023 - INSOMNIA, UNSPECIFIED (G47.00)	01/31/2023 - OTHER SPECIFIED DISORDERS OF B... (G93.89)
01/31/2023 - ALLERGIC RHINITIS DUE TO POLLE... (J30.1)	01/31/2023 - POLYARTHRITIS, UNSPECIFIED (M13.0)
01/31/2023 - SPINAL STENOSIS, LUMBAR REGION... (M48.061)	01/31/2023 - OTHER SPECIFIED DORSOPATHIES, ... (M53.87)
01/31/2023 - RADICULOPATHY, LUMBAR REGION (M54.16)	01/31/2023 - WEAKNESS (R53.1)

ADVANCE DIRECTIVE

Advanced Directive: DNR

MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		519	
Signature		Date	Time
Personal Effects Sent With		Relationship	Time

MOVE IN RECORD

Woodland Terrace of New Palestine

Jul 12, 2024 16:54:01 ET

RESIDENT INFORMATION

Resident Name	Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #		
Davidson, Maxine		AL	330-1	05/23/2024	05/23/2024	05/23/2024	WTONP3034 7		
Previous address			Previous Phone #	Legal Mailing address					
7503 Ardwell Drive, Indianapolis, IN, 46237			(317) 490-8478	Same as Previous Address					
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)	Primary Lang.		
F	11/18/1939	84	Widowed	Unknown	- Declined to Specify				
Moved in From		Move in Location		Birth Place	Citizenship	Maiden Name			
Medicare (HIC) #		Medicaid #		Social Security #		Veterans Administration #			
				315-36-1308					
Insurance Name		Insurance Policy #:							
UnitedHealthCaremedicare		96965584600							

PAYER INFORMATION

Primary Payer Private Pay - AL

OTHER INFORMATION

Most Recent Hospital Stay	Allergies
	metFORMIN
Medicaid Recertification Date	

CARE PROVIDERS

Provider	Phone	Address	UPIN	NPI
Primary Physician (Primary) Yoder, Mary Catherine	Office:(317) 789-9600 Fax:(317) 789-0600	747 E County Line Rd Ste B Greenwood, IN 46143		1346217312

PHARMACY

Pharmacy	Phone/Fax	Address
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger	Phone: (317) 452-4669 Fax: (317) 452-4744	6530 Corporate Drive Indianapolis, IN, 46278

EXTERNAL COMMUNITIES

Community Name	Phone	Community Type
Forest Lawn Mortuary	Phone: (317) 535-7556	Funeral Home

CONTACTS

Name	Contact Type	Relationship	Address	Phone/Email
Davidson, Anthony	Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1	Grandson	4453 Goose Rock Drive Indianapolis, IN, 46239	Home:(317) 938-7449
Johnson, Geraldine	Emergency Contact # 2	Sister		Home:(317) 372-8954

DIAGNOSIS INFORMATION

05/21/2024 - MALIGNANT NEOPLASM OF UNSPECIF... (C50.919)	05/21/2024 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)
05/21/2024 - VASCULAR DEMENTIA, MODERATE, W... (F01.B11)	05/21/2024 - AGE-RELATED OSTEOPOROSIS WITHO... (M81.0)
05/21/2024 - VISUAL HALLUCINATIONS (R44.1)	

ADVANCE DIRECTIVE

MISCELLANEOUS INFORMATION

Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)	
		50		
Signature			Date	Time
Personal Effects Sent With		Relationship	Date	Time

<div> <div>MOVE IN RECORD</div> <div> <div>Woodland Terrace of New Palestine</div> <div>Jul 12, 2024 16:54:01 ET</div> </div> </div>									
RESIDENT INFORMATION									
Resident Name		Preferred Name		Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Denton, Lila				MC	116-1	04/13/2023	04/13/2023	04/13/2023	WTONP30305
Previous address				Previous Phone #		Legal Mailing address			
New Palestine, IN, 46163				(317) 408-8711		Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion		Race		Occupation(s)	Primary Lang.
F	03/11/1933	91				- Declined to Specify			- Declined to Specify
Moved in From			Move in Location			Birth Place		Citizenship	Maiden Name
Medicare (HIC) #			Medicaid #		Social Security #		Veterans Administration #		
1QW6VMOTC66					400-42-3765				
Insurance Name			Insurance Policy #:						
PAYER INFORMATION									
Primary Payer	Private Pay - MC								
OTHER INFORMATION									
Most Recent Hospital Stay			Allergies						
			No Known Allergies						
Medicaid Recertification Date			Veteran's Status						
			No Service						
CARE PROVIDERS									
Provider		Phone		Address			UPIN	NPI	
Primary Physician (Primary) Lopshire, John		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268				1326128281	
Primary Physician Irwin, Kristen		Office:(317) 355-5030 Fax:(317) 335-6930		8535 Clearview Dr # 400 Mc Cordsville, IN 46055				1225340987	
Primary Physician Mustaklem, Marwan		Office:(317) 338-8507 Other:(866) 604-2922 Fax:(317) 338-2454		2001 W. 86th St Indianapolis, IN 46260				1750357513	
Nurse Practitioner Bumbalough, Courtney		Office:(317) 941-7338 Fax:(317) 969-6727		2445 Directors Row Ste C Indianapolis, IN 46241				1952881435	
Nurse Practitioner Gore, Gena		Office:(317) 967-7921		400 W Green Meadow Dr Suite 110 Greenfield, IN 46140				1376959692	
Nurse Practitioner Pulliam, Brittany		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268				1265108161	
Nurse Practitioner Snyder, Allison				25802 State Rd 19 Arcadia, IN 46030				1982027785	
PHARMACY									
Pharmacy		Phone/Fax		Address					
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744		6530 Corporate Drive Indianapolis, IN, 46278					
EXTERNAL COMMUNITIES									
Community Name		Phone		Community Type					
Erlewein Mortuary		Phone: (317) 467-4918		Funeral Home					
Hancock Regional		Phone: (317) 462-5544		Hospital					
CONTACTS									
Name	Contact Type		Relationship	Address			Phone/Email		
Denton, Frank	Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1		Son	1330 S 600 W New Palestine, IN, 46163			Home:(317) 408-8711 Email:Fdenton@comcast.net		
Denton, Debbie	Emergency Contact # 2		Daughter in law	1330 S 600 W New Palestine, IN, 46163			Home:(317) 753-5197 Email:Dad2@comcast.net		
DIAGNOSIS INFORMATION									
04/18/2023 - MAJOR DEPRESSIVE DISORDER, REC... (F33.9)				04/14/2023 - DRY EYE SYNDROME (H04.12)					
03/28/2023 - HYPOTHYROIDISM, UNSPECIFIED (E03.9)				03/28/2023 - UNSPECIFIED DEMENTIA, UNSPECIF... (F03.90)					
03/28/2023 - ADJUSTMENT DISORDER, UNSPECIFI... (F43.20)				03/28/2023 - INSOMNIA, UNSPECIFIED (G47.00)					
03/28/2023 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)				03/28/2023 - GASTRO-ESOPHAGEAL REFLUX DISEA... (K21.9)					

DIAGNOSIS INFORMATION			
03/28/2023 - CONSTIPATION, UNSPECIFIED (K59.00)		03/28/2023 - UNSPECIFIED OSTEOARTHRITIS, UN... (M19.90)	
03/28/2023 - BRADYCARDIA, UNSPECIFIED (R00.1)		03/28/2023 - PAIN, UNSPECIFIED (R52)	
03/28/2023 - FRACTURE OF UNSPECIFIED PART O... (S72.001A)		03/28/2023 - PERSONAL HISTORY OF MALIGNANT ... (Z85.3)	
ADVANCE DIRECTIVE			
Advanced Directive: DNR			
MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		456	
Signature		Date	Time
Personal Effects Sent With		Relationship	Date

MOVE IN RECORD								
Woodland Terrace of New Palestine						Jul 12, 2024 16:54:01 ET		
RESIDENT INFORMATION								
Resident Name		Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Dey, Colleen			AL	341-1	11/13/2023	11/13/2023	11/13/2023	WTONP30325
Previous address			Previous Phone #		Legal Mailing address			
4400 Terrace Drive Unit 341, New Palestine, IN, 46163			(907) 315-6458		Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)	Primary Lang.	
F	08/21/1945	78	Widowed	Unknown	- Declined to Specify		English	
Moved in From		Move in Location			Birth Place	Citizenship	Maiden Name	
Medicare (HIC) #		Medicaid #		Social Security #		Veterans Administration #		
5CV5UX2CP56		5CV5UX2CP56		067-36-0968				
Insurance Name		Insurance Policy #:						
Tricare		00101911103						
PAYER INFORMATION								
Primary Payer	Private Pay - AL							
OTHER INFORMATION								
Most Recent Hospital Stay		Allergies						
		No Known Allergies						
Medicaid Recertification Date		Veteran's Status						
		Veteran						
CARE PROVIDERS								
Provider		Phone		Address		UPIN	NPI	
Primary Physician (Primary) Lopshire, John		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268			1326128281	
Dentist Pool, Colleen		Office:(317) 861-4484 Fax:(317) 861-8339		5774 W. US 52 New Palestine, IN 46163			1073609608	
Nurse Practitioner Pulliam, Brittany		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268			1265108161	
PHARMACY								
Pharmacy		Phone/Fax		Address				
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744		6530 Corporate Drive Indianapolis, IN, 46278				
EXTERNAL COMMUNITIES								
Community Name		Phone		Community Type				
St. Francis Hospital		Phone: (317) 528-5000		Hospital				
CONTACTS								
Name	Contact Type	Relationship	Address			Phone/Email		
Dey, Colleen	Billing Responsible Party	Self	4400 Terrace Drive Unit 341 New Palestine, IN, 46163			Home:(907) 315-6458 Email:pigpen_cody@msn.com		
Richards, Meghan	Durable Power of Attorney for Finances Emergency Contact # 1	Daughter	7864 Yarmouth Way Indianapolis, IN, 46239			Home:(317) 919-5052 Email:nutmegz98@gmail.com		
DIAGNOSIS INFORMATION								
11/28/2023 - OTHER AMNESIA (R41.3)				11/28/2023 - ENCOUNTER FOR GENERAL ADULT ME... (Z00.01)				
11/28/2023 - PERSONAL HISTORY OF PNEUMONIA ... (Z87.01)								
ADVANCE DIRECTIVE								
MISCELLANEOUS INFORMATION								
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)					
		242						
Signature					Date	Time		
Personal Effects Sent With				Relationship	Date	Time		

MOVE IN RECORD

Woodland Terrace of New Palestine

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RESIDENT INFORMATION

Resident Name			Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Dilk, Leland				AL	213-1	01/20/2022	01/20/2022	01/20/2022	WTONP30240
Previous address					Previous Phone #	Legal Mailing address			
9520 E 24th St, Indianapolis, IN, 46229					(317) 897-3140	Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion		Race		Occupation(s)	Primary Lang.
M	06/27/1938	86	Married	Unknown		White or Caucasian			English
Moved in From			Move in Location			Birth Place		Citizenship	Maiden Name
Home								U.S.	
Medicare (HIC) #			Medicaid #			Social Security #		Veterans Administration #	
8U60VW1HF20						304-36-4406			
Insurance Name			Insurance Policy #:						
UnitedAmericanInsCo			008130139						

PAYER INFORMATION

Primary Payer	Private Pay - AL	
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OTHER INFORMATION

Most Recent Hospital Stay		Allergies		
		Pravastatin, Beer, Seafood, Wine, Bee Stings		
Medicaid Recertification Date		Prepaid Funeral Arrangements	Spouse's Name	Veteran's Status
		Yes	Ellen	WW2 Veteran

CARE PROVIDERS

Provider	Phone	Address	UPIN	NPI
Primary Physician (Primary) Lopshire, John	Office:(317) 497-5530 Fax:(855) 422-5182	9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268		1326128281
Primary Physician Yakhmi, Vaneta Allopathic & Osteopathic Physicians : Internal Medicine	Office:(317) 355-2200 Fax:(317) 355-2185	10122 East 10th St Suite 220 Indianapolis, IN 46229		1841211059
Alternate Physician Loffer, Raymond	Office:(317) 715-5600 Fax:(317) 576-6311	7250 Clearvista Dr Ste 225 Indianapolis, IN 46256		1235133802
Nurse Practitioner Pulliam, Brittany	Office:(317) 497-5530 Fax:(855) 422-5182	9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268		1265108161
Nurse Practitioner Snyder, Allison		25802 State Rd 19 Arcadia, IN 46030		1982027785
Medical Specialist Sharp, Scott	Office:(317) 621-8500	8075 Shadeland Ste 200 Indianapolis, IN 46250		1518966712

PHARMACY

Pharmacy	Phone/Fax	Address
CVS East Washington	Phone: (317) 897-6323 Fax:	10001 East Washington Cumberland, IN, 46229
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger	Phone: (317) 452-4669 Fax: (317) 452-4744	6530 Corporate Drive Indianapolis, IN, 46278

EXTERNAL COMMUNITIES

Community Name	Phone	Community Type
Community Hospital East	Phone: (317) 355-1411	Hospital
Legacy Shadeland	Phone: (317) 562-0145	Funeral Home

CONTACTS

Name	Contact Type	Relationship	Address	Phone/Email
Mrs. Girard, Debra	Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1 Emergency Contact # 5	Daughter	12344 Huntington Dr Indianapolis, IN, 46229	Cell:(317) 407-7020 Email:debgirard@att.net
Mr. Gegner, Mike	Emergency Contact # 3	Step-son		Cell:(317) 340-3234
Mr. Gegner, John	Emergency Contact # 4	Step-son		Cell:(317) 956-2384

DIAGNOSIS INFORMATION

05/08/2024 - HEMIPLEGIA, UNSPECIFIED AFFECT... (G81.91)	05/08/2024 - UNSPECIFIED OSTEOARTHRITIS, UN... (M19.90)
05/08/2024 - COUGH, UNSPECIFIED (R05.9)	05/08/2024 - EDEMA, UNSPECIFIED (R60.9)
05/08/2024 - ENCOUNTER FOR GENERAL ADULT ME... (Z00.00)	05/08/2024 - ENCOUNTER FOR GENERAL ADULT ME... (Z00.01)

DIAGNOSIS INFORMATION	
03/28/2024 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)	03/28/2024 - UNSPECIFIED SEQUELAE OF CEREBR... (I69.30)
03/28/2024 - ALLERGIC RHINITIS, UNSPECIFIED (J30.9)	03/28/2024 - BENIGN PROSTATIC HYPERPLASIA W... (N40.0)
03/28/2024 - ATAXIA, UNSPECIFIED (R27.0)	03/28/2024 - UNSPECIFIED URINARY INCONTINEN... (R32)
01/07/2022 - THROMBOCYTOPENIA, UNSPECIFIED (D69.6)	01/07/2022 - MIXED HYPERLIPIDEMIA (E78.2)
01/07/2022 - OBSTRUCTIVE SLEEP APNEA (ADULT... (G47.33)	01/07/2022 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)
01/07/2022 - ATHEROSCLEROTIC HEART DISEASE ... (I25.10)	01/07/2022 - CEREBRAL INFARCTION, UNSPECIFI... (I63.9)
01/07/2022 - CHRONIC OBSTRUCTIVE PULMONARY ... (J44.9)	01/07/2022 - BENIGN PROSTATIC HYPERPLASIA (N40)
01/07/2022 - UNSPECIFIED ABNORMALITIES OF G... (R26.9)	

ADVANCE DIRECTIVE	
Advanced Directive: CPR	

MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		904	
Signature		Date	Time
Personal Effects Sent With		Relationship	Time

<div> <div>MOVE IN RECORD</div> <div> <div>Woodland Terrace of New Palestine</div> <div>Jul 12, 2024 16:54:01 ET</div> </div> </div>									
RESIDENT INFORMATION									
Resident Name		Preferred Name		Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Dixon, Agnes L.		Aggie		AL	238-1	07/09/2021	07/09/2021	07/09/2021	WTONP30218
Previous address				Previous Phone #		Legal Mailing address			
4400 Terrace Dr APT 238, New Palestine, IN, 46143				(386) 405-8178		Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion		Race		Occupation(s)	Primary Lang.
F	02/12/1939	85	Widowed	Unknown		White or Caucasian		Nurse	English
Moved in From			Move in Location			Birth Place		Citizenship	Maiden Name
Nursing home			Kindred Transitional Care and Rehab					U.S.	
Medicare (HIC) #			Medicaid #		Social Security #			Veterans Administration #	
1W26E46YJ78					413-62-8487				
Insurance Name			Insurance Policy #:						
UnitedHealthcare			ZEH904480800						
PAYER INFORMATION									
Primary Payer	Private Pay - AL								
OTHER INFORMATION									
Most Recent Hospital Stay		Allergies							
		Iodinated Diagnostic Agents, Sulfa Antibiotics							
Medicaid Recertification Date			Miscellaneous Information:			Pet Owner		Prepaid Funeral Arrangements	
			Best in Sight Eye Care- 317-861-4100			Cat		Yes	
CARE PROVIDERS									
Provider		Phone		Address			UPIN	NPI	
Primary Physician (Primary) Lopshire, John		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268				1326128281	
Primary Physician Mustaklem, Marwan		Office:(317) 338-8507 Other:(866) 604-2922 Fax:(317) 338-2454		2001 W. 86th St Indianapolis, IN 46260				1750357513	
Primary Physician Radadiya, Pragneshkumar		Office:(317) 718-7422 Other:(866) 348-5840 Fax:(317) 718-7433		1402 E County Line Rd Indianapolis, IN 46227				1548421985	
Dentist Pool, Colleen		Office:(317) 861-4484 Fax:(317) 861-8339		5774 W. US 52 New Palestine, IN 46163				1073609608	
Nurse Practitioner Pulliam, Brittany		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268				1265108161	
Nurse Practitioner Snyder, Allison				25802 State Rd 19 Arcadia, IN 46030				1982027785	
Ophthalmologist Sajjad, Ahmar		Office:(317) 841-2020		9202 N MERIDIAN ST STE 100 Indianapolis, IN 46260				1982066254	
PHARMACY									
Pharmacy		Phone/Fax			Address				
CVS (New Pal)		Phone: (317) 861-4838 Fax:			5026 W. US 52 New Palestine, IN, 46163				
Optum RX		Phone: (877) 889-5802 Fax:							
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744			6530 Corporate Drive Indianapolis, IN, 46278				
EXTERNAL COMMUNITIES									
Community Name		Phone			Community Type				
Erlewein Mortuary		Phone: (317) 467-4918			Funeral Home				
Hancock Regional		Phone: (317) 462-5544			Hospital				
CONTACTS									
Name	Contact Type		Relationship		Address			Phone/Email	
Dixon, Agnes	Billing Responsible Party		Self		4400 Terrace Dr APT 238 New Palestine, IN, 46143			Home:(386) 405-8178	
Caudill, Debbie	Emergency Contact # 1		Friend					Cell:(812) 699-9662	
Pearson, Jamie	Emergency Contact # 2		Next of Kin					Cell:(317) 439-5488 Email:Jkpcamby@gmail.com	
Ralston, Dianne	Emergency Contact # 3		Niece					Cell:(317) 694-3171	
Terry, Nathan	Emergency Contact # 4		Nephew					Home:(317) 224-8259	
DIAGNOSIS INFORMATION									
12/19/2023 - MAJOR DEPRESSIVE DISORDER, SIN... (F32.9)					12/19/2023 - UNSPECIFIED OSTEOARTHRITIS, UN... (M19.90)				
12/19/2023 - UNSPECIFIED FRACTURE OF LEFT P... (S32.502A)					12/19/2023 - FRACTURE OF SUPERIOR RIM OF LE... (S32.512A)				

DIAGNOSIS INFORMATION	
12/19/2023 - FRACTURE OF UNSPECIFIED CARPAL... (S62.102A)	02/14/2023 - ALLERGY, UNSPECIFIED (T78.40)
07/14/2022 - FECAL INCONTINENCE (R15)	07/13/2022 - DYSURIA (R30.0)
04/28/2022 - UNSPECIFIED CATARACT (H26.9)	08/30/2021 - MAJOR DEPRESSIVE DISORDER, REC... (F33.0)
07/08/2021 - MALIGNANT NEOPLASM OF UNSPECIF... (C50.911)	07/08/2021 - OTHER HYPERLIPIDEMIA (E78.49)
07/08/2021 - UNSPECIFIED DEMENTIA, UNSPECIF... (F03.90)	07/08/2021 - MAJOR DEPRESSIVE DISORDER, REC... (F33.1)
07/08/2021 - ANXIETY DISORDER, UNSPECIFIED (F41.9)	07/08/2021 - AGE-RELATED OSTEOPOROSIS WITHO... (M81.0)
07/08/2021 - DIFFUSE CYSTIC MASTOPATHY OF U... (N60.19)	07/08/2021 - DISPLACED FRACTURE OF OLECRANO... (S52.022D)

ADVANCE DIRECTIVE
Advanced Directive: CPR

MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		1099	
Signature		Date	Time
Personal Effects Sent With		Relationship	Time

<div> <div>MOVE IN RECORD</div> <div> <div>Woodland Terrace of New Palestine</div> <div>Jul 12, 2024 16:54:01 ET</div> </div> </div>								
RESIDENT INFORMATION								
Resident Name		Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Drudge, Barbara			AL	234-1	08/25/2023	08/25/2023	08/25/2023	WTONP30320
Previous address			Previous Phone #		Legal Mailing address			
1675 Leisure Way, Greenfield, IN, 46140			(317) 498-0745		Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)	Primary Lang.	
F	08/10/1945	78	Widowed	Unknown	- Declined to Specify		English	
Moved in From		Move in Location			Birth Place	Citizenship	Maiden Name	
Medicare (HIC) #		Medicaid #		Social Security #		Veterans Administration #		
				308-46-9492				
Insurance Name		Insurance Policy #:						
BCBCofMichigan		UGG894572284						
PAYER INFORMATION								
Primary Payer	Private Pay - AL							
OTHER INFORMATION								
Most Recent Hospital Stay		Allergies						
		No Known Allergies						
Medicaid Recertification Date		Veteran's Status						
		No Service						
CARE PROVIDERS								
Provider		Phone		Address		UPIN	NPI	
Primary Physician (Primary) Steiner, Kristen		Office:(317) 462-3441 Fax:(317) 462-5476		300 East Boyd Ave Greenfield, IN 46140			1194287409	
Primary Physician Capen, Scott		Office:(317) 462-3441 Pager:(317) 462-5544 Fax:(317) 462-5476		300 E Boyd Ave Ste 120 Greenfield, IN 46140			1386646925	
Alternate Physician East, Joshua		Office:(317) 477-6387 Fax:(317) 477-6388		1 Memmrial SQ Ste 355 Greenfield, IN 46140			1609368430	
Psychiatrist Cobb, Melinda		Office:(317) 468-6200 Fax:(317) 468-6201		120 W McKenzie Rd Greenfield, IN 46140			1639161896	
Ophthalmologist Wilson, Douglas		Office:(317) 477-3937 Fax:(317) 477-3939		400 W. Green Meadows Dr Suite 108 Greenfield, IN 46140			1235138876	
PHARMACY								
Pharmacy		Phone/Fax		Address				
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744		6530 Corporate Drive Indianapolis, IN, 46278				
EXTERNAL COMMUNITIES								
Community Name		Phone		Community Type				
Erlewein Mortuary		Phone: (317) 467-4918		Funeral Home				
Hancock Regional		Phone: (317) 462-5544		Hospital				
CONTACTS								
Name	Contact Type	Relationship	Address			Phone/Email		
Drudge, Timothy	Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1	Son	3907 Brasseur Lane Carmel, IN, 46033			Home:(317) 341-4871 Email:timothykdrudge@gmail.com		
Drudge, Tammy	Durable Power of Attorney for Healthcare Emergency Contact # 2	Daughter	117 W Fifth Street Greenfield, IN, 46140			Home:(317) 409-1261 Email:tmdrudge@gmail.com		
DIAGNOSIS INFORMATION								
01/25/2024 - OVERWEIGHT (E66.3)				01/25/2024 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)				
01/25/2024 - MAJOR DEPRESSIVE DISORDER, REC... (F33.41)				01/25/2024 - INSOMNIA, UNSPECIFIED (G47.00)				
01/25/2024 - OBSTRUCTIVE SLEEP APNEA (ADULT... (G47.33)				01/25/2024 - AGE-RELATED OSTEOPOROSIS WITHO... (M81.0)				
01/25/2024 - PARESTHESIA OF SKIN (R20.2)				01/25/2024 - TREMOR, UNSPECIFIED (R25.1)				
08/18/2023 - ASYMPTOMATIC POSTPROCEDURAL OV... (E89.40)				08/18/2023 - MAJOR DEPRESSIVE DISORDER, REC... (F33.9)				
08/18/2023 - GENERALIZED ANXIETY DISORDER (F41.1)				08/18/2023 - POST-TRAUMATIC STRESS DISORDER... (F43.10)				
08/18/2023 - RESTLESS LEGS SYNDROME (G25.81)				08/18/2023 - SLEEP APNEA, UNSPECIFIED (G47.30)				
08/18/2023 - GASTRO-ESOPHAGEAL REFLUX DISEA... (K21.9)				08/18/2023 - DIVERTICULOSIS OF BOTH SMALL A... (K57.51)				

ADVANCE DIRECTIVE			
Advanced Directive: CPR			
MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		322	
Signature			Date
Personal Effects Sent With		Relationship	Date

<div> <div>MOVE IN RECORD</div> <div> <div>Woodland Terrace of New Palestine</div> <div>Jul 12, 2024 16:54:01 ET</div> </div> </div>								
RESIDENT INFORMATION								
Resident Name		Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Eastham, Joan B.			AL	308-1	05/06/2022	10/08/2021	10/08/2021	WTONP3023 2
Previous address			Previous Phone #		Legal Mailing address			
9923 S Cr 100E, Clayton, IN, 46118					Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)	Primary Lang.	
F	01/10/1937	87	Married	Unknown	White or Caucasian		English	
Moved in From		Move in Location			Birth Place	Citizenship	Maiden Name	
Other		Home				U.S.	Biesecker	
Medicare (HIC) #		Medicaid #		Social Security #		Veterans Administration #		
6M23N32TP11				277-34-2619				
Insurance Name		Insurance Policy #:						
Humana		H42249121						
PAYER INFORMATION								
Primary Payer	Private Pay - AL							
OTHER INFORMATION								
Most Recent Hospital Stay		Allergies						
		Penicillins						
Medicaid Recertification Date								
CARE PROVIDERS								
Provider		Phone		Address		UPIN	NPI	
Primary Physician (Primary) Moore, Shawn		Office:(317) 861-4171 Fax:(317) 861-5325		7375 W US 52 New Palestine, IN 46163			1861920977	
Primary Physician Lopshire, John		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268			1326128281	
Primary Physician Mustaklem, Marwan		Office:(317) 338-8507 Other:(866) 604-2922 Fax:(317) 338-2454		2001 W. 86th St Indianapolis, IN 46260			1750357513	
Nurse Practitioner Pulliam, Brittany		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268			1265108161	
Nurse Practitioner Snyder, Allison				25802 State Rd 19 Arcadia, IN 46030			1982027785	
PHARMACY								
Pharmacy		Phone/Fax		Address				
Kroger		Phone: (317) 462-3451 Fax:		1571 State St Greenfield, IN, 46140				
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744		6530 Corporate Drive Indianapolis, IN, 46278				
EXTERNAL COMMUNITIES								
Community Name		Phone		Community Type				
IU Health University Hospital		Phone: (317) 944-5000		Hospital				
IU Health Methodist Hospital		Phone: (317) 962-2000		Hospital				
Hancock Regional		Phone: (317) 462-5544		Hospital				
CONTACTS								
Name	Contact Type	Relationship	Address			Phone/Email		
Eastham, Michael	Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 3 Emergency Contact # 5	Son	20919 N Wildrose Drive Deer Park, IL, 60010			Home:(847) 331-5770 Email:base8mike@comcast.net		
Eastham, Jane	Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 2 Emergency Contact # 5	Daughter	4061 Dover Ave Alpharetta, GA, 30004			Cell:(904) 384-8432 Email:jmeastham@comcast.net		
Eastham, Joan	Emergency Contact # 1	Self				Cell:(317) 694-2627		
Parker, Karen	Emergency Contact # 2	Daughter	415 Paymaster Drive Greenfield, IN, 46140			Home:(317) 437-2493		

DIAGNOSIS INFORMATION	
01/19/2024 - UNSPECIFIED PTOSIS OF UNSPECIF... (H02.409)	01/19/2024 - AGE-RELATED OSTEOPOROSIS WITHO... (M81.0)
01/19/2024 - URINARY TRACT INFECTION, SITE ... (N39.0)	01/19/2024 - DYSPHAGIA, UNSPECIFIED (R13.10)
01/19/2024 - OTHER SKIN CHANGES (R23.8)	01/19/2024 - OTHER REDUCED MOBILITY (Z74.09)
01/19/2024 - PERSONAL HISTORY OF MALIGNANT ... (Z85.44)	01/19/2024 - ACQUIRED ABSENCE OF BOTH CERVI... (Z90.710)
01/19/2024 - PRESENCE OF LEFT ARTIFICIAL HI... (Z96.642)	04/18/2023 - GASTRO-ESOPHAGEAL REFLUX DISEA... (K21.9)
10/07/2021 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)	10/07/2021 - MAJOR DEPRESSIVE DISORDER, SIN... (F32.9)
10/07/2021 - BELL'S PALSY (G51.0)	10/07/2021 - UNSPECIFIED MACULAR DEGENERATI... (H35.30)

ADVANCE DIRECTIVE
Advanced Directive: Living Will; Advanced Directive: CPR

MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		798	
Signature		Date	Time
Personal Effects Sent With		Relationship	Time

<div> <div>MOVE IN RECORD</div> <div>Woodland Terrace of New Palestine</div> <div>Jul 12, 2024 16:54:01 ET</div> </div>								
RESIDENT INFORMATION								
Resident Name		Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Eastham, Prentiss E.		Poogon	MC	108-1	10/07/2021	10/07/2021	10/07/2021	WTONP30230
Previous address			Previous Phone #		Legal Mailing address			
9923 S CO Rd 100E, Clayton, IN, 46118					Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)	Primary Lang.	
M	11/17/1935	88	Married	Unknown	White or Caucasian		English	
Moved in From		Move in Location			Birth Place	Citizenship	Maiden Name	
Home						U.S.		
Medicare (HIC) #		Medicaid #		Social Security #		Veterans Administration #		
7YA8M93MD31				305-34-0212				
Insurance Name		Insurance Policy #:						
Humana		H42249159						
PAYER INFORMATION								
Primary Payer	Private Pay - MC							
OTHER INFORMATION								
Most Recent Hospital Stay		Allergies						
		Atorvastatin, Trimethoprim, Cipro, Sulfa Antibiotics						
Medicaid Recertification Date		Veteran's Status						
		WW2 Veteran						
CARE PROVIDERS								
Provider		Phone		Address		UPIN	NPI	
Primary Physician (Primary) Moore, Shawn		Office:(317) 861-4171 Fax:(317) 861-5325		7375 W US 52 New Palestine, IN 46163			1861920977	
Kissell, Kerri		Office:(317) 477-6363		1 Memorial Sequare Greenfield, IN 46140			1043354483	
Primary Physician Lopshire, John		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268			1326128281	
Primary Physician Mustaklem, Marwan		Office:(317) 338-8507 Other:(866) 604-2922 Fax:(317) 338-2454		2001 W. 86th St Indianapolis, IN 46260			1750357513	
Primary Physician Wyant, Mark		Office:(317) 216-2021 Fax:(317) 347-2072		151 Marsh Rd Indianapolis, IN 46278			1558456632	
Nurse Practitioner Snyder, Allison				25802 State Rd 19 Arcadia, IN 46030			1982027785	
Medical Specialist Curtis, Cassandra		Office:(317) 216-2011 Fax:(317) 347-2077		4880 Century Plaza Rd Eagle Creek, IN 46254			1093808917	
PHARMACY								
Pharmacy		Phone/Fax		Address				
Kroger		Phone: (317) 462-3451 Fax:		1571 State St Greenfield, IN, 46140				
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744		6530 Corporate Drive Indianapolis, IN, 46278				
EXTERNAL COMMUNITIES								
Community Name		Phone		Community Type				
IU Health North		Phone: (317) 688-2000		Hospital				
CONTACTS								
Name	Contact Type		Relationship	Address		Phone/Email		
Eastham, Mike	Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 3		Son			Cell:(847) 772-1621 Home:(847) 331-5770		
Eastham, Jane	Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare		Daughter			Cell:(404) 384-8432		
Eastham, Joan	Durable Power of Attorney for Finances Durable Power of Attorney for		Spouse			Home:(317) 694-2627		

CONTACTS				
Name	Contact Type	Relationship	Address	Phone/Email
Eastham, Joan	Healthcare Emergency Contact # 1	Spouse		Home:(317) 694-2627
Parker, Karen	Emergency Contact # 2	Daughter		Cell:(317) 437-2493 Office:(317) 897-1825

DIAGNOSIS INFORMATION	
04/14/2023 - INSOMNIA, UNSPECIFIED (G47.00)	04/14/2023 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)
04/14/2023 - ATRIAL FIBRILLATION AND FLUTTE... (I48)	03/23/2023 - OTHER SEIZURES (G40.89)
10/07/2021 - BENIGN PROSTATIC HYPERPLASIA (N40)	10/04/2021 - UNSPECIFIED DEMENTIA, UNSPECIF... (F03.90)
10/01/2021 - TYPE 2 DIABETES MELLITUS (E11)	10/01/2021 - PURE HYPERCHOLESTEROLEMIA, UNS... (E78.00)

ADVANCE DIRECTIVE	
Advanced Directive: CPR	

MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		1009	

Signature		Date	Time

Personal Effects Sent With	Relationship	Date	Time

MOVE IN RECORD

Woodland Terrace of New Palestine

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RESIDENT INFORMATION

Resident Name				Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #	
Easton, Virginia					AL	201-1	06/21/2024	06/21/2024	06/21/2024	WTONP30350	
Previous address					Previous Phone #		Legal Mailing address				
					(317) 412-3606		Same as Previous Address				
Sex	Birthdate	Age	Marital Status		Religion		Race		Occupation(s)		Primary Lang.
F	05/27/1935	89	Widowed		Unknown						English
Moved in From				Move in Location			Birth Place		Citizenship		Maiden Name
Medicare (HIC) #				Medicaid #			Social Security #		Veterans Administration #		
							312-32-9654				
Insurance Name				Insurance Policy #:							
Medicare				6G55V02GQ75							

PAYER INFORMATION

Primary Payer	Private Pay - AL	
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OTHER INFORMATION

Most Recent Hospital Stay		Allergies
		Alendronate, Allopurinol, Aspirin, Atorvastatin, Ciprofloxacin, Clopidogrel, Colesevelam, hydroCHLOROthiazide, HYDROcodone, Losartan, Morphine, Olmesartan, predniSONE, Statins, Sulfa Antibiotics
Medicaid Recertification Date		Veteran's Status
		No service

CARE PROVIDERS

Provider	Phone	Address	UPIN	NPI
Primary Physician (Primary) Degler, Julia	Office:(317) 462-3441 Fax:(317) 462-5476	300 E Boyd Greenfield, IN 46140		1295996346
Dentist Knotek, Georgia	Office:(317) 462-5181 Fax:(317) 467-0539	1852 Fields Blvd Ste b Greenfield, IN 46140		1689789182

PHARMACY

Pharmacy	Phone/Fax	Address
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger	Phone: (317) 452-4669 Fax: (317) 452-4744	6530 Corporate Drive Indianapolis, IN, 46278

EXTERNAL COMMUNITIES

Community Name	Phone	Community Type
Community Hospital East	Phone: (317) 355-1411	Hospital
Stillinger Family Funeral Home	Phone: (317) 462-5536	Funeral Home

CONTACTS

Name	Contact Type	Relationship	Address	Phone/Email
Easton, Virginia	Billing Responsible Party	Self	4400 Terrace Drive Unit 201 New Palestine, IN, 46163	
Huelskamp, Erin	Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1	Daughter	13907 Rue Charlot Ln Mccordsville, IN, 46055	Home:(317) 412-3606 Email:ee.easton81@gmail.com
McCarthy, Emma	Emergency Contact # 2	Granddaughter		Home:(317) 619-9875

DIAGNOSIS INFORMATION

06/17/2024 - TYPE 2 DIABETES MELLITUS WITH ... (E11.42)	06/17/2024 - DEMENTIA IN OTHER DISEASES CLA... (F02.80)
06/17/2024 - MAJOR DEPRESSIVE DISORDER, REC... (F33.42)	06/17/2024 - PERSONALITY DISORDER, UNSPECIF... (F60.9)
06/17/2024 - ALZHEIMER'S DISEASE WITH LATE ... (G30.1)	06/17/2024 - OBSTRUCTIVE SLEEP APNEA (ADULT... (G47.33)
06/17/2024 - CHRONIC PAIN SYNDROME (G89.4)	06/17/2024 - HYPERTENSIVE HEART DISEASE WIT... (I11.0)
06/17/2024 - HYPERTENSIVE CHRONIC KIDNEY DI... (I12.9)	06/17/2024 - CHRONIC DIASTOLIC (CONGESTIVE)... (I50.32)
06/17/2024 - PAIN IN LEFT HIP (M25.552)	06/17/2024 - RADICULOPATHY, LUMBAR REGION (M54.16)
06/17/2024 - CHRONIC KIDNEY DISEASE, STAGE ... (N18.31)	06/17/2024 - OTHER SPECIFIED COUNSELING (Z71.89)

ADVANCE DIRECTIVE

MISCELLANEOUS INFORMATION				
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)	
		21		
Signature			Date	Time
Personal Effects Sent With		Relationship	Date	Time

MOVE IN RECORD

Woodland Terrace of New Palestine

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RESIDENT INFORMATION

Resident Name	Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Farrow, Clara		MC	113-1	10/30/2023	10/30/2023	10/30/2023	WTONP30326
Previous address			Previous Phone #	Legal Mailing address			
4400 Terrace Drive Unit 113, New Palestine, IN, 46163				Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)	Primary Lang.
F	04/03/1949	75			- Declined to Specify		- Declined to Specify
Moved in From		Move in Location		Birth Place	Citizenship	Maiden Name	
Medicare (HIC) #		Medicaid #		Social Security #		Veterans Administration #	
5HF4JU4AU80				316-52-6804			
Insurance Name		Insurance Policy #:					
Medicare							

PAYER INFORMATION

Primary Payer Private Pay - MC

OTHER INFORMATION

Most Recent Hospital Stay	Allergies
	Cephalexin, HYDROcodone, Keflex
Medicaid Recertification Date	Veteran's Status
	No service

CARE PROVIDERS

Provider	Phone	Address	UPIN	NPI
Primary Physician (Primary) Lopshire, John	Office:(317) 497-5530 Fax:(855) 422-5182	9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268		1326128281
Nurse Practitioner Collins, Teddi	Office:(925) 317-0653	3266 N Meridan St Ste 501 Indianapolis, IN 46208		1023782174
Nurse Practitioner Pulliam, Brittany	Office:(317) 497-5530 Fax:(855) 422-5182	9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268		1265108161

PHARMACY

Pharmacy	Phone/Fax	Address
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger	Phone: (317) 452-4669 Fax: (317) 452-4744	6530 Corporate Drive Indianapolis, IN, 46278

EXTERNAL COMMUNITIES (No Data Found)

Community Name	Phone	Community Type

CONTACTS

Name	Contact Type	Relationship	Address	Phone/Email
Niehoff, Sarah	Billing Responsible Party Guardian Emergency Contact # 1		20 N Ridgeview Drive Indianapolis, IN, 46219	Home:(317) 457-7593 Email:dogscatsgalore@aol.com
Neihoff, Susan	Guardian Emergency Contact # 2			Cell:(317) 529-4566 Home:(317) 352-1895
Farrow, Clara		Self	4400 Terrace Drive Unit 113 New Palestine, IN, 46163	

DIAGNOSIS INFORMATION

04/04/2024 - ALZHEIMER'S DISEASE WITH EARLY... (G30.0)	01/12/2024 - OTHER SYMPTOMS AND SIGNS INVOL... (R41.89)
01/12/2024 - OTHER SPECIFIED HEALTH STATUS (Z78.9)	01/12/2024 - OTHER LONG TERM (CURRENT) DRUG... (Z79.899)
10/31/2023 - VITAMIN B DEFICIENCY, UNSPECIF... (E53.9)	10/31/2023 - VITAMIN DEFICIENCY, UNSPECIFIE... (E56.9)
10/31/2023 - ANXIETY DISORDER, UNSPECIFIED (F41.9)	10/31/2023 - INSOMNIA, UNSPECIFIED (G47.00)
10/31/2023 - ACUTE PAIN, NOT ELSEWHERE CLAS... (G89.1)	10/31/2023 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)
10/31/2023 - UNSPECIFIED ATRIAL FIBRILLATIO... (I48.91)	10/31/2023 - BLADDER DISORDER, UNSPECIFIED (N32.9)
10/31/2023 - DIARRHEA, UNSPECIFIED (R19.7)	10/31/2023 - ENCOUNTER FOR EXAMINATION OF E... (Z01.0)
10/30/2023 - DEMENTIA IN OTHER DISEASES CLA... (F02.818)	10/30/2023 - UNSPECIFIED SYMPTOMS AND SIGNS... (R41.9)
10/30/2023 - OTHER SPECIFIED COUNSELING (Z71.89)	10/30/2023 - PERSONAL HISTORY OF OTHER SPEC... (Z87.898)

ADVANCE DIRECTIVE

MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		256	
Signature			Date
Personal Effects Sent With		Relationship	Date

MOVE IN RECORD										
Woodland Terrace of New Palestine										
Jul 12, 2024 16:54:01 ET										
RESIDENT INFORMATION										
Resident Name		Preferred Name		Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #	
Faulkner, Helen		Helen		AL	307-1	09/15/2023	09/15/2023	09/15/2023	WTONP30323	
Previous address				Previous Phone #		Legal Mailing address				
4400 Terrace Drive Unit 307, New Palestine, IN, 46163				(317) 431-0799		Same as Previous Address				
Sex	Birthdate	Age	Marital Status		Religion		Race		Occupation(s)	Primary Lang.
F	05/02/1936	88			Unknown		- Declined to Specify			English
Moved in From			Move in Location			Birth Place		Citizenship		Maiden Name
Medicare (HIC) #			Medicaid #			Social Security #		Veterans Administration #		
7G19CV7AP41						227-44-3015				
Insurance Name			Insurance Policy #:							
Humana										
PAYER INFORMATION										
Primary Payer	Private Pay - AL									
OTHER INFORMATION										
Most Recent Hospital Stay		Allergies								
		Amoxicillin, Cephalosporins								
Medicaid Recertification Date		Veteran's Status								
		No Service								
CARE PROVIDERS										
Provider		Phone		Address			UPIN		NPI	
Primary Physician (Primary) Blachley, Elizabeth		Office:(317) 861-4171 Pager:(317) 462-5544 Fax:(317) 861-5325		7375 W US Highway 52 New Palestine, IN 46163					1740282201	
Primary Physician Lopshire, John		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268					1326128281	
Primary Physician Uzoho, Jonadab		Office:(352) 688-8116 Fax:(352) 686-9477		5350 Spring Hill Drive Spring Hill, FL 34606					1124076377	
Podiatrist Mann, Todd		Office:(317) 296-6080 Fax:(877) 476-7125		9011 N. Meridian St Ste 204 Indianapolis, IN 46260					1114970571	
Podiatrist Tran, An		Office:(317) 218-4095 Fax:(887) 476-7125		13295 Illinois St Suite 104 Carmel, IN 46032					1407213903	
Nurse Practitioner Pulliam, Brittany		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268					1265108161	
PHARMACY										
Pharmacy		Phone/Fax			Address					
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744			6530 Corporate Drive Indianapolis, IN, 46278					
EXTERNAL COMMUNITIES										
Community Name		Phone			Community Type					
Hancock Regional		Phone: (317) 462-5544			Hospital					
CONTACTS										
Name		Contact Type		Relationship		Address		Phone/Email		
Donovan, Ginny		Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1		Daughter		3689 S Meadows Lane New Palestine, IN, 46163		Home:(317) 431-0799 Email:faulkner@mivati.net		
Faulkner, Helen				Self		4400 Terrace Drive Unit 307 New Palestine, IN, 46163		Home:(317) 431-0799		
DIAGNOSIS INFORMATION										
02/28/2024 - MALIGNANT NEOPLASM OF PANCREAS (C25)					09/14/2023 - SEPSIS, UNSPECIFIED ORGANISM (A41.9)					
09/14/2023 - MODERATE PROTEIN-CALORIE MALNU... (E44.0)					09/14/2023 - VITAMIN D DEFICIENCY, UNSPECIF... (E55.9)					
09/14/2023 - VITAMIN DEFICIENCY, UNSPECIFIE... (E56.9)					09/14/2023 - MORBID (SEVERE) OBESITY DUE TO... (E66.01)					
09/14/2023 - DEPRESSION, UNSPECIFIED (F32.A)					09/14/2023 - INTERVERTEBRAL DISC STENOSIS O... (M99.51)					
09/14/2023 - ACUTE KIDNEY FAILURE, UNSPECIF... (N17.9)					09/14/2023 - CHRONIC KIDNEY DISEASE, STAGE ... (N18.30)					
09/14/2023 - DYSPHAGIA, OROPHARYNGEAL PHASE (R13.12)					09/14/2023 - WEAKNESS (R53.1)					
09/14/2023 - GENERALIZED EDEMA (R60.1)					09/14/2023 - ANOREXIA (R63.0)					

DIAGNOSIS INFORMATION			
09/14/2023 - BACTEREMIA (R78.81)		09/14/2023 - CONTUSION OF SCALP, SUBSEQUENT... (S00.03XD)	
09/14/2023 - ENCOUNTER FOR SURGICAL AFTERCA... (Z48.815)		09/14/2023 - LONG TERM (CURRENT) USE OF ANT... (Z79.01)	
09/14/2023 - ACQUIRED ABSENCE OF OTHER SPEC... (Z90.49)		09/14/2023 - PRESENCE OF CARDIAC PACEMAKER (Z95.0)	
ADVANCE DIRECTIVE			
Advanced Directive: DNR			
MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		301	
Signature		Date	Time
Personal Effects Sent With		Relationship	Date

<div> <div>MOVE IN RECORD</div> <div> <div>Woodland Terrace of New Palestine</div> <div>Jul 12, 2024 16:54:01 ET</div> </div> </div>								
RESIDENT INFORMATION								
Resident Name		Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Fenter, Diana			MC	120-1	06/26/2023	06/20/2023	06/20/2023	WTONP3031 2
Previous address			Previous Phone #		Legal Mailing address			
9745 Olympia Dr, Fishers, IN, 46037					Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)	Primary Lang.	
F	11/22/1949	74	Divorced	Unknown	- Declined to Specify	Special Ed music teacher	- Declined to Specify	
Moved in From		Move in Location		Birth Place		Citizenship		Maiden Name
Other		Home						
Medicare (HIC) #		Medicaid #		Social Security #		Veterans Administration #		
4RK2FA3RY16				314-58-1269				
Insurance Name		Insurance Policy #:						
Medicare								
PAYER INFORMATION								
Primary Payer	Private Pay - MC							
OTHER INFORMATION								
Most Recent Hospital Stay		Allergies						
		Melatonin, LATEX						
Medicaid Recertification Date		Veteran's Status						
		No Service						
CARE PROVIDERS								
Provider		Phone		Address		UPIN		NPI
Primary Physician (Primary) Moore, Shawn Wojcieszek, Joanne		Office:(317) 861-4171 Fax:(317) 861-5325		7375 W US 52 New Palestine, IN 46163				1861920977
		Office:(317) 948-5450 Fax:(317) 962-2141		355 W 15th Street Suite 300 Indianapolis, IN 46202				1699798686
Primary Physician Lopshire, John		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268				1326128281
Nurse Practitioner Pulliam, Brittany		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268				1265108161
Ophthalmologist Bolton, Christine		Office:(317) 841-2020 Fax:(317) 579-7440		9202 N Meridan Street Suite 100 Indianapolis, IN 46260				1487628988
Ophthalmologist Hobson, Scott		Office:(317) 817-1976 Fax:(317) 817-1737		965 Emerson Pkay Ste A Greenwood, IN 46143				1053319830
PHARMACY								
Pharmacy		Phone/Fax		Address				
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744		6530 Corporate Drive Indianapolis, IN, 46278				
EXTERNAL COMMUNITIES								
Community Name		Phone		Community Type				
Hancock Regional		Phone: (317) 462-5544		Hospital				
CONTACTS								
Name	Contact Type		Relationship	Address		Phone/Email		
Hardy, Bethany	Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1		Daughter	801 South County Rd 400 W New Castle, IN, 47362		Home:(317) 413-1207 Email: smileforbethany@hotmail.com		
Vandyke, Michelle	Emergency Contact # 2		Other			Home:(317) 670-8710		
DIAGNOSIS INFORMATION								
06/26/2023 - HYPO-OSMOLALITY AND HYPONATREM... (E87.1)				06/26/2023 - UNSPECIFIED DEMENTIA, UNSPECIF... (F03.90)				
06/26/2023 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)				06/26/2023 - GASTRO-ESOPHAGEAL REFLUX DISEA... (K21.9)				
06/12/2023 - PARKINSON'S DISEASE (G20)				06/12/2023 - UNILATERAL PRIMARY OSTEOARTHRI... (M17.11)				
06/12/2023 - UNILATERAL PRIMARY OSTEOARTHRI... (M17.12)				06/12/2023 - SYNCOPE AND COLLAPSE (R55)				
ADVANCE DIRECTIVE								
Advanced Directive: CPR								

MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		382	
Signature			Date
Personal Effects Sent With		Relationship	Date

MOVE IN RECORD

Woodland Terrace of New Palestine

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RESIDENT INFORMATION

Resident Name				Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #	
Flora, Doris					MC	109-1	05/14/2018	05/14/2018	05/14/2018	WTONP30048	
Previous address					Previous Phone #		Legal Mailing address				
1639 Parkthorne Dr							Same as Previous Address				
Sex	Birthdate	Age	Marital Status		Religion		Race		Occupation(s)		Primary Lang.
F	03/16/1924	100									
Moved in From				Move in Location			Birth Place		Citizenship		Maiden Name
Medicare (HIC) #				Medicaid #			Social Security #		Veterans Administration #		
5R79PX1FN36							314-16-4468				
Insurance Name				Insurance Policy #:							
UnitedHealthcare				83564142000							

PAYER INFORMATION

Primary Payer	Private Pay - MC	
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OTHER INFORMATION

Most Recent Hospital Stay	Allergies
	Memantine
Medicaid Recertification Date	Miscellaneous Information:
	Greg York (Clergyman) (317)352-9296

CARE PROVIDERS

Provider	Phone	Address	UPIN	NPI
Primary Physician (Primary) MURPHY, LEIGHA	Office:(317) 735-6001 Fax:(855) 450-1177	8904 BASH ST STE B Indianapolis, IN 46256		1003564717
Primary Physician Lopshire, John	Office:(317) 497-5530 Fax:(855) 422-5182	9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268		1326128281
Primary Physician Shammas, Issa	Office:(317) 890-5500 Fax:(317) 890-5566	9650 E Washington St Suite 100 Indianapolis, IN 46229		1073554424
Dentist Uhl, Dane	Office:(317) 898-9231	11020 E 10th St A Cumberland, IN 46229		1174844658
Podiatrist Mann, Todd	Office:(317) 296-6080 Fax:(877) 476-7125	9011 N. Meridian St Ste 204 Indianapolis, IN 46260		1114970571
Nurse Practitioner Pulliam, Brittany	Office:(317) 497-5530 Fax:(855) 422-5182	9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268		1265108161
Nurse Practitioner Wiles, Crystal	Office:(260) 483-9081	3512 Stellhorn Rd. Fort Wayne, IN 46815		1831578970
Ophthalmologist Latona, John	Office:(317) 357-8663 Fax:(317) 357-8842	1400 N Ritter Ave Ste 281 Indianapolis, IN 46219		1497700983

PHARMACY

Pharmacy	Phone/Fax	Address
Kroger (East Washington)	Phone: (317) 895-2245 Fax:	10450 E Washington St.
Meijers	Phone: (317) 894-6710 Fax:	11351 E. Washington St. Cumberland, IN, 46229
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger	Phone: (317) 452-4669 Fax: (317) 452-4744	6530 Corporate Drive Indianapolis, IN, 46278

EXTERNAL COMMUNITIES

Community Name	Phone	Community Type
IU Health North	Phone: (317) 688-2000	Hospital
Shirley Brothers Funeral Home	Phone: (317) 897-9606	Funeral Home

CONTACTS

Name	Contact Type	Relationship	Address	Phone/Email
Flora, Jean	Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1 Emergency Contact # 5	Daughter	39 Chris Ct Greenfield, IN, 46140	Home:(317) 402-6776 Email:greenfieldjean3@att.net

CONTACTS				
Name	Contact Type	Relationship	Address	Phone/Email
Flora, James	Emergency Contact # 2	Son	27 Brenda Ct Indianapolis	Cell:(317) 501-5186

DIAGNOSIS INFORMATION	
03/12/2024 - UNSPECIFIED ATRIAL FIBRILLATIO... (I48.91)	03/12/2024 - HEART FAILURE, UNSPECIFIED (I50.9)
03/30/2023 - MAJOR DEPRESSIVE DISORDER, REC... (F33.9)	05/20/2022 - HISTORY OF FALLING (Z91.81)
09/28/2021 - BRADYCARDIA, UNSPECIFIED (R00.1)	09/28/2021 - ADULT FAILURE TO THRIVE (R62.7)
10/31/2018 - HYPOCALCEMIA (E83.51)	10/31/2018 - UNSTEADINESS ON FEET (R26.81)
05/15/2018 - HYPOTHYROIDISM, UNSPECIFIED (E03.9)	05/14/2018 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)
05/14/2018 - ALZHEIMER'S DISEASE, UNSPECIFI... (G30.9)	05/14/2018 - UNSPECIFIED GLAUCOMA (H40.9)
05/14/2018 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)	05/14/2018 - CHRONIC KIDNEY DISEASE (CKD) (N18)

ADVANCE DIRECTIVE
Advanced Directive: DNR

MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		2251	

Signature		Date	Time

Personal Effects Sent With	Relationship	Date	Time

MOVE IN RECORD									
Woodland Terrace of New Palestine									
Jul 12, 2024 16:54:01 ET									
RESIDENT INFORMATION									
Resident Name		Preferred Name		Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Ms. Gish, Vernice L.				MC	111-1	02/24/2022	02/24/2022	02/23/2022	WTONP30254
Previous address				Previous Phone #		Legal Mailing address			
Greenfield, IN, 46140						Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion		Race		Occupation(s)	Primary Lang.
F	06/09/1936	88	Widowed	Unknown		White or Caucasian			English
Moved in From			Move in Location			Birth Place		Citizenship	Maiden Name
								U.S.	
Medicare (HIC) #			Medicaid #		Social Security #			Veterans Administration #	
2EA7GC2RD51					304-36-3117				
Insurance Name			Insurance Policy #:						
ThrivantFinancial			2EA7GC2RD51						
PAYER INFORMATION									
Primary Payer		Private Pay - MC							
OTHER INFORMATION									
Most Recent Hospital Stay			Allergies						
			No Known Allergies						
Medicaid Recertification Date			Prepaid Funeral Arrangements						
			Yes						
CARE PROVIDERS									
Provider		Phone		Address			UPIN	NPI	
Primary Physician (Primary) MURPHY, LEIGHA		Office:(317) 735-6001 Fax:(855) 450-1177		8904 BASH ST STE B Indianapolis, IN 46256				1003564717	
Primary Physician Lopshire, John		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268				1326128281	
Nurse Practitioner Pulliam, Brittany		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268				1265108161	
PHARMACY									
Pharmacy		Phone/Fax			Address				
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744			6530 Corporate Drive Indianapolis, IN, 46278				
EXTERNAL COMMUNITIES									
Community Name		Phone			Community Type				
Hancock Regional		Phone: (317) 462-5544			Hospital				
Stillinger Family Funeral Home		Phone: (317) 462-5536			Funeral Home				
CONTACTS									
Name	Contact Type		Relationship	Address			Phone/Email		
Mr. Gish, Scot	Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1 Emergency Contact # 5		Son	1495 S 400 W New Palestine, IN, 46163			Cell:(317) 750-6249 Email:scotgish@msn.com		
Mr. Gish, Kent	Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 2		Son	2889 S Kaitlin Ct New Palestine, IN, 46163			Cell:(317) 242-8369 Email:kent.gish@gmail.com		
DIAGNOSIS INFORMATION									
03/30/2023 - CONSTIPATION, UNSPECIFIED (K59.00)					05/12/2022 - LOCALIZED EDEMA (R60.0)				
02/23/2022 - HYPOTHYROIDISM, UNSPECIFIED (E03.9)					02/23/2022 - HYPOKALEMIA (E87.6)				
02/23/2022 - UNSPECIFIED DEMENTIA, UNSPECIF... (F03.90)					02/23/2022 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)				
02/23/2022 - UNSPECIFIED SEQUELAE OF CEREBR... (I69.30)					02/23/2022 - DYSPHAGIA FOLLOWING CEREBRAL I... (I69.391)				
02/23/2022 - CHRONIC OBSTRUCTIVE PULMONARY ... (J44.9)					02/23/2022 - POLYOSTEOARTHRITIS, UNSPECIFIE... (M15.9)				
02/23/2022 - AGE-RELATED OSTEOPOROSIS WITHO... (M81.0)					02/23/2022 - CHRONIC KIDNEY DISEASE, UNSPEC... (N18.9)				
ADVANCE DIRECTIVE									
Advanced Directive: DNR									

MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		869	
Signature			Date
Personal Effects Sent With		Relationship	Date

<div> <div>MOVE IN RECORD</div> <div> <div>Woodland Terrace of New Palestine</div> <div>Jul 12, 2024 16:54:01 ET</div> </div> </div>								
RESIDENT INFORMATION								
Resident Name		Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Hale, Sandra A.			MC	105-1	11/22/2019	11/22/2019	11/22/2019	WTONP30156
Previous address			Previous Phone #		Legal Mailing address			
1788 Stonewall Cir, Greenfield, IN, 46140			(317) 509-3053		Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)	Primary Lang.	
F	09/01/1945	78	Widowed	Unknown	White or Caucasian		English	
Moved in From		Move in Location			Birth Place	Citizenship	Maiden Name	
						U.S.		
Medicare (HIC) #		Medicaid #		Social Security #		Veterans Administration #		
260743909A				260-74-3909				
Insurance Name		Insurance Policy #:						
AARPMedicareComplete		97447391500						
PAYER INFORMATION								
Primary Payer	Private Pay - MC							
OTHER INFORMATION								
Most Recent Hospital Stay		Allergies						
		Azithromycin, Erythromycin, Antizol, Penicillins, Sulfa Antibiotics						
Medicaid Recertification Date								
CARE PROVIDERS								
Provider		Phone		Address		UPIN	NPI	
Primary Physician (Primary) Moonesinghe, Deshini		Office:(765) 776-8000		3500 S Lafontaine Kokomo, IN 46902			1780882449	
Primary Physician Daluga, Andrew		Office:(317) 462-5252 Fax:(317) 462-8010		300 E Boyd Avenue Ste 100 Greenfield, IN 46140			1790103315	
Primary Physician MURPHY, LEIGHA		Office:(317) 735-6001 Fax:(855) 450-1177		8904 BASH ST STE B Indianapolis, IN 46256			1003564717	
Primary Physician Mustaklem, Marwan		Office:(317) 338-8507 Other:(866) 604-2922 Fax:(317) 338-2454		2001 W. 86th St Indianapolis, IN 46260			1750357513	
Dentist Armstrong, Richard		Office:(765) 345-2188 Fax:(765) 345-5335		8788 S State Road 109 Knightstown, IN 46148			1700846292	
Nurse Practitioner Snyder, Allison				25802 State Rd 19 Arcadia, IN 46030			1982027785	
Medical Specialist Noda-Heiny, Hiroko Cardiologist		Office:(317) 462-5112 Fax:(317) 462-5122		300 E Boyd Ave Suite201 Greenfield, IN 46140			1659340354	
Ophthalmologist Price-Kowaleski, Monica		Office:(317) 462-3937 Fax:(317) 318-1176		946 N. State Street Suite B Greenfield, IN 46140			1194832923	
PHARMACY								
Pharmacy		Phone/Fax		Address				
CVS (New Pal)		Phone: (317) 861-4838 Fax:		5026 W. US 52 New Palestine, IN, 46163				
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744		6530 Corporate Drive Indianapolis, IN, 46278				
EXTERNAL COMMUNITIES								
Community Name		Phone		Community Type				
Hancock Regional		Phone: (317) 462-5544		Hospital				
Hinsey Brown Funeral Home		Phone: (765) 529-7100		Funeral Home				
CONTACTS								
Name	Contact Type		Relationship	Address		Phone/Email		
Hale, Brad	Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1		Son	318 E Main St. PO Box 393 Morristown, IN, 46161		Cell:(317) 432-8572 Email:Bradpga10@yahoo.com		
Ramey, Stephanie	Durable Power of Attorney for Finances Durable Power of Attorney for		Daughter	4715 King Dr Strawberry Plains, TN, 37871		Cell:(765) 571-0539		

CONTACTS				
Name	Contact Type	Relationship	Address	Phone/Email
Ramey, Stephanie	Healthcare Emergency Contact # 2	Daughter	4715 King Dr Strawberry Plains, TN, 37871	Cell:(765) 571-0539

DIAGNOSIS INFORMATION	
01/25/2023 - VITAMIN D DEFICIENCY, UNSPECIF... (E55.9)	01/25/2023 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)
12/16/2022 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)	06/16/2022 - URINARY TRACT INFECTION, SITE ... (N39.0)
11/20/2019 - MALIGNANT NEOPLASM OF BREAST O... (C50.9)	11/20/2019 - DEMENTIA IN OTHER DISEASES CLA... (F02)
11/20/2019 - MAJOR DEPRESSIVE DISORDER, REC... (F33.9)	11/20/2019 - GENERALIZED ANXIETY DISORDER (F41.1)
11/20/2019 - CEREBROVASCULAR DISEASE, UNSPE... (I67.9)	

ADVANCE DIRECTIVE	

MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		1694	

Signature		Date	Time

Personal Effects Sent With	Relationship	Date	Time

MOVE IN RECORD								
Woodland Terrace of New Palestine						Jul 12, 2024 16:54:01 ET		
RESIDENT INFORMATION								
Resident Name		Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Halsema, Marilyn			MC	117-1	06/10/2022	06/10/2022	06/10/2022	WTONP3026 5
Previous address			Previous Phone #		Legal Mailing address			
9392 Elmberry Lane, Fishers, 46037					Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)	Primary Lang.	
F	08/24/1930	93	Widowed	Unknown	White or Caucasian		English	
Moved in From		Move in Location			Birth Place	Citizenship	Maiden Name	
Home						U.S.		
Medicare (HIC) #		Medicaid #		Social Security #		Veterans Administration #		
6KR0YH2FK39				357-34-4801				
Insurance Name		Insurance Policy #:						
PAYER INFORMATION								
Primary Payer	Private Pay - MC							
OTHER INFORMATION								
Most Recent Hospital Stay		Allergies						
		Codeine, Penicillins, Sulfa Antibiotics						
Medicaid Recertification Date								
CARE PROVIDERS								
Provider		Phone		Address		UPIN	NPI	
Primary Physician (Primary) Lopshire, John		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268			1326128281	
Iqtidar, Ali Cardiology		Office:(765) 281-2188 Fax:(765) 281-2062		2525 W. University Ave Suite 300 Muncie, IN 47303			1780781088	
Primary Physician Moonesinghe, Deshini		Office:(765) 776-8000		3500 S Lafontaine Kokomo, IN 46902			1780882449	
Primary Physician MURPHY, LEIGHA		Office:(317) 735-6001 Fax:(855) 450-1177		8904 BASH ST STE B Indianapolis, IN 46256			1003564717	
Primary Physician Mustaklem, Marwan		Office:(317) 338-8507 Other:(866) 604-2922 Fax:(317) 338-2454		2001 W. 86th St Indianapolis, IN 46260			1750357513	
Nurse Practitioner Pulliam, Brittany		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268			1265108161	
Nurse Practitioner Snyder, Allison				25802 State Rd 19 Arcadia, IN 46030			1982027785	
PHARMACY								
Pharmacy		Phone/Fax		Address				
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744		6530 Corporate Drive Indianapolis, IN, 46278				
EXTERNAL COMMUNITIES								
Community Name		Phone		Community Type				
IU Health Methodist Hospital		Phone: (317) 962-2000		Hospital				
Randall and Roberts		Phone: (317) 842-5310		Funeral Home				
CONTACTS								
Name		Contact Type		Relationship	Address		Phone/Email	
Reinhardt, Peggy		Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1		Daughter	10325 Brookville Rd Indianapolis, IN, 46239		Cell:(317) 258-6562 Email:peggyreinhardt@gmail.com	
Crews, Kim		Emergency Contact # 2		Daughter			Home:(845) 346-6919	
DIAGNOSIS INFORMATION								
04/04/2024 - IRON DEFICIENCY ANEMIA, UNSPEC... (D50.9)				04/04/2024 - TYPE 2 DIABETES MELLITUS WITHO... (E11.9)				
04/04/2024 - DEFICIENCY OF OTHER SPECIFIED ... (E53.8)				04/04/2024 - NONRHEUMATIC AORTIC (VALVE) ST... (I35.0)				
04/04/2024 - CHRONIC ATRIAL FIBRILLATION, U... (I48.20)				04/04/2024 - UNSPECIFIED ATRIAL FIBRILLATIO... (I48.91)				
04/04/2024 - GOUT, UNSPECIFIED (M10.9)				04/04/2024 - UNSPECIFIED OSTEOARTHRITIS, UN... (M19.90)				
04/04/2024 - CHRONIC KIDNEY DISEASE, STAGE ... (N18.31)				04/04/2024 - ATAXIA, UNSPECIFIED (R27.0)				

DIAGNOSIS INFORMATION	
04/04/2024 - HISTORY OF FALLING (Z91.81)	04/04/2024 - PRESENCE OF CARDIAC PACEMAKER (Z95.0)
10/10/2023 - UNSPECIFIED DEMENTIA, UNSPECIF... (F03.90)	06/22/2022 - IRON DEFICIENCY ANEMIA (D50)
06/11/2022 - TYPE 2 DIABETES MELLITUS (E11)	05/23/2022 - MALIGNANT NEOPLASM OF THYROID ... (C73)
05/23/2022 - VITAMIN B12 DEFICIENCY ANEMIA,... (D51.9)	05/23/2022 - OTHER SPECIFIED DISEASES OF BL... (D75.89)
05/23/2022 - NONTOXIC SINGLE THYROID NODULE (E04.1)	05/23/2022 - VITAMIN D DEFICIENCY, UNSPECIF... (E55.9)
05/23/2022 - ARTHROPATHY, UNSPECIFIED (M12.9)	05/23/2022 - UNSPECIFIED ABNORMALITIES OF G... (R26.9)
05/23/2022 - UNSPECIFIED URINARY INCONTINEN... (R32)	05/23/2022 - OTHER SPECIFIED ABNORMAL FINDI... (R79.89)
05/23/2022 - LONG TERM (CURRENT) USE OF ANT... (Z79.01)	05/17/2022 - OTHER DIETARY VITAMIN B12 DEFI... (D51.3)
05/17/2022 - HYPOTHYROIDISM, UNSPECIFIED (E03.9)	05/17/2022 - OBESITY, UNSPECIFIED (E66.9)
05/17/2022 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)	05/17/2022 - BLEPHARITIS (H01.0)
05/17/2022 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)	05/17/2022 - PULMONARY HYPERTENSION, UNSPEC... (I27.20)
05/17/2022 - NONRHEUMATIC AORTIC (VALVE) ST... (I35.2)	05/17/2022 - ATRIAL FIBRILLATION AND FLUTTE... (I48)
05/17/2022 - CHRONIC GOUT (M1A)	05/17/2022 - CHRONIC KIDNEY DISEASE (CKD) (N18)
05/17/2022 - OTHER SPECIFIED URINARY INCONT... (N39.4)	05/17/2022 - HEARTBURN (R12)
05/17/2022 - PERSONAL HISTORY OF COVID-19 (Z86.16)	

ADVANCE DIRECTIVE

MISCELLANEOUS INFORMATION

Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		763	
Signature		Date	Time
Personal Effects Sent With		Relationship	Time

MOVE IN RECORD

Woodland Terrace of New Palestine

Jul 12, 2024 16:54:01 ET

RESIDENT INFORMATION

Resident Name		Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #		
Hanlon, Patricia J.			AL	221-1	06/10/2024	06/10/2024	06/10/2024	WTONP30349		
Previous address				Previous Phone #	Legal Mailing address					
1075 S Daisy Lane, New Palestine, IN, 46163				(317) 502-1849	Same as Previous Address					
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)	Primary Lang.			
F	07/22/1951	72	Widowed							
Moved in From			Move in Location		Birth Place	Citizenship	Maiden Name			
Medicare (HIC) #			Medicaid #		Social Security #		Veterans Administration #			
			5GC4N36MM89		234-84-3788					
Insurance Name			Insurance Policy #:							
BCBS			71435							

PAYER INFORMATION

Primary Payer Private Pay - AL

OTHER INFORMATION

Most Recent Hospital Stay	Allergies
	metFORMIN, Morphine, TeQuin
Medicaid Recertification Date	Veteran's Status
	No service

CARE PROVIDERS

Provider	Phone	Address	UPIN	NPI
Primary Physician (Primary) Sliva, Petr	Office:(317) 355-5717 Fax:(317) 355-7263	10122 E. 10th Street Suite 100 Indianapolis, IN 46229		1720654312

PHARMACY

Pharmacy	Phone/Fax	Address
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger	Phone: (317) 452-4669 Fax: (317) 452-4744	6530 Corporate Drive Indianapolis, IN, 46278

EXTERNAL COMMUNITIES (No Data Found)

Community Name	Phone	Community Type

CONTACTS

Name	Contact Type	Relationship	Address	Phone/Email
Hanlon, Patricia	Billing Responsible Party	Self	4400 Terrace Drive Unit 221 New Palestine, IN, 46163	Home:(317) 502-1849 Email:hanlonp156@gmail.com
Hutstead, Jackin	Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1	Daughter	4167 Purplefinch Lane Miamisburg, OH, 45342	Home:(937) 602-2220 Email:chef-jackie@sbcglobal.net
Wilson, Ashley	Emergency Contact # 2	Granddaughter	3675 Souhtway Drive New Palestine, IN, 46163	Home:(317) 489-0630 Email:Abrunk1121@gmail.com

DIAGNOSIS INFORMATION

06/11/2024 - POSTHERPETIC POLYNEUROPATHY (B02.23)	06/11/2024 - TYPE 2 DIABETES MELLITUS WITH ... (E11.65)
06/11/2024 - LONG TERM (CURRENT) USE OF INS... (Z79.4)	06/11/2024 - DEPENDENCE ON WHEELCHAIR (Z99.3)
06/07/2024 - TYPE 2 DIABETES MELLITUS WITH ... (E11.64)	06/07/2024 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)
06/07/2024 - RESTLESS LEGS SYNDROME (G25.81)	

ADVANCE DIRECTIVE

MISCELLANEOUS INFORMATION

Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		32	
Signature			Date
Personal Effects Sent With		Relationship	Time

MOVE IN RECORD									
Woodland Terrace of New Palestine						Jul 12, 2024 16:54:01 ET			
RESIDENT INFORMATION									
Resident Name		Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #	
Hartman, Jerry			AL	315-1	08/04/2023	08/04/2023	08/04/2023	WTONP30316	
Previous address			Previous Phone #		Legal Mailing address				
4400 Terrace Drive Unit 315, New Palestine, IN, 46163					Same as Previous Address				
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)	Primary Lang.		
F	11/01/1938	85	Widowed	Unknown	- Declined to Specify		English		
Moved in From		Move in Location		Birth Place		Citizenship		Maiden Name	
Medicare (HIC) #		Medicaid #		Social Security #		Veterans Administration #			
				307-38-9585					
Insurance Name		Insurance Policy #:							
Humana		H55912065							
PAYER INFORMATION									
Primary Payer	Private Pay - AL								
OTHER INFORMATION									
Most Recent Hospital Stay		Allergies							
		No Known Allergies							
Medicaid Recertification Date		Veteran's Status							
		No Service							
CARE PROVIDERS									
Provider		Phone		Address		UPIN		NPI	
Primary Physician (Primary) Bagley, Kristen		Office:(317) 861-4171 Fax:(317) 861-5325		7375 W US 52 New Palestine, IN 46163				1710971734	
Dentist Pool, Colleen		Office:(317) 861-4484 Fax:(317) 861-8339		5774 W. US 52 New Palestine, IN 46163				1073609608	
PHARMACY									
Pharmacy		Phone/Fax		Address					
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744		6530 Corporate Drive Indianapolis, IN, 46278					
EXTERNAL COMMUNITIES									
Community Name		Phone		Community Type					
Community Hospital East		Phone: (317) 355-1411		Hospital					
Erlewein Mortuary		Phone: (317) 467-4918		Funeral Home					
CONTACTS									
Name	Contact Type		Relationship	Address		Phone/Email			
Hartman, Jerry	Billing Responsible Party		Self	4400 Terrace Drive Unit 315 New Palestine, IN, 46163		Email:richardtweetie@aol.com			
Butler, John	Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1		Son	5384 Dray Drive The Villages, FL, 32163		Home:(727) 278-8004 Email:jdbii392@msn.com			
Hall, Harry	Emergency Contact # 2			7913 Wildwood Farms Lane Indianapolis, IN, 46239		Home:(317) 832-0922			
DIAGNOSIS INFORMATION									
08/03/2023 - BENIGN NEOPLASM OF PARATHYROID... (D35.1)				08/03/2023 - OTHER INTERVERTEBRAL DISC DEGE... (M51.36)					
08/03/2023 - PERSONAL HISTORY OF MALIGNANT ... (Z85.3)									
ADVANCE DIRECTIVE									
MISCELLANEOUS INFORMATION									
Date of Discharge		Time	Length of Stay	Discharged to (Mortician Name and Licence No.)					
			343						
Signature					Date		Time		
Personal Effects Sent With				Relationship		Date	Time		

<div> <div>MOVE IN RECORD</div> <div> <div>Woodland Terrace of New Palestine</div> <div>Jul 12, 2024 16:54:01 ET</div> </div> </div>								
RESIDENT INFORMATION								
Resident Name		Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Hawkins, Eloise			AL	225-2	12/30/2022	12/30/2022	12/30/2022	WTONP30293
Previous address			Previous Phone #		Legal Mailing address			
1224 Sandstone Ct, Greenfield, IN, 46140			(317) 894-9466		Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)	Primary Lang.	
F	07/20/1932	91	Married		White		English	
Moved in From		Move in Location			Birth Place	Citizenship	Maiden Name	
						U.S.		
Medicare (HIC) #		Medicaid #		Social Security #		Veterans Administration #		
9MN1ARHE92				307-32-3529				
Insurance Name		Insurance Policy #:						
TRICARE								
PAYER INFORMATION								
Primary Payer	Private Pay - AL							
OTHER INFORMATION								
Most Recent Hospital Stay		Allergies						
		Amoxicillin, Doxycycline						
Medicaid Recertification Date		Spouse's Name		Veteran's Status				
		Joseph Hawkins		No Service				
CARE PROVIDERS								
Provider		Phone		Address		UPIN	NPI	
Alternate Physician (Primary) BURG, AARON		Office:(317) 355-1234		1400 N RITTER AVE STE 520 Indianapolis, IN 46219			1710286984	
Primary Physician Mang, Aaron		Office:(317) 355-7752 Fax:(317) 355-7750		12130 E Washington Street Ste A Indianapolis, IN 46229			1750887980	
Primary Physician Moonesinghe, Deshini		Office:(765) 776-8000		3500 S Lafontaine Kokomo, IN 46902			1780882449	
Primary Physician MURPHY, LEIGHA		Office:(317) 735-6001 Fax:(855) 450-1177		8904 BASH ST STE B Indianapolis, IN 46256			1003564717	
Nurse Practitioner Snyder, Allison				25802 State Rd 19 Arcadia, IN 46030			1982027785	
PHARMACY								
Pharmacy		Phone/Fax		Address				
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744		6530 Corporate Drive Indianapolis, IN, 46278				
EXTERNAL COMMUNITIES								
Community Name		Phone		Community Type				
Community Hospital East		Phone: (317) 355-1411		Hospital				
Erlewein Mortuary		Phone: (317) 467-4918		Funeral Home				
CONTACTS								
Name	Contact Type		Relationship	Address		Phone/Email		
Hawkins, Garth	Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1		Son	1091 Parchcord Rd Woodbury, TN, 37190		Other:(615) 638-3484 Email:garthjhawkins@gmail.com		
Potter, Joella	Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 2		Daughter	4541 N. Paseo Tucson, AZ, 85745		Other:(520) 262-6858 Email:potter006@comcast.net		
DIAGNOSIS INFORMATION								
04/06/2023 - OTHER CARDIAC ARRHYTHMIAS (I49)				01/09/2023 - UNSPECIFIED DEMENTIA, UNSPECIF... (F03.90)				
01/09/2023 - SCIATICA, UNSPECIFIED SIDE (M54.30)				01/09/2023 - AGE-RELATED OSTEOPOROSIS WITH ... (M80.0)				
01/09/2023 - DIZZINESS AND GIDDINESS (R42)				12/14/2022 - HYPOTHYROIDISM, UNSPECIFIED (E03.9)				
12/14/2022 - MIXED HYPERLIPIDEMIA (E78.2)				12/14/2022 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)				
12/14/2022 - UNSPECIFIED ATRIAL FIBRILLATIO... (I48.91)				12/14/2022 - CHRONIC EMBOLISM AND THROMBOSI... (I82.509)				
12/14/2022 - AGE-RELATED COGNITIVE DECLINE (R41.81)				12/14/2022 - ENCOUNTER FOR IMMUNIZATION (Z23)				

ADVANCE DIRECTIVE				
Advanced Directive: DNR				
MISCELLANEOUS INFORMATION				
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)	
		560		
Signature			Date	Time
Personal Effects Sent With		Relationship	Date	Time

MOVE IN RECORD								
Woodland Terrace of New Palestine						Jul 12, 2024 16:54:01 ET		
RESIDENT INFORMATION								
Resident Name		Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Hawkins, Joseph			AL	225-1	12/30/2022	12/30/2022	12/30/2022	WTONP3029 2
Previous address			Previous Phone #		Legal Mailing address			
1224 Sandstone Ct, Greenfield, IN, 46140			(317) 894-9466		Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)	Primary Lang.	
M	07/11/1931	93	Married				English	
Moved in From		Move in Location		Birth Place		Citizenship		Maiden Name
						U.S.		
Medicare (HIC) #		Medicaid #		Social Security #		Veterans Administration #		
1P56XFDF50				309-28-8208				
Insurance Name		Insurance Policy #:						
PAYER INFORMATION								
Primary Payer	Private Pay - AL							
OTHER INFORMATION								
Most Recent Hospital Stay		Allergies						
		No Known Allergies						
Medicaid Recertification Date		Veteran's Status						
		Veteran						
CARE PROVIDERS								
Provider		Phone		Address		UPIN	NPI	
Primary Physician (Primary) Mang, Aaron		Office:(317) 355-7752 Fax:(317) 355-7750		12130 E Washington Street Ste A Indianapolis, IN 46229			1750887980	
Primary Physician Mustaklem, Marwan		Office:(317) 338-8507 Other:(866) 604-2922 Fax:(317) 338-2454		2001 W. 86th St Indianapolis, IN 46260			1750357513	
Nurse Practitioner Snyder, Allison				25802 State Rd 19 Arcadia, IN 46030			1982027785	
PHARMACY								
Pharmacy		Phone/Fax		Address				
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744		6530 Corporate Drive Indianapolis, IN, 46278				
EXTERNAL COMMUNITIES								
Community Name		Phone		Community Type				
Community Hospital East		Phone: (317) 355-1411		Hospital				
Erlewein Mortuary		Phone: (317) 467-4918		Funeral Home				
CONTACTS								
Name	Contact Type		Relationship	Address		Phone/Email		
Hawkins, Garth	Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1		Son	1091 Parchcorn Rd Woodbury, TN, 37190		Other:(615) 638-3484 Email:garthjhawkins@gmail. com		
Potter, Joella	Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 2		Daughter	4541 N Paseo Tucson, AZ, 85745		Other:(520) 262-6858 Email:potter006@comcast.net		
DIAGNOSIS INFORMATION								
01/10/2023 - TYPE 2 DIABETES MELLITUS (E11)				01/10/2023 - INSOMNIA, UNSPECIFIED (G47.00)				
01/10/2023 - PRURITUS (L29)				01/10/2023 - EDEMA, UNSPECIFIED (R60.9)				
01/10/2023 - OTHER ALLERGY (T78.49)				12/14/2022 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)				
12/14/2022 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)				12/14/2022 - CHRONIC KIDNEY DISEASE, STAGE ... (N18.31)				
ADVANCE DIRECTIVE								
Advanced Directive: DNR								

MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		560	
Signature			Date
Personal Effects Sent With		Relationship	Date

MOVE IN RECORD

Woodland Terrace of New Palestine

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RESIDENT INFORMATION

Resident Name	Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Hersberger, Patricia		AL	229-1	02/23/2024	02/23/2024	02/23/2024	WTONP30339
Previous address			Previous Phone #	Legal Mailing address			
101 Chestnut St, Mount Auburn, IN, 47327			(765) 478-3589	Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)	Primary Lang.
F	06/27/1929	95	Widowed	Unknown	- Declined to Specify		English
Moved in From		Move in Location		Birth Place	Citizenship	Maiden Name	
					U.S.		
Medicare (HIC) #		Medicaid #		Social Security #		Veterans Administration #	
0601944				316-26-5947			
Insurance Name		Insurance Policy #:					
Medicare							

PAYER INFORMATION

Primary Payer Private Pay - AL

OTHER INFORMATION

Most Recent Hospital Stay	Allergies
	Metoprolol
Medicaid Recertification Date	Veteran's Status
	No service

CARE PROVIDERS

Provider	Phone	Address	UPIN	NPI
Primary Physician (Primary) Lopshire, John	Office:(317) 497-5530 Fax:(855) 422-5182	9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268		1326128281
Primary Physician Bertsch, James	Office:(765) 478-6100 Fax:(765) 478-1243	1154 S State Road 1 Ste 1 Cambridge Cty, IN 47327		1275580532
Nurse Practitioner Pulliam, Brittany	Office:(317) 497-5530 Fax:(855) 422-5182	9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268		1265108161

PHARMACY

Pharmacy	Phone/Fax	Address
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger	Phone: (317) 452-4669 Fax: (317) 452-4744	6530 Corporate Drive Indianapolis, IN, 46278

EXTERNAL COMMUNITIES

Community Name	Phone	Community Type
Community Hospital East	Phone: (317) 355-1411	Hospital
Waskom Capitol Hill Chapel	Phone: (765) 478-4221	Funeral Home

CONTACTS

Name	Contact Type	Relationship	Address	Phone/Email
Hersberger, Jim	Billing Responsible Party Durable Power of Attorney for Healthcare Emergency Contact # 1	Son	1077 Mountain Drive Unit B Longmont, CO, 80503	Office:(260) 615-5745 Email:herberg@pfw.edu
Turchyn, Emily	Durable Power of Attorney for Healthcare Emergency Contact # 2	Daughter		Home:(812) 212-5050

DIAGNOSIS INFORMATION

02/22/2024 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)02/22/2024 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)

ADVANCE DIRECTIVE

MISCELLANEOUS INFORMATION

Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)	
		140		
Signature			Date	Time
Personal Effects Sent With		Relationship	Date	Time

<div> <div>MOVE IN RECORD</div> <div>Woodland Terrace of New Palestine</div> <div>Jul 12, 2024 16:54:01 ET</div> </div>								
RESIDENT INFORMATION								
Resident Name		Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Hirst, Emily			AL	337-1	05/11/2020	05/11/2020	05/11/2020	WTONP30175
Previous address			Previous Phone #		Legal Mailing address			
3938 N Sadlier Dr, Indianapolis, IN, 46226			(317) 677-4218		Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)	Primary Lang.	
F	07/29/1939	84	Widowed	Unknown	White or Caucasian		English	
Moved in From		Move in Location			Birth Place	Citizenship	Maiden Name	
Home						U.S.		
Medicare (HIC) #		Medicaid #		Social Security #		Veterans Administration #		
6CN5YJ6FA99				360-32-9790				
Insurance Name		Insurance Policy #:						
AARPMedicareComplete		9118772604						
PAYER INFORMATION								
Primary Payer	Private Pay - AL							
OTHER INFORMATION								
Most Recent Hospital Stay		Allergies						
		Penicillins						
Medicaid Recertification Date		Miscellaneous Information:		Pet Owner		Prepaid Funeral Arrangements		
		Mark Brock Clergy 219 688 0546		Dog		Yes		
CARE PROVIDERS								
Provider		Phone		Address		UPIN		NPI
Primary Physician (Primary) Lopshire, John		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268				1326128281
Dentist Pool, Colleen		Office:(317) 861-4484 Fax:(317) 861-8339		5774 W. US 52 New Palestine, IN 46163				1073609608
Psychiatrist Tolle, Kathryn		Office:(317) 621-8500		1400 N Ritter Suite 223 Indianapolis 46219				1861059131
Nurse Practitioner Pulliam, Brittany		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268				1265108161
Medical Specialist Holland, Theodore		Office:(317) 872-0123		8240 Naab Rd St Vincent Administrative Ste Meridian Hls, IN 46260				1417961103
PHARMACY								
Pharmacy		Phone/Fax		Address				
Optum RX		Phone: (877) 889-5802 Fax:						
Guardian Pharmacy of Indiana Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744		6530 Corporate Drive Indianapolis, IN, 46278				
EXTERNAL COMMUNITIES								
Community Name		Phone		Community Type				
Community Hospital North		Phone: (317) 621-6262		Hospital				
CONTACTS								
Name	Contact Type		Relationship	Address		Phone/Email		
Hirst, Linda	Billing Responsible Party Emergency Contact # 1		Daughter in law	3561 S Fallow Trail New Palestine, IN, 46163		Home:(317) 361-3231 Email:lhirst@sbcglobal.net		
Hirst, Doug	Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 2		Son	3561 S Fallow Trail New Palestine, IN, 46163		Home:(317) 442-9749 Email:dbhirst@sbcglobal.net		
Judy, Gwen	Durable Power of Attorney for Healthcare Emergency Contact # 3		Daughter	P O Box 215 New Goshen, IN, 47863		Home:(812) 251-1346 Email:gkjudy@hotmail.com		
DIAGNOSIS INFORMATION								
01/10/2022 - BRONCHITIS, NOT SPECIFIED AS A... (J40)				07/07/2020 - DEMENTIA IN OTHER DISEASES CLA... (F02.80)				
04/14/2020 - HYPOTHYROIDISM, UNSPECIFIED (E03.9)				04/14/2020 - HYPOPARATHYROIDISM, UNSPECIFIE... (E20.9)				
04/14/2020 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)				04/14/2020 - ANXIETY DISORDER, UNSPECIFIED (F41.9)				
04/14/2020 - MILD COGNITIVE IMPAIRMENT OF U... (G31.84)				04/14/2020 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)				
04/14/2020 - GASTRO-ESOPHAGEAL REFLUX DISEA... (K21.9)				04/14/2020 - LOW BACK PAIN (M54.5)				
04/14/2020 - URGE INCONTINENCE (N39.41)								

ADVANCE DIRECTIVE			
Advanced Directive: CPR			
MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		1523	
Signature			Date
Personal Effects Sent With		Relationship	Date

MOVE IN RECORD

Woodland Terrace of New Palestine

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RESIDENT INFORMATION

Resident Name		Preferred Name		Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Hitch, Wanda				AL	126-1	05/31/2023	05/31/2023	05/31/2023	WTONP3031 1
Previous address				Previous Phone #		Legal Mailing address			
422 Peninsula Drive, Shelbyville, IN, 46176				(317) 861-4683		Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion		Race		Occupation(s)	Primary Lang.
F	01/23/1936	88	Widowed	Unknown		- Declined to Specify			- Declined to Specify
Moved in From			Move in Location			Birth Place		Citizenship	Maiden Name
Nursing home								U.S.	
Medicare (HIC) #			Medicaid #		Social Security #		Veterans Administration #		
2FT2UH1EN02					304-36-8621				
Insurance Name			Insurance Policy #:						
Medicare									

PAYER INFORMATION

Primary Payer Private Pay - AL

OTHER INFORMATION

Most Recent Hospital Stay		Allergies	
		No Known Allergies	
Medicaid Recertification Date		Prepaid Funeral Arrangements	
		Yes	
		Veteran's Status	
		No Service	

CARE PROVIDERS

Provider	Phone	Address	UPIN	NPI
Primary Physician (Primary) Bagley, Kristen	Office:(317) 861-4171 Fax:(317) 861-5325	7375 W US 52 New Palestine, IN 46163		1710971734
Primary Physician Mustaklem, Marwan	Office:(317) 338-8507 Other:(866) 604-2922 Fax:(317) 338-2454	2001 W. 86th St Indianapolis, IN 46260		1750357513
Nurse Practitioner Snyder, Allison		25802 State Rd 19 Arcadia, IN 46030		1982027785

PHARMACY

Pharmacy	Phone/Fax	Address
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger	Phone: (317) 452-4669 Fax: (317) 452-4744	6530 Corporate Drive Indianapolis, IN, 46278

EXTERNAL COMMUNITIES

Community Name	Phone	Community Type
Erlewein Mortuary	Phone: (317) 467-4918	Funeral Home
Hancock Regional	Phone: (317) 462-5544	Hospital

CONTACTS

Name	Contact Type	Relationship	Address	Phone/Email
Hitch, Mike	Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare	Son	422 Peninsula Drive Shelbyville, IN, 46176	Home:(317) 498-1104 Email:lt32duce@aol.com

DIAGNOSIS INFORMATION

05/25/2023 - MALIGNANT NEOPLASM OF UPPER-OU... (C50.411)	05/25/2023 - HYPOTHYROIDISM, UNSPECIFIED (E03.9)
05/25/2023 - TYPE 2 DIABETES MELLITUS WITHO... (E11.9)	05/25/2023 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)
05/25/2023 - OTHER SECONDARY HYPERTENSION (I15.8)	05/25/2023 - CHRONIC ATRIAL FIBRILLATION, U... (I48.20)
05/25/2023 - GASTRO-ESOPHAGEAL REFLUX DISEA... (K21.9)	05/25/2023 - GASTROINTESTINAL HEMORRHAGE, U... (K92.2)
05/25/2023 - MUSCLE WASTING AND ATROPHY, NO... (M62.59)	05/25/2023 - MUSCLE WEAKNESS (GENERALIZED) (M62.81)
05/25/2023 - RHABDOMYOLYSIS (M62.82)	05/25/2023 - OVERACTIVE BLADDER (N32.81)
05/25/2023 - DYSPHAGIA, OROPHARYNGEAL PHASE (R13.12)	05/25/2023 - ESTROGEN RECEPTOR POSITIVE STA... (Z17.0)

ADVANCE DIRECTIVE

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MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		408	
Signature			Date
Personal Effects Sent With		Relationship	Date

MOVE IN RECORD									
Woodland Terrace of New Palestine						Jul 12, 2024 16:54:01 ET			
RESIDENT INFORMATION									
Resident Name		Preferred Name		Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Hostetler, Randy Ellen				AL	318-1	08/31/2023	08/31/2023	08/31/2023	WTONP3032 1
Previous address				Previous Phone #		Legal Mailing address			
4400 Terrace Drive Unit 318, New Palestine, IN, 46163				(317) 403-3602		Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion		Race		Occupation(s)	Primary Lang.
F	08/04/1951	72	Widowed	Unknown		- Declined to Specify			- Declined to Specify
Moved in From			Move in Location			Birth Place		Citizenship	Maiden Name
Medicare (HIC) #			Medicaid #		Social Security #		Veterans Administration #		
					313-50-0271				
Insurance Name			Insurance Policy #:						
UnitedHealthcare			91496510800						
PAYER INFORMATION									
Primary Payer		Private Pay - AL							
OTHER INFORMATION									
Most Recent Hospital Stay			Allergies						
			Penicillins, Sulfa Antibiotics, Mushroom, LATEX						
Medicaid Recertification Date			Veteran's Status						
			No Service						
CARE PROVIDERS									
Provider		Phone		Address			UPIN	NPI	
Primary Physician (Primary) Newton, Robert		Office:(317) 621-1700 Fax:(317) 621-1711		6626 E 75th Street Suite 500 Indianapolis, IN 46250				1003888959	
Primary Physician Jellison, Bobbie		Office:(317) 338-7780		8424 Naab Road Suite 1L Indianapolis, IN 46260				1023336443	
Primary Physician Lopshire, John		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268				1326128281	
Nurse Practitioner Pulliam, Brittany		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268				1265108161	
Medical Specialist Skinner, Blair				11725 Illinois St Carmel, IN 46032				1386164416	
PHARMACY									
Pharmacy		Phone/Fax		Address					
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744		6530 Corporate Drive Indianapolis, IN, 46278					
EXTERNAL COMMUNITIES									
Community Name		Phone		Community Type					
Flanner & Buchanan (E. Wash)		Phone: (317) 898-4462		Funeral Home					
CONTACTS									
Name	Contact Type		Relationship	Address			Phone/Email		
Hostetler, Randy Ellen	Billing Responsible Party		Self	4400 Terrace Drive Unit 318 New Palestine, IN, 46163			Home:(317) 403-3602		
Emmons, Theresa	Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1		Daughter	5603 County Road Eleven Garrett, IN, 46738			Home:(317) 410-7793		
Rini, Sheryal	Emergency Contact # 2		Sister				Home:(317) 289-0584		
Rush, Gail			Daughter				Home:(317) 370-5594		
DIAGNOSIS INFORMATION									
08/23/2023 - HYPOTHYROIDISM, UNSPECIFIED (E03.9)					08/23/2023 - OBESITY, UNSPECIFIED (E66.9)				
08/23/2023 - PURE HYPERCHOLESTEROLEMIA, UNS... (E78.00)					08/23/2023 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)				
08/23/2023 - MAJOR DEPRESSIVE DISORDER, REC... (F33.9)					08/23/2023 - FLACCID HEMIPLEGIA AFFECTING L... (G81.04)				
08/23/2023 - CHRONIC PAIN, NOT ELSEWHERE CL... (G89.2)					08/23/2023 - PAROXYSMAL ATRIAL FIBRILLATION (I48.0)				
08/23/2023 - UNILATERAL PRIMARY OSTEOARTHRI... (M17.11)					08/23/2023 - IMPINGEMENT SYNDROME OF RIGHT ... (M75.41)				
08/23/2023 - OTHER SYMPTOMS AND SIGNS INVOL... (R29.898)					08/23/2023 - PERSONAL HISTORY OF TRANSIENT ... (Z86.73)				
08/23/2023 - BARIATRIC SURGERY STATUS (Z98.84)									

ADVANCE DIRECTIVE			
MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		316	
Signature			Date
Personal Effects Sent With		Relationship	Date

<div> <div>MOVE IN RECORD</div> <div> <div>Woodland Terrace of New Palestine</div> <div>Jul 12, 2024 16:54:01 ET</div> </div> </div>									
RESIDENT INFORMATION									
Resident Name		Preferred Name		Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Mr. Hutchison, Clifford				AL	312-1	06/02/2022	06/02/2022	06/01/2022	WTONP3026 7
Previous address				Previous Phone #		Legal Mailing address			
Indianapolis, IN, 46236						Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion		Race		Occupation(s)	Primary Lang.
M	03/29/1934	90	Widowed	Unknown		White or Caucasian			English
Moved in From			Move in Location			Birth Place		Citizenship	Maiden Name
Home								U.S.	
Medicare (HIC) #			Medicaid #		Social Security #		Veterans Administration #		
4KT5VM3AE56					309-32-3563				
Insurance Name			Insurance Policy #:						
NALCBenefitPlan			3331233						
PAYER INFORMATION									
Primary Payer	Private Pay - AL								
OTHER INFORMATION									
Most Recent Hospital Stay		Allergies							
		No Known Allergies							
Medicaid Recertification Date		Prepaid Funeral Arrangements							
		Yes							
CARE PROVIDERS									
Provider		Phone		Address			UPIN	NPI	
Primary Physician (Primary) Lopshire, John		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268				1326128281	
Primary Physician Moonesinghe, Deshini		Office:(765) 776-8000		3500 S Lafontaine Kokomo, IN 46902				1780882449	
Primary Physician Murphy, Richard Heart 2 Heart Hospice		Office:(317) 718-7422 Fax:(317) 718-7433		252 Meadow Dr. Ste 6 Danville, IN 46122				1629354436	
Primary Physician Mustaklem, Marwan		Office:(317) 338-8507 Other:(866) 604-2922 Fax:(317) 338-2454		2001 W. 86th St Indianapolis, IN 46260				1750357513	
Nurse Practitioner Pulliam, Brittany		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268				1265108161	
Nurse Practitioner Snyder, Allison				25802 State Rd 19 Arcadia, IN 46030				1982027785	
PHARMACY									
Pharmacy		Phone/Fax		Address					
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744		6530 Corporate Drive Indianapolis, IN, 46278					
EXTERNAL COMMUNITIES									
Community Name		Phone		Community Type					
Flanner & Buchanan (E. Wash)		Phone: (317) 898-4462		Funeral Home					
Hancock Regional		Phone: (317) 462-5544		Hospital					
CONTACTS									
Name	Contact Type		Relationship	Address			Phone/Email		
Mcginn, Kathy	Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1 Emergency Contact # 5		Daughter	4474 Windsong New Palestine, IN, 46163			Cell:(317) 250-9556 Email:kathymcginn16@icloud.com		
Mr. Mcginn, James	Emergency Contact # 2		Son-in-law	4474 Windsong Hancock New Palestine, IN, 46163			Cell:(317) 646-7484 Office:(317) 250-9556 Email:jamesfmcginn65@GMAIL.COM		
Hutchison, Clifford			Self	11982 Trolley Rd Indianapolis, IN, 46236			Cell:(317) 250-9556		
DIAGNOSIS INFORMATION									
05/02/2024 - MAJOR DEPRESSIVE DISORDER, REC... (F33.1)					05/02/2024 - INSOMNIA, UNSPECIFIED (G47.00)				
05/02/2024 - CHRONIC DIASTOLIC (CONGESTIVE)... (I50.32)					05/02/2024 - UNSPECIFIED SEQUELAE OF CEREBR... (I69.30)				

DIAGNOSIS INFORMATION	
05/02/2024 - DYSPHAGIA, UNSPECIFIED (R13.10)	05/02/2024 - ATAXIA, UNSPECIFIED (R27.0)
05/02/2024 - PERSONAL HISTORY OF OTHER DISE... (Z87.448)	05/02/2024 - HISTORY OF FALLING (Z91.81)
03/01/2023 - MAJOR DEPRESSIVE DISORDER, REC... (F33.9)	03/01/2023 - UNSPECIFIED DIASTOLIC (CONGEST... (I50.30)
05/26/2022 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)	05/26/2022 - PARKINSON'S DISEASE (G20)
05/26/2022 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)	05/26/2022 - HEART FAILURE, UNSPECIFIED (I50.9)
05/26/2022 - ATHEROSCLEROSIS OF AORTA (I70.0)	05/26/2022 - GASTRO-ESOPHAGEAL REFLUX DISEA... (K21.9)
05/26/2022 - PRURITUS ANI (L29.0)	05/26/2022 - DYSPNEA, UNSPECIFIED (R06.00)
05/26/2022 - BENIGN ESSENTIAL MICROSCOPIC H... (R31.1)	05/26/2022 - COVID-19 (U07.1)

ADVANCE DIRECTIVE	
Advanced Directive: CPR	

MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		771	
Signature		Date	Time
Personal Effects Sent With		Relationship	Time

<div> <div>MOVE IN RECORD</div> <div> <div>Woodland Terrace of New Palestine</div> <div>Jul 12, 2024 16:54:01 ET</div> </div> </div>									
RESIDENT INFORMATION									
Resident Name		Preferred Name		Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Mr. Inman Jr, James				AL	325-1	09/05/2023	09/05/2023	09/05/2023	WTONP3032 2
Previous address				Previous Phone #		Legal Mailing address			
3065 S Fielding Rd, New Palestine, IN, 46163				(317) 362-5068		Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion		Race		Occupation(s)	Primary Lang.
M	10/11/1944	79							English
Moved in From			Move in Location			Birth Place		Citizenship	Maiden Name
Medicare (HIC) #			Medicaid #		Social Security #		Veterans Administration #		
					403-58-6331				
Insurance Name			Insurance Policy #:						
UnitedHealthcare			9118772604						
PAYER INFORMATION									
Primary Payer	Private Pay - AL								
OTHER INFORMATION									
Most Recent Hospital Stay		Allergies							
		Varenicline, Statins							
Medicaid Recertification Date		Veteran's Status							
		Veteran							
CARE PROVIDERS									
Provider		Phone		Address			UPIN	NPI	
Primary Physician (Primary) Ratnayake, Asoka		Office:(317) 621-6337 Fax:(317) 621-6366		6910 Hillsdale Ct Indianapolis, IN 46250				1942405865	
Primary Physician Lopshire, John		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268				1326128281	
Podiatrist Mann, Todd		Office:(317) 296-6080 Fax:(877) 476-7125		9011 N. Meridian St Ste 204 Indianapolis, IN 46260				1114970571	
Nurse Practitioner Manning, Twynea		Office:(317) 887-7794		3850 S. Emerson Suite C Indianapolis, IN 46203				1922569904	
Nurse Practitioner Pulliam, Brittany		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268				1265108161	
Medical Specialist Marashdeh, Mohammad		Office:(317) 355-1234 Fax:(317) 355-1505		1400 N Ritter Indianapolis, IN 46219				1689860819	
PHARMACY									
Pharmacy		Phone/Fax			Address				
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744			6530 Corporate Drive Indianapolis, IN, 46278				
EXTERNAL COMMUNITIES									
Community Name		Phone			Community Type				
Community Hospital East		Phone: (317) 355-1411			Hospital				
Flanner & Buchanan (E. Wash)		Phone: (317) 898-4462			Funeral Home				
CONTACTS									
Name	Contact Type			Relationship	Address			Phone/Email	
O'Donnell, Amy	Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1			Daughter	6747 W. Brier Creek Dr New Palestine, IN, 46163			Home:(317) 362-5068 Email: amyodonnell1975@gmail.com	
Inman, Jimmy	Emergency Contact # 2							Home:(910) 441-7681	
DIAGNOSIS INFORMATION									
09/05/2023 - NICOTINE DEPENDENCE, UNSPECIFI... (F17.200)					09/05/2023 - OTHER SPECIFIED HEARING LOSS (H91.8X)				
09/05/2023 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)					09/05/2023 - OTHER SECONDARY HYPERTENSION (I15.8)				
09/05/2023 - CHRONIC ISCHEMIC HEART DISEASE (I25)					09/05/2023 - ATHEROSCLEROTIC HEART DISEASE ... (I25.10)				
09/05/2023 - GASTRIC ULCER (K25)					09/05/2023 - INGUINAL HERNIA (K40)				
09/05/2023 - OTHER ARTHRITIS (M13)					08/31/2023 - ANEMIA, UNSPECIFIED (D64.9)				
08/31/2023 - UNSPECIFIED DEMENTIA, MILD, WI... (F03.A0)					08/31/2023 - EMPHYSEMA, UNSPECIFIED (J43.9)				
08/31/2023 - FREQUENCY OF MICTURITION (R35.0)					08/31/2023 - SYNCOPE AND COLLAPSE (R55)				
08/31/2023 - ENCOUNTER FOR SCREENING FOR OT... (Z11.59)					08/31/2023 - ENCOUNTER FOR SCREENING FOR MA... (Z12.5)				

ADVANCE DIRECTIVE			
Advanced Directive: DNR			
MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		311	
Signature			Date
Personal Effects Sent With		Relationship	Date

MOVE IN RECORD								
Woodland Terrace of New Palestine						Jul 12, 2024 16:54:01 ET		
RESIDENT INFORMATION								
Resident Name		Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Jessup, Kenneth			AL	324-1	03/10/2020	03/10/2020	03/10/2020	WTONP30169
Previous address			Previous Phone #		Legal Mailing address			
13350 West SR 32, Yorktown, IN, 47396					Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)	Primary Lang.	
M	01/15/1947	77	Married	Unknown	White or Caucasian		English	
Moved in From		Move in Location			Birth Place	Citizenship	Maiden Name	
Private home/apt. with home health services		Home				U.S.		
Medicare (HIC) #		Medicaid #		Social Security #		Veterans Administration #		
4K09RJ7PX37				314-52-5176				
Insurance Name		Insurance Policy #:						
BlueCross								
PAYER INFORMATION								
Primary Payer	Private Pay - AL							
OTHER INFORMATION								
Most Recent Hospital Stay		Allergies						
		Ramipril, ACE Inhibitors						
Medicaid Recertification Date		Prepaid Funeral Arrangements						
		Yes						
CARE PROVIDERS								
Provider		Phone		Address		UPIN	NPI	
Primary Physician (Primary) Seshan, Suresh		Office:(317) 335-6963 Fax:(317) 335-5030		8535 N Clearview Drive Suite 400 Mccordsville, IN 46055			1689937427	
Primary Physician Mustaklem, Marwan		Office:(317) 338-8507 Other:(866) 604-2922 Fax:(317) 338-2454		2001 W. 86th St Indianapolis, IN 46260			1750357513	
Dentist Gilbert, Leslie		Office:(317) 844-3966		1852 Fields Blvd. Greenfield, IN 46140			1528088630	
Nurse Practitioner Snyder, Allison				25802 State Rd 19 Arcadia, IN 46030			1982027785	
PHARMACY								
Pharmacy		Phone/Fax		Address				
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744		6530 Corporate Drive Indianapolis, IN, 46278				
EXTERNAL COMMUNITIES								
Community Name		Phone		Community Type				
Hancock Regional		Phone: (317) 462-5544		Hospital				
CONTACTS								
Name	Contact Type	Relationship		Address		Phone/Email		
Freeland, Angela	Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Guardian Emergency Contact # 1	Daughter		PO Box 130 Cleveland, SC, 29635		Home:(803) 479-3224 Email:amjessup@hotmail.com		
Haeberle, Laura	Emergency Contact # 2	Niece				Home:(317) 442-7270		
Haeberle, Ethan	Emergency Contact # 3	Grandchild				Home:(317) 409-9696		
Goudy, Gerald	Emergency Contact # 4	Brother				Home:(317) 402-1428		
Newcomb, Bob		Brother				Home:(812) 371-6380		
Newcomb, Jean		Sister		1591 E Greyhawk Way Greenfield, IN		Cell:(812) 371-6380 Home:(812) 371-5815		
DIAGNOSIS INFORMATION								
03/02/2020 - MONOCLONAL GAMMOPATHY (D47.2)				03/02/2020 - ANEMIA, UNSPECIFIED (D64.9)				
03/02/2020 - DEFICIENCY OF OTHER SPECIFIED ... (E53.8)				03/02/2020 - VITAMIN D DEFICIENCY, UNSPECIF... (E55.9)				
03/02/2020 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)				03/02/2020 - HYPERCALCEMIA (E83.52)				
03/02/2020 - PARKINSON'S DISEASE (G20)				03/02/2020 - INSOMNIA, UNSPECIFIED (G47.00)				
03/02/2020 - OTHER HEREDITARY AND IDIOPATHI... (G60.8)				03/02/2020 - CAUDA EQUINA SYNDROME (G83.4)				
03/02/2020 - ANOXIC BRAIN DAMAGE, NOT ELSEW... (G93.1)				03/02/2020 - DIPLOPIA (H53.2)				
03/02/2020 - UNSPECIFIED HEARING LOSS, RIGH... (H91.91)				03/02/2020 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)				
03/02/2020 - ATHEROSCLEROTIC HEART DISEASE ... (I25.10)				03/02/2020 - ACUTE EMBOLISM AND THROMBOSIS ... (I82.403)				
03/02/2020 - PLEURAL EFFUSION, NOT ELSEWHERE... (J90)				03/02/2020 - GASTRO-ESOPHAGEAL REFLUX DISEA... (K21.9)				

DIAGNOSIS INFORMATION			
03/02/2020 - SJOGREN SYNDROME WITH KERATOCO... (M35.01)		03/02/2020 - SPINAL STENOSIS, LUMBAR REGION... (M48.061)	
03/02/2020 - BRADYCARDIA, UNSPECIFIED (R00.1)		03/02/2020 - OTHER FECAL ABNORMALITIES (R19.5)	
03/02/2020 - OTHER MALAISE (R53.81)		03/02/2020 - PRESENCE OF OTHER VASCULAR IMP... (Z95.828)	
ADVANCE DIRECTIVE			
Advanced Directive: CPR			
MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		1585	
Signature		Date	Time
Personal Effects Sent With		Relationship	Date

<div> <div>MOVE IN RECORD</div> <div> <div>Woodland Terrace of New Palestine</div> <div>Jul 12, 2024 16:54:01 ET</div> </div> </div>								
RESIDENT INFORMATION								
Resident Name		Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Kenny, Darlene			AL	128-1	09/19/2022	09/19/2022	09/19/2022	WTONP3028 4
Previous address			Previous Phone #		Legal Mailing address			
			(765) 366-7406		Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)	Primary Lang.	
F	06/12/1934	90	Widowed	Unknown	White or Caucasian		English	
Moved in From		Move in Location			Birth Place	Citizenship	Maiden Name	
						U.S.		
Medicare (HIC) #		Medicaid #		Social Security #		Veterans Administration #		
1XG5EV4PW91				308-34-9315				
Insurance Name		Insurance Policy #:						
		157W13360						
PAYER INFORMATION								
Primary Payer	Private Pay - AL							
OTHER INFORMATION								
Most Recent Hospital Stay		Allergies						
		No Known Allergies						
Medicaid Recertification Date								
CARE PROVIDERS								
Provider		Phone		Address		UPIN	NPI	
Primary Physician (Primary) Moonesinghe, Deshini		Office:(765) 776-8000		3500 S Lafontaine Kokomo, IN 46902			1780882449	
Primary Physician Lopshire, John		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268			1326128281	
Primary Physician MURPHY, LEIGHA		Office:(317) 735-6001 Fax:(855) 450-1177		8904 BASH ST STE B Indianapolis, IN 46256			1003564717	
Primary Physician Mustaklem, Marwan		Office:(317) 338-8507 Other:(866) 604-2922 Fax:(317) 338-2454		2001 W. 86th St Indianapolis, IN 46260			1750357513	
Nurse Practitioner Pulliam, Brittany		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268			1265108161	
Nurse Practitioner Snyder, Allison				25802 State Rd 19 Arcadia, IN 46030			1982027785	
PHARMACY								
Pharmacy		Phone/Fax		Address				
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744		6530 Corporate Drive Indianapolis, IN, 46278				
EXTERNAL COMMUNITIES								
Community Name		Phone		Community Type				
Hancock Regional		Phone: (317) 462-5544		Hospital				
CONTACTS								
Name	Contact Type	Relationship	Address			Phone/Email		
Kenny, Jeff	Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1	Son	445 Hamilton Street Fortville, IN, 46040			Cell:(317) 764-1927 Email:liquordude02@yahoo.com		
Miss. Pam, Pam Skinner	Emergency Contact # 2	Daughter				Home:(435) 640-1844 Email:sassypam@me.com		
Turner, Rachel	Emergency Contact # 3	Granddaughter				Other:(317) 797-9026		
DIAGNOSIS INFORMATION								
05/16/2024 - OTHER DISORDERS OF BILIRUBIN M... (E80.6)				05/16/2024 - ALCOHOL USE, UNSPECIFIED, UNCO... (F10.90)				
05/16/2024 - ABNORMAL LEVELS OF OTHER SERUM... (R74.8)				05/16/2024 - ABRASION, LEFT THIGH, INITIAL ... (S70.312A)				
05/16/2024 - ABRASION, LEFT LOWER LEG, INIT... (S80.812A)				05/16/2024 - UNSPECIFIED FALL, INITIAL ENCO... (W19.XXXA)				
05/01/2024 - MODERATE PROTEIN-CALORIE MALNU... (E44.0)				05/01/2024 - DEFICIENCY OF OTHER SPECIFIED ... (E53.8)				
05/01/2024 - UNSPECIFIED DEMENTIA, UNSPECIF... (F03.90)				05/01/2024 - MAJOR DEPRESSIVE DISORDER, REC... (F33.41)				
05/01/2024 - CHALAZION RIGHT LOWER EYELID (H00.12)				05/01/2024 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)				
05/01/2024 - PAROXYSMAL ATRIAL FIBRILLATION (I48.0)				05/01/2024 - UNSPECIFIED OSTEOARTHRITIS, UN... (M19.90)				

DIAGNOSIS INFORMATION	
05/01/2024 - CHRONIC KIDNEY DISEASE, STAGE ... (N18.31)	05/01/2024 - BRADYCARDIA, UNSPECIFIED (R00.1)
05/01/2024 - ATAXIA, UNSPECIFIED (R27.0)	05/01/2024 - ABNORMAL WEIGHT LOSS (R63.4)
05/01/2024 - LONG TERM (CURRENT) USE OF ANT... (Z79.01)	05/01/2024 - PERSONAL HISTORY OF URINARY (T... (Z87.440)
01/26/2023 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)	01/26/2023 - INSOMNIA, UNSPECIFIED (G47.00)
01/26/2023 - UNSPECIFIED ATRIAL FIBRILLATIO... (I48.9)	01/26/2023 - DIARRHEA, UNSPECIFIED (R19.7)
09/13/2022 - UNSPECIFIED ESCHERICHIA COLI [... (B96.20)	09/13/2022 - CHRONIC LYMPHOCYTIC LEUKEMIA O... (C91.10)
09/13/2022 - HYPO-OSMOLALITY AND HYPONATREM... (E87.1)	09/13/2022 - DEGENERATIVE DISEASE OF NERVOU... (G31.9)
09/13/2022 - UNSPECIFIED CHRONIC BRONCHITIS (J42)	09/13/2022 - URINARY TRACT INFECTION, SITE ... (N39.0)
09/13/2022 - DIZZINESS AND GIDDINESS (R42)	09/13/2022 - OTHER MALAISE (R53.81)
09/13/2022 - OTHER NONSPECIFIC ABNORMAL FIN... (R91.8)	09/13/2022 - OTHER INJURY OF UNSPECIFIED BO... (T14.8XXA)
09/13/2022 - PERSONAL HISTORY OF MALIGNANT ... (Z85.42)	

ADVANCE DIRECTIVE
Advanced Directive: DNR

MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		662	
Signature		Date	Time
Personal Effects Sent With		Relationship	Time

MOVE IN RECORD									
Woodland Terrace of New Palestine						Jul 12, 2024 16:54:01 ET			
RESIDENT INFORMATION									
Resident Name		Preferred Name		Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Lapollo, Donna				MC	118-1	04/06/2023	07/18/2018	07/18/2018	WTONP3006 1
Previous address				Previous Phone #		Legal Mailing address			
						4400 Terrace Dr Apt 118 New Palestine, IN, United States, 46163			
Sex	Birthdate	Age	Marital Status	Religion		Race		Occupation(s)	Primary Lang.
F	11/13/1926	97							
Moved in From			Move in Location			Birth Place		Citizenship	Maiden Name
Acute care hospital			Hancock Regional						
Medicare (HIC) #		Medicaid #			Social Security #		Veterans Administration #		
8WE7P99EM31					357-20-3715				
Insurance Name		Insurance Policy #:							
UnitedHealthcare		91343415600							
PAYER INFORMATION									
Primary Payer	Private Pay - AL								
OTHER INFORMATION									
Most Recent Hospital Stay		Allergies							
		No Known Allergies							
Medicaid Recertification Date		Prepaid Funeral Arrangements							
		Yes							
CARE PROVIDERS									
Provider		Phone		Address			UPIN	NPI	
Primary Physician (Primary) Lopshire, John		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268				1326128281	
Nurse Practitioner Pulliam, Brittany		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268				1265108161	
PHARMACY									
Pharmacy		Phone/Fax			Address				
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744			6530 Corporate Drive Indianapolis, IN, 46278				
EXTERNAL COMMUNITIES									
Community Name		Phone			Community Type				
Community Hospital East		Phone: (317) 355-1411			Hospital				
Flanner & Buchanan (E. Wash)		Phone: (317) 898-4462			Funeral Home				
CONTACTS									
Name	Contact Type		Relationship	Address			Phone/Email		
Mrs. Mothersele, Mary	Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare		Daughter	9324 E 10th St Indianapolis, IN, 46229			Home:(317) 457-5511 Email:memothersele@gmail.com		
Mr. Mothersele, Charles	Emergency Contact # 2		Son-in-law	9324 E 10th St Indianapolis, IN, 46203			Cell:(860) 559-7176 Email: automatedweaponsecuritu@gmail.com		
Mrs. Beed, Margaret	Emergency Contact # 3		Daughter				Home:(949) 232-5844		
DIAGNOSIS INFORMATION									
04/11/2023 - UNSPECIFIED BACTERIAL PNEUMONI... (J15.9)				03/09/2023 - NAUSEA (R11.0)					
05/19/2022 - ABNORMAL WEIGHT LOSS (R63.4)				04/17/2019 - CONSTIPATION, UNSPECIFIED (K59.00)					
08/16/2018 - VITAMIN B12 DEFICIENCY ANEMIA (D51)				07/18/2018 - MIXED HYPERLIPIDEMIA (E78.2)					
07/18/2018 - UNSPECIFIED DEMENTIA, UNSPECIF... (F03.90)				07/18/2018 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)					
07/18/2018 - PAROXYSMAL ATRIAL FIBRILLATION (I48.0)				07/18/2018 - LOW BACK PAIN (M54.5)					
07/18/2018 - OTHER ABNORMALITIES OF GAIT AN... (R26.89)				07/18/2018 - LONG TERM (CURRENT) USE OF ANT... (Z79.01)					
ADVANCE DIRECTIVE									
Advanced Directive: DNR									

MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		463	
Signature			Date
Personal Effects Sent With		Relationship	Date

<div> <div>MOVE IN RECORD</div> <div> Woodland Terrace of New Palestine <div>Jul 12, 2024 16:54:01 ET</div> </div> </div>									
RESIDENT INFORMATION									
Resident Name		Preferred Name		Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Larrabee, Carol N.				MC	121-1	04/28/2022	04/28/2022	04/27/2022	WTONP3026 2
Previous address				Previous Phone #		Legal Mailing address			
5677 W Baywood Dr, New Palestine, IN, 46163						Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion		Race		Occupation(s)	Primary Lang.
F	04/16/1937	87	Widowed	Unknown		White or Caucasian			English
Moved in From			Move in Location			Birth Place		Citizenship	Maiden Name
								U.S.	
Medicare (HIC) #			Medicaid #		Social Security #		Veterans Administration #		
9PA6D17VK76					303-36-8161				
Insurance Name			Insurance Policy #:						
ANTHEM			VNF000M53666						
PAYER INFORMATION									
Primary Payer	Private Pay - MC								
OTHER INFORMATION									
Most Recent Hospital Stay		Allergies							
		Chocolate							
Medicaid Recertification Date									
CARE PROVIDERS									
Provider		Phone		Address			UPIN	NPI	
Primary Physician (Primary) Moonesinghe, Deshini		Office:(765) 776-8000		3500 S Lafontaine Kokomo, IN 46902				1780882449	
Primary Physician Lopshire, John		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268				1326128281	
Primary Physician Mang, Aaron		Office:(317) 355-7752 Fax:(317) 355-7750		12130 E Washington Street Ste A Indianapolis, IN 46229				1750887980	
Primary Physician MURPHY, LEIGHA		Office:(317) 735-6001 Fax:(855) 450-1177		8904 BASH ST STE B Indianapolis, IN 46256				1003564717	
Primary Physician Mustaklem, Marwan		Office:(317) 338-8507 Other:(866) 604-2922 Fax:(317) 338-2454		2001 W. 86th St Indianapolis, IN 46260				1750357513	
Dentist Uhl, Dane		Office:(317) 898-9231		11020 E 10th St A Cumberland, IN 46229				1174844658	
Nurse Practitioner Pulliam, Brittany		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268				1265108161	
Nurse Practitioner Snyder, Allison				25802 State Rd 19 Arcadia, IN 46030				1982027785	
Nurse Practitioner Wiles, Crystal		Office:(260) 483-9081		3512 Stellhorn Rd. Fort Wayne, IN 46815				1831578970	
Medical Specialist Pan, Christine		Office:(317) 807-1247 Fax:(317) 859-7220		679 East County Line Road Greenwood, IN 46143				1659613818	
PHARMACY									
Pharmacy		Phone/Fax			Address				
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744			6530 Corporate Drive Indianapolis, IN, 46278				
EXTERNAL COMMUNITIES									
Community Name		Phone			Community Type				
Community Hospital East		Phone: (317) 355-1411			Hospital				
Erlewein Mortuary		Phone: (317) 467-4918			Funeral Home				
CONTACTS									
Name	Contact Type			Relationship	Address			Phone/Email	
Uhl, Shelly	Billing Responsible Party Durable Power of Attorney for Finances Emergency Contact # 1 Emergency Contact # 5			Granddaughter	6231 W Stinemyer Rd New Palestine, IN, 46163			Cell:(317) 341-2950 Email:uhlrichelle@gmail.com	

CONTACTS

Name	Contact Type	Relationship	Address	Phone/Email
Larrabee, Melanie	Durable Power of Attorney for Healthcare Emergency Contact # 2 Emergency Contact # 5	Daughter in law	Greenfield, IN, 46140	Cell:(317) 710-3233 Email:735 Shel-lyn Ct
Care-giver, Jenny				Home:(317) 586-5914
Care-Giver, Joanna		Other		

DIAGNOSIS INFORMATION

04/28/2022 - HYPOTHYROIDISM, UNSPECIFIED (E03.9)	04/28/2022 - UNSPECIFIED DEMENTIA, UNSPECIF... (F03.90)
04/28/2022 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)	04/28/2022 - UNSPECIFIED ATRIAL FLUTTER (I48.92)
04/28/2022 - OSTEOARTHRITIS, UNSPECIFIED SI... (M19.9)	04/28/2022 - URINARY TRACT INFECTION, SITE ... (N39.0)
04/28/2022 - INCOMPLETE UTEROVAGINAL PROLAP... (N81.2)	04/28/2022 - OTHER SLIPPING, TRIPPING AND S... (W18)

ADVANCE DIRECTIVE

Advanced Directive: Living Will

MISCELLANEOUS INFORMATION

Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)	
		806		
Signature			Date	Time
Personal Effects Sent With		Relationship	Date	Time

MOVE IN RECORD									
Woodland Terrace of New Palestine									
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RESIDENT INFORMATION									
Resident Name		Preferred Name		Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
McGovern, Edward		Ed		AL	336-1	10/27/2023	10/27/2023	10/27/2023	WTONP3032 7
Previous address				Previous Phone #		Legal Mailing address			
4400 Terrace Drive Unit 336, New Palestine, IN, 46163						Same as Previous Address			
Sex	Birthdate	Age	Marital Status		Religion	Race		Occupation(s)	Primary Lang.
M	07/29/1926	97							
Moved in From			Move in Location			Birth Place		Citizenship	Maiden Name
Medicare (HIC) #		Medicaid #			Social Security #		Veterans Administration #		
9XV3WR4UN85					195-20-5153				
Insurance Name		Insurance Policy #:							
BLUECROSSBLUESHIELD		YVK055W06896							
PAYER INFORMATION									
Primary Payer	Private Pay - AL								
OTHER INFORMATION									
Most Recent Hospital Stay		Allergies							
		Norvasc, Pletal, Penicillins, Sulfa Antibiotics							
Medicaid Recertification Date									
CARE PROVIDERS									
Provider		Phone		Address			UPIN	NPI	
Primary Physician (Primary) Lopshire, John		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268				1326128281	
Nurse Practitioner Buis, Kristi		Office:(260) 483-9081 Fax:(260) 483-9196		3512 Stellhorn Road Ft Wayne, IN 46815				1205088283	
PHARMACY									
Pharmacy		Phone/Fax			Address				
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744			6530 Corporate Drive Indianapolis, IN, 46278				
EXTERNAL COMMUNITIES (No Data Found)									
Community Name		Phone			Community Type				
CONTACTS									
Name	Contact Type		Relationship	Address			Phone/Email		
McGovern, Edward	Billing Responsible Party		Self	4400 Terrace Drive Unit 336 New Palestine, IN, 46163					
McGovern, Gary	Emergency Contact # 1		Son	10406 N County Rd 850 West Fairland, IN, 46126			Cell:(317) 416-8530		
McGovern, Jeff			Son				Cell:(770) 331-4348		
McGovern, Robert			Son	431 Wright Street Apt. 13-303 Lakewood, CO, 80228			Cell:(720) 624-9584 Home:(303) 988-5722		
DIAGNOSIS INFORMATION									
05/02/2024 - OTHER THROMBOPHILIA (D68.69)				05/02/2024 - DEFICIENCY OF OTHER SPECIFIED ... (E53.8)					
05/02/2024 - VITAMIN D DEFICIENCY, UNSPECIF... (E55.9)				05/02/2024 - UNSPECIFIED HEARING LOSS, UNSP... (H91.90)					
05/02/2024 - PAROXYSMAL ATRIAL FIBRILLATION (I48.0)				05/02/2024 - ALLERGIC RHINITIS, UNSPECIFIED (J30.9)					
05/02/2024 - UNSPECIFIED OSTEOARTHRITIS, UN... (M19.90)				05/02/2024 - LOW BACK PAIN, UNSPECIFIED (M54.50)					
05/02/2024 - CHRONIC KIDNEY DISEASE, STAGE ... (N18.31)				05/02/2024 - BENIGN PROSTATIC HYPERPLASIA W... (N40.0)					
05/02/2024 - CARDIAC MURMUR, UNSPECIFIED (R01.1)				05/02/2024 - ATAXIA, UNSPECIFIED (R27.0)					
05/02/2024 - EDEMA, UNSPECIFIED (R60.9)				05/02/2024 - UNSPECIFIED FALL, INITIAL ENCO... (W19.XXXA)					
05/02/2024 - HISTORY OF FALLING (Z91.81)				10/26/2023 - ANEMIA, UNSPECIFIED (D64.9)					
10/26/2023 - HYPOTHYROIDISM, UNSPECIFIED (E03.9)				10/26/2023 - INSOMNIA, UNSPECIFIED (G47.00)					
10/26/2023 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)				10/26/2023 - OTHER PERSISTENT ATRIAL FIBRIL... (I48.19)					
10/26/2023 - ABDOMINAL AORTIC ANEURYSM, WIT... (I71.40)				10/26/2023 - PERIPHERAL VASCULAR DISEASE, U... (I73.9)					
10/26/2023 - OTHER SEASONAL ALLERGIC RHINIT... (J30.2)				10/26/2023 - GASTRO-ESOPHAGEAL REFLUX DISEA... (K21.9)					
10/26/2023 - BILATERAL PRIMARY OSTEOARTHRI... (M16.0)				10/26/2023 - MUSCLE WEAKNESS (GENERALIZED) (M62.81)					
10/26/2023 - OTHER HYDRONEPHROSIS (N13.39)				10/26/2023 - CHRONIC KIDNEY DISEASE, UNSPEC... (N18.9)					
10/26/2023 - OVERACTIVE BLADDER (N32.81)				10/26/2023 - REPEATED FALLS (R29.6)					
10/26/2023 - RETENTION OF URINE, UNSPECIFIE... (R33.9)				10/26/2023 - PERSONAL HISTORY OF TRANSIENT ... (Z86.73)					
ADVANCE DIRECTIVE									
Advanced Directive: DNR									

MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		259	
Signature			Date
Personal Effects Sent With		Relationship	Date

MOVE IN RECORD

Woodland Terrace of New Palestine

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RESIDENT INFORMATION

Resident Name	Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
McNabb, Joyce		AL	313-1	12/31/2023	12/31/2023	12/31/2023	WTONP3033 3
Previous address			Previous Phone #	Legal Mailing address			
807 Jordan Drive, Greenwood, IN, 46143			(317) 506-8365	Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)	Primary Lang.
F	08/22/1939	84	Divorced	Unknown	- Declined to Specify		English
Moved in From		Move in Location		Birth Place	Citizenship	Maiden Name	
Medicare (HIC) #		Medicaid #		Social Security #		Veterans Administration #	
				317-36-1204			
Insurance Name		Insurance Policy #:					
Anthem		k2y860w13642					

PAYER INFORMATION

Primary Payer Private Pay - AL

OTHER INFORMATION

Most Recent Hospital Stay	Allergies
	adhesive
Medicaid Recertification Date	Veteran's Status
	No service

CARE PROVIDERS

Provider	Phone	Address	UPIN	NPI
Primary Physician (Primary) Lopshire, John	Office:(317) 497-5530 Fax:(855) 422-5182	9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268		1326128281
Primary Physician Hoyt, Warren	Office:(317) 865-6750 Fax:(317) 865-6759	8829 S Meridan St Ste 200 Indianapolis, IN 46217		1265473565
Nurse Practitioner Knight, Rachel	Office:(317) 265-6750	8820 S Meridan St Indianapolis, IN 46217		1316635709
Medical Specialist Ray, Erin	Office:(317) 887-7799 Fax:(317) 355-8750	3850 South Emerson Ave Ste C Indianapolis, IN 46203		1689053290

PHARMACY

Pharmacy	Phone/Fax	Address
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger	Phone: (317) 452-4669 Fax: (317) 452-4744	6530 Corporate Drive Indianapolis, IN, 46278

EXTERNAL COMMUNITIES

Community Name	Phone	Community Type
Community Hospital East	Phone: (317) 355-1411	Hospital
Hinsey Brown Funeral Home	Phone: (765) 529-7100	Funeral Home

CONTACTS

Name	Contact Type	Relationship	Address	Phone/Email
Camp, William	Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1	Son	10824 Lost Creek Ct. Indianapolis, IN, 46239	Home:(317) 506-8365 Email:Billcamp2010@hotmail.com
Camp, Amy	Emergency Contact # 2	Daughter in law	10824 Lost Creek Ct. Indianapolis, IN, 46239	Home:(317) 213-4200 Email:Amycamp@hotmail.com
McNabb, Joyce		Self	807 Jordan Drive Greenwood, IN, 46143	Home:(317) 506-8365

DIAGNOSIS INFORMATION

01/05/2024 - DEMENTIA IN OTHER DISEASES CLA... (F02.80)	01/05/2024 - SLEEP APNEA, UNSPECIFIED (G47.30)
01/05/2024 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)	01/05/2024 - PREDIABETES (R73.03)
01/05/2024 - PERSONAL HISTORY OF OTHER MENT... (Z86.59)	

ADVANCE DIRECTIVE

MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		194	
Signature			Date
Personal Effects Sent With		Relationship	Date

MOVE IN RECORD

Woodland Terrace of New Palestine

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RESIDENT INFORMATION

Resident Name	Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Means, Marlene		MC	104-1	04/30/2024	04/30/2024	04/30/2024	WTONP3034 3
Previous address			Previous Phone #	Legal Mailing address			
4400 Terrace Drive Unit 104, New Palestine, IN, 46163				Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)	Primary Lang.
F	06/09/1938	86	Widowed	Unknown	White		English
Moved in From		Move in Location		Birth Place	Citizenship	Maiden Name	
Medicare (HIC) #		Medicaid #		Social Security #		Veterans Administration #	
1X35TG0NY61				311-38-0911			
Insurance Name		Insurance Policy #:					

PAYER INFORMATION

Primary Payer	Private Pay - MC	
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OTHER INFORMATION

Most Recent Hospital Stay	Allergies
	No Known Allergies
Medicaid Recertification Date	Veteran's Status
	No service

CARE PROVIDERS

Provider	Phone	Address	UPIN	NPI
Primary Physician (Primary) Lopshire, John	Office:(317) 497-5530 Fax:(855) 422-5182	9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268		1326128281
Nurse Practitioner Pulliam, Brittany	Office:(317) 497-5530 Fax:(855) 422-5182	9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268		1265108161

PHARMACY

Pharmacy	Phone/Fax	Address
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger	Phone: (317) 452-4669 Fax: (317) 452-4744	6530 Corporate Drive Indianapolis, IN, 46278

EXTERNAL COMMUNITIES (No Data Found)

Community Name	Phone	Community Type

CONTACTS

Name	Contact Type	Relationship	Address	Phone/Email
Means, Marlene	Billing Responsible Party	Self	4400 Terrace Drive Unit 104 New Palestine, IN, 46163	
Hodge, Georgia	Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Guardian Emergency Contact # 1	Cousin	7381 West Glendale Lane Greenfield, IN	Home:(317) 847-7224 Email: Georgiahodge50@hotmail.com

DIAGNOSIS INFORMATION

04/26/2024 - VITAMIN D DEFICIENCY, UNSPECIF... (E55.9)	04/26/2024 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)
04/26/2024 - DEMENTIA IN OTHER DISEASES CLA... (F02.B18)	04/26/2024 - MAJOR DEPRESSIVE DISORDER, REC... (F33.1)
04/26/2024 - ALZHEIMER'S DISEASE WITH LATE ... (G30.1)	04/26/2024 - INSOMNIA, UNSPECIFIED (G47.00)
04/26/2024 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)	04/26/2024 - UNSPECIFIED OSTEOARTHRITIS, UN... (M19.90)
04/26/2024 - AGE-RELATED OSTEOPOROSIS WITHO... (M81.0)	04/26/2024 - ATAXIA, UNSPECIFIED (R27.0)
04/26/2024 - PERSONAL HISTORY OF PNEUMONIA ... (Z87.01)	04/26/2024 - HISTORY OF FALLING (Z91.81)
04/26/2024 - PRESENCE OF PROSTHETIC HEART V... (Z95.2)	

ADVANCE DIRECTIVE

MISCELLANEOUS INFORMATION

Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		73	
Signature			Date
Personal Effects Sent With		Relationship	Date
		Time	

MOVE IN RECORD

Woodland Terrace of New Palestine

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RESIDENT INFORMATION

Resident Name				Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #	
Murphy, Robert				Bob	AL	233-1	08/08/2022	08/08/2022	08/08/2022	WTONP3027 7	
Previous address					Previous Phone #		Legal Mailing address				
10104 Village Drive, Lake Wales, FL, 33898					(317) 450-3059		Same as Previous Address				
Sex	Birthdate	Age	Marital Status		Religion		Race		Occupation(s)		Primary Lang.
M	12/07/1926	97	Widowed		Unknown		White or Caucasian				English
Moved in From				Move in Location			Birth Place		Citizenship		Maiden Name
									U.S.		
Medicare (HIC) #				Medicaid #			Social Security #		Veterans Administration #		
8NT8E18TM52							574-05-9824				
Insurance Name				Insurance Policy #:							
AARPLongTermCareInsurance				0199901511							

PAYER INFORMATION

Primary Payer	Private Pay - AL	
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OTHER INFORMATION

Most Recent Hospital Stay		Allergies		
		Proscar		
Medicaid Recertification Date		Prepaid Funeral Arrangements	Veteran's Status	
		Yes	Veteran	

CARE PROVIDERS

Provider	Phone	Address	UPIN	NPI
Primary Physician (Primary) Lopshire, John	Office:(317) 497-5530 Fax:(855) 422-5182	9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268		1326128281
Primary Physician Mustaklem, Marwan	Office:(317) 338-8507 Other:(866) 604-2922 Fax:(317) 338-2454	2001 W. 86th St Indianapolis, IN 46260		1750357513
Nurse Practitioner Pulliam, Brittany	Office:(317) 497-5530 Fax:(855) 422-5182	9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268		1265108161
Nurse Practitioner Snyder, Allison		25802 State Rd 19 Arcadia, IN 46030		1982027785

PHARMACY

Pharmacy	Phone/Fax	Address
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger	Phone: (317) 452-4669 Fax: (317) 452-4744	6530 Corporate Drive Indianapolis, IN, 46278

EXTERNAL COMMUNITIES

Community Name	Phone	Community Type
Hancock Regional	Phone: (317) 462-5544	Hospital

CONTACTS

Name	Contact Type	Relationship	Address	Phone/Email
Murphy, Robert	Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1	Son	4414 S 700 W New Palestine, IN, 46163	Home:(317) 308-8221 Email:rlmurphy08@yahoo. com

DIAGNOSIS INFORMATION

02/03/2023 - INSOMNIA, UNSPECIFIED (G47.00)	08/08/2022 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)
08/08/2022 - LATE-ONSET CEREBELLAR ATAXIA (G11.2)	08/08/2022 - OLD MYOCARDIAL INFARCTION (I25.2)
08/08/2022 - SICK SINUS SYNDROME (I49.5)	08/08/2022 - AGE-RELATED COGNITIVE DECLINE (R41.81)
08/08/2022 - PRESENCE OF CARDIAC PACEMAKER (Z95.0)	08/05/2022 - ESSENTIAL (PRIMARY) HYPERTENS... (I10)

ADVANCE DIRECTIVE

MISCELLANEOUS INFORMATION

Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)		
		704			
Signature			Date	Time	
Personal Effects Sent With		Relationship	Date	Time	

MOVE IN RECORD									
Woodland Terrace of New Palestine						Jul 12, 2024 16:54:01 ET			
RESIDENT INFORMATION									
Resident Name		Preferred Name		Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Paugh, Gerald L.		Jerry		AL	327-1	04/14/2021	04/14/2021	04/14/2021	WTONP30200
Previous address				Previous Phone #		Legal Mailing address			
4400 Terrace Dr apt 327, New Palestine, IN, 46163						Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion		Race		Occupation(s)	Primary Lang.
M	04/11/1940	84	Married			White or Caucasian			English
Moved in From			Move in Location			Birth Place		Citizenship	Maiden Name
Home								U.S.	
Medicare (HIC) #			Medicaid #			Social Security #		Veterans Administration #	
4X95KP0DU53						312-40-2231			
Insurance Name			Insurance Policy #:						
DUNNAssociates			101210040200						
PAYER INFORMATION									
Primary Payer	Private Pay - AL								
OTHER INFORMATION									
Most Recent Hospital Stay			Allergies						
			Statins						
Medicaid Recertification Date			Prepaid Funeral Arrangements			Veteran's Status			
			Yes			WW2 Veteran			
CARE PROVIDERS									
Provider		Phone		Address			UPIN	NPI	
Primary Physician (Primary) Prasad, Devina		Office:(317) 678-3800 Fax:(317) 678-3830		13000 E 136th St Fishers, IN 46037				1881921344	
Primary Physician Lopshire, John		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268				1326128281	
Primary Physician Mustaklem, Marwan		Office:(317) 338-8507 Other:(866) 604-2922 Fax:(317) 338-2454		2001 W. 86th St Indianapolis, IN 46260				1750357513	
Nurse Practitioner Pulliam, Brittany		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268				1265108161	
Nurse Practitioner Snyder, Allison				25802 State Rd 19 Arcadia, IN 46030				1982027785	
PHARMACY									
Pharmacy		Phone/Fax			Address				
CVS (New Pal)		Phone: (317) 861-4838 Fax:			5026 W. US 52 New Palestine, IN, 46163				
Express Scripts Primary Contact: 800 327 9791		Phone: (800) 211-1456 Fax:			IN				
CVS (Emerson-Southport)		Phone: (317) 783-5325 Fax:			6010 S Emerson Ave Indianapolis, IN, 46237				
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744			6530 Corporate Drive Indianapolis, IN, 46278				
EXTERNAL COMMUNITIES									
Community Name		Phone			Community Type				
Hancock Regional		Phone: (317) 462-5544			Hospital				
Indiana Funeral Care		Phone: (317) 636-6464			Funeral Home				
CONTACTS									
Name	Contact Type		Relationship	Address			Phone/Email		
Paugh, Gerald	Billing Responsible Party		Self	4400 Terrace Dr apt 327 New Palestine, IN, 46163					
Hall, Susan	Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1		Daughter	4118 S Creekside Rd Hancock New Palestine, IN, 46163			Cell:(317) 402-9362 Office:(317) 402-9362 Email:Susan.Hall9060@gmail.com		
Vanderwal, Karen	Emergency Contact # 2		Daughter	4258 S Cabin Ct Hancock New Palestine, IN, 46163			Cell:(317) 289-8636 Office:(317) 289-8636 Email:karen.vanderwal@comcast.net		
DIAGNOSIS INFORMATION									
03/03/2021 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)					03/03/2021 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)				

DIAGNOSIS INFORMATION			
03/03/2021 - ATHEROSCLEROTIC HEART DISEASE ... (I25.10)		03/03/2021 - HEART FAILURE, UNSPECIFIED (I50.9)	
03/03/2021 - GASTRO-ESOPHAGEAL REFLUX DISEA... (K21.9)		03/03/2021 - INFLAMMATORY DISEASES OF PROST... (N41)	
03/03/2021 - PRESENCE OF CARDIAC PACEMAKER (Z95.0)		03/03/2021 - PRESENCE OF AUTOMATIC (IMPLANT... (Z95.810)	
ADVANCE DIRECTIVE			
Advanced Directive: Feeding Restrictions; Advanced Directive: Medication Restrictions; Advanced Directive: Other Treatment Restrictions; Advanced Directive: DNR			
MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		1185	
Signature		Date	Time
Personal Effects Sent With	Relationship	Date	Time

<div> <div>MOVE IN RECORD</div> <div> <div>Woodland Terrace of New Palestine</div> <div>Jul 12, 2024 16:54:01 ET</div> </div> </div>								
RESIDENT INFORMATION								
Resident Name		Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Paugh, Hazel A.		Aurelia	MC	103-1	04/14/2021	04/14/2021	04/14/2021	WTONP30199
Previous address			Previous Phone #		Legal Mailing address			
12569 E 79th St, Indianapolis, IN, 46236					Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)	Primary Lang.	
F	03/13/1939	85	Married	Unknown	White or Caucasian		English	
Moved in From		Move in Location			Birth Place		Citizenship	Maiden Name
Home							U.S.	
Medicare (HIC) #		Medicaid #		Social Security #		Veterans Administration #		
1H68QY8DY44				317-38-2147				
Insurance Name		Insurance Policy #:						
DunnAssociates		10121004200						
PAYER INFORMATION								
Primary Payer	Private Pay - MC							
OTHER INFORMATION								
Most Recent Hospital Stay		Allergies						
		No Known Allergies						
Medicaid Recertification Date		Prepaid Funeral Arrangements						
		Yes						
CARE PROVIDERS								
Provider		Phone		Address		UPIN	NPI	
Primary Physician (Primary) Prasad, Devina		Office:(317) 678-3800 Fax:(317) 678-3830		13000 E 136th St Fishers, IN 46037			1881921344	
Primary Physician Lopshire, John		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268			1326128281	
Primary Physician Mustaklem, Marwan		Office:(317) 338-8507 Other:(866) 604-2922 Fax:(317) 338-2454		2001 W. 86th St Indianapolis, IN 46260			1750357513	
Nurse Practitioner Pulliam, Brittany		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268			1265108161	
Nurse Practitioner Snyder, Allison				25802 State Rd 19 Arcadia, IN 46030			1982027785	
PHARMACY								
Pharmacy		Phone/Fax		Address				
CVS (New Pal)		Phone: (317) 861-4838 Fax:		5026 W. US 52 New Palestine, IN, 46163				
Express Scripts Primary Contact: 800 327 9791		Phone: (800) 211-1456 Fax:		IN				
CVS (Emerson-Southport)		Phone: (317) 783-5325 Fax:		6010 S Emerson Ave Indianapolis, IN, 46237				
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744		6530 Corporate Drive Indianapolis, IN, 46278				
EXTERNAL COMMUNITIES								
Community Name		Phone		Community Type				
Hancock Regional		Phone: (317) 462-5544		Hospital				
Indiana Funeral Care		Phone: (317) 636-6464		Funeral Home				
CONTACTS								
Name	Contact Type	Relationship	Address			Phone/Email		
Paugh, Gerald	Billing Responsible Party	Husband	4400 Terrace Dr apt 327 New Palestine, IN, 46163					
Miss. Hall, Susan	Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1	Daughter	4118 S Creekside Rd New Palestine, IN, 46163			Cell:(317) 402-9362		
Miss. Vanderwal, Karen	Emergency Contact # 2	Daughter	4258 S Cabin Ct New Palestine, IN, 46163			Cell:(317) 298-8636		
Paugh, Hazel		Self	12569 E 79th St Indianapolis, IN, 46236			Cell:(317) 335-3718		
DIAGNOSIS INFORMATION								
06/24/2024 - DELUSIONAL DISORDERS (F22)				03/18/2021 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)				

DIAGNOSIS INFORMATION			
03/18/2021 - MAJOR DEPRESSIVE DISORDER, REC... (F33.9)		03/18/2021 - ALZHEIMER'S DISEASE, UNSPECIFI... (G30.9)	
03/18/2021 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)			
ADVANCE DIRECTIVE			
Advanced Directive: DNR			
MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		1185	
Signature			Date
Personal Effects Sent With		Relationship	Date

MOVE IN RECORD									
Woodland Terrace of New Palestine						Jul 12, 2024 16:54:01 ET			
RESIDENT INFORMATION									
Resident Name		Preferred Name		Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Peters, Wanda				AL	320-1	08/30/2019	08/30/2019	08/30/2019	WTONP30129
Previous address				Previous Phone #		Legal Mailing address			
4804 W Harrisburg Ct, New Palestine, IN, 46163						Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion		Race		Occupation(s)	Primary Lang.
F	10/13/1939	84	Married			White or Caucasian			English
Moved in From			Move in Location			Birth Place		Citizenship	Maiden Name
Home									
Medicare (HIC) #			Medicaid #		Social Security #			Veterans Administration #	
1Y48AW0TQ35									
Insurance Name			Insurance Policy #:						
BlueCrossBlueShield			XYL842131055						
PAYER INFORMATION									
Primary Payer	Private Pay - AL								
OTHER INFORMATION									
Most Recent Hospital Stay			Allergies						
			Gentamicin, Morphine						
Medicaid Recertification Date			Spouse's Name						
			Robert						
CARE PROVIDERS									
Provider		Phone		Address			UPIN	NPI	
Primary Physician (Primary) Hirsch, Brad		Office:(317) 861-4171 Fax:(317) 861-5325		7375 US 52 New Palestine, IN 46163				1184986523	
Primary Physician Mustaklem, Marwan		Office:(317) 338-8507 Other:(866) 604-2922 Fax:(317) 338-2454		2001 W. 86th St Indianapolis, IN 46260				1750357513	
Alternate Physician East, Joshua		Office:(317) 477-6387 Fax:(317) 477-6388		1 Memmrial SQ Ste 355 Greenfield, IN 46140				1609368430	
Dentist Pool, Colleen		Office:(317) 861-4484 Fax:(317) 861-8339		5774 W. US 52 New Palestine, IN 46163				1073609608	
Nurse Practitioner Snyder, Allison				25802 State Rd 19 Arcadia, IN 46030				1982027785	
PHARMACY									
Pharmacy		Phone/Fax			Address				
CVS (New Pal)		Phone: (317) 861-4838 Fax:			5026 W. US 52 New Palestine, IN, 46163				
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744			6530 Corporate Drive Indianapolis, IN, 46278				
EXTERNAL COMMUNITIES									
Community Name		Phone			Community Type				
St. Francis Hospital		Phone: (317) 528-5000			Hospital				
Flanner & Buchanan (E. Wash)		Phone: (317) 898-4462			Funeral Home				
CONTACTS									
Name	Contact Type		Relationship	Address			Phone/Email		
Shafer, Sharon	Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1		Daughter	7086 Timber Dr New Palestine, IN, 46163			Cell:(317) 796-5951 Home:(317) 861-4919		
Peters, Brian	Durable Power of Attorney for Finances Emergency Contact # 2		Son	8284 N Mt Vernon Way Fortville, IN			Cell:(317) 485-6811		
Mejer, Courtney	Emergency Contact # 3		Granddaughter				Cell:(317) 440-1989		
DIAGNOSIS INFORMATION									
08/12/2021 - CARPAL TUNNEL SYNDROME (G56.0)					08/12/2021 - LESION OF ULNAR NERVE, UNSPECI... (G56.20)				
08/12/2021 - HEREDITARY AND IDIOPATHIC NEUR... (G60.9)					08/21/2019 - OTHER ANEMIAS (D64)				
08/21/2019 - HYPOTHYROIDISM, UNSPECIFIED (E03.9)					08/21/2019 - FAMILIAL HYPERCHOLESTEROLEMIA (E78.01)				
08/21/2019 - PARKINSON'S DISEASE (G20)					08/21/2019 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)				
08/21/2019 - ATHEROSCLEROTIC HEART DISEASE ... (I25.10)					08/21/2019 - BARRETT'S ESOPHAGUS (K22.7)				

ADVANCE DIRECTIVE				
Advanced Directive: DNR; Advanced Directive: DNR				
MISCELLANEOUS INFORMATION				
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)	
		1778		
Signature			Date	Time
Personal Effects Sent With		Relationship	Date	Time

MOVE IN RECORD

Woodland Terrace of New Palestine

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RESIDENT INFORMATION

Resident Name	Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Plautz, Roy		AL	208-1	11/30/2023	11/30/2023	11/30/2023	WTONP3033 0
Previous address			Previous Phone #	Legal Mailing address			
				Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)	Primary Lang.
M	06/28/1937	87	Married	Unknown	- Declined to Specify		- Declined to Specify
Moved in From			Move in Location	Birth Place	Citizenship	Maiden Name	
					U.S.		
Medicare (HIC) #		Medicaid #		Social Security #		Veterans Administration #	
2mh2k54nd17				480-40-3424			
Insurance Name		Insurance Policy #:					
Medicare							

PAYER INFORMATION

Primary Payer Private Pay - AL

OTHER INFORMATION

Most Recent Hospital Stay	Allergies
	No Known Allergies
Medicaid Recertification Date	Veteran's Status
	Veteran

CARE PROVIDERS

Provider	Phone	Address	UPIN	NPI
Primary Physician (Primary) Hirsch, Brad	Office:(317) 861-4171 Fax:(317) 861-5325	7375 US 52 New Palestine, IN 46163		1184986523

PHARMACY

Pharmacy	Phone/Fax	Address
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger	Phone: (317) 452-4669 Fax: (317) 452-4744	6530 Corporate Drive Indianapolis, IN, 46278

EXTERNAL COMMUNITIES

Community Name	Phone	Community Type
Hancock Regional	Phone: (317) 462-5544	Hospital
Bell Mortuary & Crematory	Phone: (317) 861-6153	Funeral Home

CONTACTS

Name	Contact Type	Relationship	Address	Phone/Email
Hercamp, Denise	Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1	Daughter	5673 W 300 S New Palestine, IN, 46163	Home:(317) 902-1318 Email:dmhercamp@hotmail.com
Plautz, Mike	Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 2	Son	7129 Avery Lane Missoula, MT, 59803	Home:(406) 239-9176 Email:mrplautz@gmail.com

DIAGNOSIS INFORMATION

04/29/2024 - PAIN IN RIGHT HIP (M25.551)	04/29/2024 - OTHER FORMS OF DYSPNEA (R06.09)
04/29/2024 - UNSPECIFIED SYMPTOMS AND SIGNS... (R39.9)	04/29/2024 - OTHER GENERAL SYMPTOMS AND SIG... (R68.89)
11/10/2023 - ATHEROSCLEROTIC HEART DISEASE ... (I25.10)	

ADVANCE DIRECTIVE

MISCELLANEOUS INFORMATION

Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		225	
Signature			Date
Personal Effects Sent With		Relationship	Time

MOVE IN RECORD									
Woodland Terrace of New Palestine						Jul 12, 2024 16:54:01 ET			
RESIDENT INFORMATION									
Resident Name		Preferred Name		Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Priest, Lillian				AL	214-1	12/20/2021	12/20/2021	12/20/2021	WTONP30239
Previous address				Previous Phone #		Legal Mailing address			
1123 N Edmondson Ave, Warren Park, IN, 46219						Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion		Race		Occupation(s)	Primary Lang.
F	07/22/1931	92	Widowed	Unknown		White or Caucasian			English
Moved in From			Move in Location			Birth Place		Citizenship	Maiden Name
Home								U.S.	
Medicare (HIC) #			Medicaid #		Social Security #			Veterans Administration #	
8CJ5H12TE89					406-38-5283				
Insurance Name			Insurance Policy #:						
			09364036412						
PAYER INFORMATION									
Primary Payer	Private Pay - AL								
OTHER INFORMATION									
Most Recent Hospital Stay		Allergies							
		Amoxicillin, Guaifenesin, predniSONE, Rosiglitazone, Augmentin							
Medicaid Recertification Date		Prepaid Funeral Arrangements							
		Yes							
CARE PROVIDERS									
Provider		Phone		Address			UPIN	NPI	
Primary Physician (Primary) Damera, Sridevi		Office:(317) 355-2800 Fax:(317) 355-2828		2040 N Shadeland ave Indianapolis, IN 46219				1932114774	
Primary Physician Mustaklem, Marwan		Office:(317) 338-8507 Other:(866) 604-2922 Fax:(317) 338-2454		2001 W. 86th St Indianapolis, IN 46260				1750357513	
Nurse Practitioner Smith, Melissa		Office:(317) 355-2800 Fax:(317) 355-2828		Indianapolis, IN 46201				1982174454	
Nurse Practitioner Snyder, Allison				25802 State Rd 19 Arcadia, IN 46030				1982027785	
Medical Specialist Vallapuri, Srinivas		Office:(317) 355-1234 Fax:(317) 355-1505		1400 N Ritter Ave Suite 520 Indianapolis, IN 46219				1992704209	
PHARMACY									
Pharmacy		Phone/Fax			Address				
George's Pharmacy		Phone: (317) 359-8278 Fax:			5317 E 16th St Indianapolis, IN, 46218				
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744			6530 Corporate Drive Indianapolis, IN, 46278				
EXTERNAL COMMUNITIES									
Community Name		Phone			Community Type				
Community Hospital East		Phone: (317) 355-1411			Hospital				
Community Heart and Vascular		Phone: (317) 621-8000			Other				
Flanner & Buchanan (E. Wash)		Phone: (317) 898-4462			Funeral Home				
CONTACTS									
Name	Contact Type		Relationship	Address			Phone/Email		
Mr. Priest, Donald	Billing Responsible Party Emergency Contact # 1 Emergency Contact # 5		Son	2447 S Briar Park View New Palestine, IN, 46163			Cell:(317) 854-2591 Email: deadeyedon1109@gmail.com		
Ms. Priest, Sandra	Emergency Contact # 2		Daughter in law	2447 S Briar Park View Hancock New Palestine, IN, 46163			Cell:(317) 796-2058 Office:(317) 854-2591 Email: deadeyedon1109@gmail.com		
DIAGNOSIS INFORMATION									
12/18/2021 - TYPE 2 DIABETES MELLITUS (E11)					12/18/2021 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)				
12/18/2021 - LONG TERM (CURRENT) USE OF ANT... (Z79.01)									
ADVANCE DIRECTIVE									
Advanced Directive: DNR									

MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		935	
Signature			Date
Personal Effects Sent With		Relationship	Date

<div> <div>MOVE IN RECORD</div> <div> <div>Woodland Terrace of New Palestine</div> <div>Jul 12, 2024 16:54:01 ET</div> </div> </div>								
RESIDENT INFORMATION								
Resident Name		Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Roland, Mary			MC	115-1	07/28/2022	07/28/2022	07/28/2022	WTONP3027 5
Previous address			Previous Phone #		Legal Mailing address			
Greenfield, IN, 46140					Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)	Primary Lang.	
F	06/18/1935	89	Married	Unknown	White or Caucasian		English	
Moved in From		Move in Location			Birth Place	Citizenship	Maiden Name	
Home								
Medicare (HIC) #		Medicaid #		Social Security #		Veterans Administration #		
5DE6MN7CU77								
Insurance Name		Insurance Policy #:						
AARP		05990351212						
PAYER INFORMATION								
Primary Payer	Private Pay - MC							
OTHER INFORMATION								
Most Recent Hospital Stay		Allergies						
		Penicillin						
Medicaid Recertification Date								
CARE PROVIDERS								
Provider		Phone		Address		UPIN	NPI	
Primary Physician (Primary) Kinnaman, Stephanie		Office:(317) 462-5252 Fax:(317) 462-8010		300 E Boyd Ste 100 Greenfield, IN 46140			1275627523	
Primary Physician Lopshire, John		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268			1326128281	
Primary Physician Mustaklem, Marwan		Office:(317) 338-8507 Other:(866) 604-2922 Fax:(317) 338-2454		2001 W. 86th St Indianapolis, IN 46260			1750357513	
Primary Physician Smith, Olivia		Office:(317) 462-5252 Fax:(317) 462-7689		300 E Boyd Ste 100 Greenfield, IN 46140			1922504034	
Nurse Practitioner Pulliam, Brittany		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268			1265108161	
Nurse Practitioner Snyder, Allison				25802 State Rd 19 Arcadia, IN 46030			1982027785	
PHARMACY								
Pharmacy		Phone/Fax		Address				
CVS (New Pal) (Primary)		Phone: (317) 861-4838 Fax:		5026 W. US 52 New Palestine, IN, 46163				
Guardian Pharmacy of Indiana Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744		6530 Corporate Drive Indianapolis, IN, 46278				
EXTERNAL COMMUNITIES								
Community Name		Phone		Community Type				
Hancock Regional		Phone: (317) 462-5544		Hospital				
Heritage Funeral Home		Phone: (765) 345-2146		Funeral Home				
CONTACTS								
Name	Contact Type		Relationship	Address		Phone/Email		
Carver, Beth	Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1 Emergency Contact # 5		Daughter	3432 Sycamore Lane Indianapolis, IN, 46239		Cell:(317) 513-4684 Office:(317) 569-3545 Email:beth.carver@beazer.com		
Shulz, Danette	Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 2 Emergency Contact # 5		Daughter	10 Augusta Dr Brownsburg, IN, 46112		Cell:(765) 532-6090 Email:dshultz@bhiseniorliving.com		
Wyatt, Bruce	Emergency Contact # 3		Son			Cell:(562) 445-2465		
Mr. Roland, George			Spouse	4400 Terrace Dr		Home:(765) 532-6090		

CONTACTS				
Name	Contact Type	Relationship	Address	Phone/Email
Mr. Roland, George		Spouse	Apt 202 New Palestine, IN, 46163	Home:(765) 532-6090

DIAGNOSIS INFORMATION	
01/18/2024 - THROMBOCYTOPENIA, UNSPECIFIED (D69.6)	01/18/2024 - UNSPECIFIED DEMENTIA, UNSPECIF... (F03.90)
01/18/2024 - OTHER SPECIFIED ANXIETY DISORD... (F41.8)	01/25/2023 - ANEMIA, UNSPECIFIED (D64.9)
08/04/2022 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)	07/22/2022 - DEPRESSION, UNSPECIFIED (F32.A)
07/22/2022 - MILD COGNITIVE IMPAIRMENT OF U... (G31.84)	07/22/2022 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)
07/22/2022 - CHRONIC KIDNEY DISEASE, STAGE ... (N18.31)	07/22/2022 - AGE-RELATED PHYSICAL DEBILITY (R54)
07/22/2022 - ABNORMAL WEIGHT LOSS (R63.4)	

ADVANCE DIRECTIVE	

MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		715	

Signature		Date	Time

Personal Effects Sent With	Relationship	Date	Time

MOVE IN RECORD									
Woodland Terrace of New Palestine						Jul 12, 2024 16:54:01 ET			
RESIDENT INFORMATION									
Resident Name		Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #	
Ruegamer, Patricia			MC	102-1	01/23/2024	01/23/2024	01/23/2024	WTONP3033 5	
Previous address			Previous Phone #		Legal Mailing address				
7416 W Creekside, New Palestine, IN, 46163			(317) 459-8994		Same as Previous Address				
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)	Primary Lang.		
F	08/06/1933	90	Widowed	Unknown	- Declined to Specify		- Declined to Specify		
Moved in From		Move in Location		Birth Place		Citizenship		Maiden Name	
Medicare (HIC) #		Medicaid #		Social Security #		Veterans Administration #			
		6RW2P34HT29		307-32-4492					
Insurance Name		Insurance Policy #:							
Humana									
PAYER INFORMATION									
Primary Payer	Private Pay - MC								
OTHER INFORMATION									
Most Recent Hospital Stay		Allergies							
		Gabapentin, Iodinated Contrast Media, Penicillins							
Medicaid Recertification Date		Veteran's Status							
		No service							
CARE PROVIDERS									
Provider		Phone		Address		UPIN		NPI	
Primary Physician (Primary) Everman, Jason		Office:(317) 355-7171 Fax:(317) 355-9022		7910 E Washington Ste 200 Irvington, IN 46219				1881866572	
PHARMACY									
Pharmacy		Phone/Fax		Address					
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744		6530 Corporate Drive Indianapolis, IN, 46278					
EXTERNAL COMMUNITIES									
Community Name		Phone		Community Type					
Community Hospital East		Phone: (317) 355-1411		Hospital					
CONTACTS									
Name	Contact Type		Relationship	Address		Phone/Email			
Ruegamer, Paul	Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1		Son	5842 Dado Court Noblesville, IN, 46062		Home:(765) 274-7635 Email:PSRuegamer@aol.com			
Dugger, Sherri	Emergency Contact # 2		Daughter	7416 W Creekside New Palestine, IN, 46163		Home:(317) 460-2236 Email: sherricreativeimage@yahoo.com			
DIAGNOSIS INFORMATION									
01/19/2024 - THROMBOCYTOPENIA, UNSPECIFIED (D69.6)				01/19/2024 - OTHER HYPERLIPIDEMIA (E78.49)					
01/19/2024 - UNSPECIFIED DEMENTIA, SEVERE, ... (F03.C18)				01/19/2024 - MAJOR DEPRESSIVE DISORDER, REC... (F33.9)					
01/19/2024 - POLYNEUROPATHY, UNSPECIFIED (G62.9)				01/19/2024 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)					
01/19/2024 - PRIMARY PULMONARY HYPERTENSION (I27.0)				01/19/2024 - OTHER SEASONAL ALLERGIC RHINIT... (J30.2)					
01/19/2024 - GASTRO-ESOPHAGEAL REFLUX DISEA... (K21.9)				01/19/2024 - OTHER INTERVERTEBRAL DISC DEGE... (M51.36)					
01/19/2024 - FIBROMYALGIA (M79.7)				01/19/2024 - AGE-RELATED PHYSICAL DEBILITY (R54)					
ADVANCE DIRECTIVE									
MISCELLANEOUS INFORMATION									
Date of Discharge		Time	Length of Stay	Discharged to (Mortician Name and Licence No.)					
			171						
Signature					Date		Time		
Personal Effects Sent With				Relationship		Date	Time		

MOVE IN RECORD									
Woodland Terrace of New Palestine						Jul 12, 2024 16:54:01 ET			
RESIDENT INFORMATION									
Resident Name		Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #	
Rusche, John			AL	220-1	06/17/2022	06/17/2022	06/17/2022	WTONP30270	
Previous address			Previous Phone #		Legal Mailing address				
4400 Terrace Dr apt 220, New Palestine, IN, 46163					Same as Previous Address				
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)	Primary Lang.		
M	03/29/1938	86	Married	Unknown	White or Caucasian		English		
Moved in From		Move in Location		Birth Place		Citizenship		Maiden Name	
Acute care hospital		Community Hospital North				U.S.			
Medicare (HIC) #		Medicaid #		Social Security #		Veterans Administration #			
3JX6FW4QY65				307-38-3755					
Insurance Name		Insurance Policy #:							
UnitedHealthcare		9118772604							
PAYER INFORMATION									
Primary Payer	Private Pay - AL								
OTHER INFORMATION									
Most Recent Hospital Stay		Allergies							
		No Known Allergies							
Medicaid Recertification Date									
CARE PROVIDERS									
Provider		Phone		Address		UPIN		NPI	
Primary Physician (Primary) Bagley, Kristen		Office:(317) 861-4171 Fax:(317) 861-5325		7375 W US 52 New Palestine, IN 46163				1710971734	
Medical Specialist Pinnamaneni, V Chowdry		Office:(317) 468-4920 Fax:(317) 468-4391		801 N State Street Greenfield, IN 46140				1043201700	
PHARMACY									
Pharmacy		Phone/Fax		Address					
CVS (New Pal)		Phone: (317) 861-4838 Fax:		5026 W. US 52 New Palestine, IN, 46163					
Optum RX		Phone: (877) 889-5802 Fax:							
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744		6530 Corporate Drive Indianapolis, IN, 46278					
EXTERNAL COMMUNITIES									
Community Name		Phone		Community Type					
Erlewein Mortuary		Phone: (317) 467-4918		Funeral Home					
Hancock Regional		Phone: (317) 462-5544		Hospital					
CONTACTS									
Name	Contact Type		Relationship	Address		Phone/Email			
Mr. Rusche, Steve	Billing Responsible Party Durable Power of Attorney for Finances Emergency Contact # 1		Son	3548 S 50 W Greenfield Greenfield, IN, 46140		Cell:(317) 258-9523 Email:steve.rusche@gmail.com			
Pfaff, Sherri	Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 2		Daughter			Home:(765) 524-1127 Email:mompfaff1127@gmail.com			
DIAGNOSIS INFORMATION									
06/24/2024 - URINARY TRACT INFECTION, SITE ... (N39.0)				06/10/2024 - PRESSURE ULCER OF BUTTOCK (L89.3)					
06/03/2024 - OTHER LYMPHOID LEUKEMIA NOT HA... (C91.Z0)				06/03/2024 - OTHER SPECIFIED DEPRESSIVE EPI... (F32.89)					
06/03/2024 - OTHER SECONDARY HYPERTENSION (I15.8)				06/03/2024 - OTHER PULMONARY EMBOLISM WITHO... (I26.99)					
06/03/2024 - DERMATITIS, UNSPECIFIED (L30.9)				06/03/2024 - FULL INCONTINENCE OF FECES (R15.9)					
06/03/2024 - FUNCTIONAL URINARY INCONTINENC... (R39.81)				06/03/2024 - UNSPECIFIED FRACTURE OF LOWER ... (S42.401D)					
06/03/2024 - UNSPECIFIED FALL, SUBSEQUENT E... (W19.XXXD)				06/16/2022 - MALIGNANT NEOPLASM OF PROSTATE (C61)					
06/16/2022 - LEUKEMIA, UNSPECIFIED (C95.9)				06/16/2022 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)					
06/16/2022 - HYPO-OSMOLALITY AND HYPONATREM... (E87.1)				06/16/2022 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)					
06/16/2022 - ATHEROSCLEROTIC HEART DISEASE ... (I25.10)				06/16/2022 - CHRONIC EMBOLISM AND THROMBOSI... (I82.5)					
06/16/2022 - PLEURAL EFFUSION, NOT ELSEWHER... (J90)				06/16/2022 - DISPLACED FRACTURE OF GREATER ... (S72.111)					
ADVANCE DIRECTIVE									

MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		756	
Signature			Date
Personal Effects Sent With		Relationship	Date

MOVE IN RECORD								
Woodland Terrace of New Palestine						Jul 12, 2024 16:54:01 ET		
RESIDENT INFORMATION								
Resident Name		Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Rusche, Judith			MC	114-1	06/17/2022	06/17/2022	06/17/2022	WTONP3027 1
Previous address			Previous Phone #		Legal Mailing address			
New Palestine, IN, 46163					Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)	Primary Lang.	
F	10/24/1939	84	Married	Unknown	White or Caucasian		English	
Moved in From		Move in Location		Birth Place		Citizenship		Maiden Name
Home						U.S.		
Medicare (HIC) #		Medicaid #		Social Security #		Veterans Administration #		
7R12UK3EU25				309-36-0327				
Insurance Name		Insurance Policy #:						
UnitedHealthcare		9118772604						
PAYER INFORMATION								
Primary Payer	Private Pay - MC							
OTHER INFORMATION								
Most Recent Hospital Stay		Allergies						
		No Known Allergies						
Medicaid Recertification Date		Spouse's Name						
		John						
CARE PROVIDERS								
Provider		Phone		Address		UPIN		NPI
Primary Physician (Primary) Moonesinghe, Deshini		Office:(765) 776-8000		3500 S Lafontaine Kokomo, IN 46902				1780882449
Primary Physician Bagley, Kristen		Office:(317) 861-4171 Fax:(317) 861-5325		7375 W US 52 New Palestine, IN 46163				1710971734
Primary Physician MURPHY, LEIGHA		Office:(317) 735-6001 Fax:(855) 450-1177		8904 BASH ST STE B Indianapolis, IN 46256				1003564717
PHARMACY								
Pharmacy		Phone/Fax		Address				
CVS (New Pal) (Primary)		Phone: (317) 861-4838 Fax:		5026 W. US 52 New Palestine, IN, 46163				
EXTERNAL COMMUNITIES								
Community Name		Phone		Community Type				
Erlewein Mortuary		Phone: (317) 467-4918		Funeral Home				
Hancock Regional		Phone: (317) 462-5544		Hospital				
CONTACTS								
Name	Contact Type		Relationship	Address		Phone/Email		
Mr. Rusche, Steve	Billing Responsible Party Durable Power of Attorney for Finances Emergency Contact # 1		Son	3548 S 50 W Greenfield Greenfield, IN, 46140		Cell:(317) 258-9523 Email:steve.rusche@gmail. com		
Mr. Rusche, John	Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1		Husband	4400 Terrace Dr Apt.220 New Palestine, IN, 46163		Cell:(317) 432-7017		
Pfaff, Sherri	Emergency Contact # 2		Daughter			Home:(765) 524-1127 Email:mompfaff1127@gmail. com		
Emergency Contact # 3, Liz Rusche	Emergency Contact # 3		Daughter in law			Other:(317) 446-6227		
DIAGNOSIS INFORMATION								
06/17/2022 - MIXED HYPERLIPIDEMIA (E78.2)				06/17/2022 - DEMENTIA IN OTHER DISEASES CLA... (F02.80)				
06/17/2022 - MAJOR DEPRESSIVE DISORDER, SIN... (F32.9)				06/17/2022 - ALZHEIMER'S DISEASE, UNSPECIFI... (G30.9)				
06/17/2022 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)								
ADVANCE DIRECTIVE								

MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		756	
Signature			Date
Personal Effects Sent With		Relationship	Date

<div> <div>MOVE IN RECORD</div> <div>Woodland Terrace of New Palestine</div> <div>Jul 12, 2024 16:54:01 ET</div> </div>								
RESIDENT INFORMATION								
Resident Name		Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Schaefer, Jane			MC	107-1	10/24/2018	10/24/2018	10/24/2018	WTONP3007 7
Previous address			Previous Phone #		Legal Mailing address			
560 Legacy Ln, Greenfield, IN, 46140			(317) 935-0888		Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)	Primary Lang.	
F	01/29/1929	95	Widowed	Methodist	White or Caucasian	Bell Telephone Engineer	English	
Moved in From		Move in Location			Birth Place	Citizenship	Maiden Name	
Other						U.S.		
Medicare (HIC) #		Medicaid #		Social Security #		Veterans Administration #		
4D30PT1JC43				309-26-2530				
Insurance Name		Insurance Policy #:						
Medicare								
PAYER INFORMATION								
Primary Payer	Private Pay - MC							
OTHER INFORMATION								
Most Recent Hospital Stay		Allergies						
		Morphine and Related, Lactose Intolerant						
Medicaid Recertification Date								
CARE PROVIDERS								
Provider		Phone		Address		UPIN		NPI
Primary Physician (Primary) Moonesinghe, Deshini		Office:(765) 776-8000		3500 S Lafontaine Kokomo, IN 46902				1780882449
Primary Physician Bagley, Kristen		Office:(317) 861-4171 Fax:(317) 861-5325		7375 W US 52 New Palestine, IN 46163				1710971734
Primary Physician MURPHY, LEIGHA		Office:(317) 735-6001 Fax:(855) 450-1177		8904 BASH ST STE B Indianapolis, IN 46256				1003564717
Primary Physician Mustaklem, Marwan		Office:(317) 338-8507 Other:(866) 604-2922 Fax:(317) 338-2454		2001 W. 86th St Indianapolis, IN 46260				1750357513
Nurse Practitioner Snyder, Allison				25802 State Rd 19 Arcadia, IN 46030				1982027785
PHARMACY								
Pharmacy		Phone/Fax		Address				
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744		6530 Corporate Drive Indianapolis, IN, 46278				
EXTERNAL COMMUNITIES								
Community Name		Phone		Community Type				
Community Hospital East		Phone: (317) 355-1411		Hospital				
Shirley Brothers Funeral Home		Phone: (317) 897-9606		Funeral Home				
Hancock Regional		Phone: (317) 462-5544		Hospital				
CONTACTS								
Name	Contact Type		Relationship	Address		Phone/Email		
Mrs. Sommers, Judy	Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1		Daughter	6100 N Broken Arrow Dr New Palestine, IN, 46163		Home:(317) 371-9585 Office:(317) 684-5117 Email:judy.sommers@hotmail.com		
Wilson, Norma	Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 3		Daughter	7937 Brunerstown Rd Shelbyville, KY		Home:(502) 558-7069 Office:(502) 499-2766 Email:norma@tri-litesales.com		
Sommers, Roger	Emergency Contact # 2		Son-in-law	6100 N Broken Arrow Dr New Palestine, IN, 46163		Home:(317) 861-8262 Email:rlsommers@hotmail.com		
DIAGNOSIS INFORMATION								
04/06/2023 - ALLERGY, UNSPECIFIED (T78.40)				12/02/2020 - UNSPECIFIED DEMENTIA, UNSPECIF... (F03.90)				
01/28/2019 - URINARY TRACT INFECTION, SITE ... (N39.0)				11/02/2018 - OLD MYOCARDIAL INFARCTION (I25.2)				
10/22/2018 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)				10/22/2018 - ACUTE MYOCARDIAL INFARCTION (I21)				

DIAGNOSIS INFORMATION			
10/22/2018 - ATHEROSCLEROTIC HEART DISEASE ... (I25.10)		10/22/2018 - UNSPECIFIED ATRIAL FIBRILLATIO... (I48.91)	
10/22/2018 - AGE-RELATED OSTEOPOROSIS WITHO... (M81.0)			
ADVANCE DIRECTIVE			
Advanced Directive: DNR			
MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		2088	
Signature			Date
Personal Effects Sent With		Relationship	Date

<div> <div>MOVE IN RECORD</div> <div> <div>Woodland Terrace of New Palestine</div> <div>Jul 12, 2024 16:54:01 ET</div> </div> </div>								
RESIDENT INFORMATION								
Resident Name		Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Schurr, Linda C.			AL	311-1	06/17/2021	06/17/2021	06/17/2021	WTONP3021 2
Previous address			Previous Phone #		Legal Mailing address			
4400 Terrace Dr Apt. 311, New Palestine, IN, 46163			(317) 414-7854		Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)	Primary Lang.	
F	04/01/1938	86	Married	Unknown	White or Caucasian		English	
Moved in From		Move in Location			Birth Place	Citizenship	Maiden Name	
Nursing home		Springhurst				U.S.		
Medicare (HIC) #		Medicaid #		Social Security #		Veterans Administration #		
5FG1C23AV29				304-38-9456				
Insurance Name		Insurance Policy #:						
AnthemBlueCrossBlueShield		BAAAN5445453						
PAYER INFORMATION								
Primary Payer	Private Pay - AL							
OTHER INFORMATION								
Most Recent Hospital Stay		Allergies						
		No Known Allergies						
Medicaid Recertification Date		Prepaid Funeral Arrangements		Spouse's Name				
		Yes		Kenton "Terry"				
CARE PROVIDERS								
Provider		Phone		Address		UPIN	NPI	
Primary Physician (Primary) Morrow, Andrew		Office:(317) 462-5252 Fax:(317) 462-8010		300 E. Boyd Ave Greenfield, IN 46140			1689194086	
Primary Physician Kinnaman, Stephanie		Office:(317) 462-5252 Fax:(317) 462-8010		300 E Boyd Ste 100 Greenfield, IN 46140			1275627523	
Primary Physician Mustaklem, Marwan		Office:(317) 338-8507 Other:(866) 604-2922 Fax:(317) 338-2454		2001 W. 86th St Indianapolis, IN 46260			1750357513	
Alternate Physician Nelson, Aaron		Office:(317) 468-4090 Fax:(317) 468-4091		300 East Boyd Ave Suite 260 Greenfield, IN 46140			1104900323	
Nurse Practitioner Heck, Cheryl		Office:(317) 865-6700 Fax:(317) 477-9650		8820 S Meridan Street Indianapolis, IN 46217			1730132032	
Nurse Practitioner Snyder, Allison				25802 State Rd 19 Arcadia, IN 46030			1982027785	
PHARMACY								
Pharmacy		Phone/Fax		Address				
Express Scripts Primary Contact: 800 327 9791		Phone: (800) 211-1456 Fax:		IN				
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744		6530 Corporate Drive Indianapolis, IN, 46278				
EXTERNAL COMMUNITIES								
Community Name		Phone		Community Type				
Erlewein Mortuary		Phone: (317) 467-4918		Funeral Home				
Hancock Regional		Phone: (317) 462-5544		Hospital				
CONTACTS								
Name	Contact Type		Relationship	Address		Phone/Email		
Lusby, Kara	Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1		Daughter	12231 Valley View Circle Indianapolis, IN, 46229		Cell:(317) 414-7854 Email:k_lusby@yahoo.com		
Schurr-Smith, Terralin	Emergency Contact # 2		Daughter	3272 Beech dr Columbus, IN, 47203		Cell:(812) 350-3688 Email:schurrsmitht@gmail.com		
Dunham, Christy	Emergency Contact # 3		Daughter	6730 S State Rd 67 Pendleton, IN, 46064		Cell:(317) 538-3430 Email:csdunham4@yahoo.com		
Schurr, Linda				4400 Terrace Dr Apt. 311 New Palestine, IN, 46163		Home:(317) 414-7854		

DIAGNOSIS INFORMATION	
07/09/2024 - HEARTBURN (R12)	03/29/2023 - NAUSEA WITH VOMITING, UNSPECIF... (R11.2)
01/25/2023 - URINARY TRACT INFECTION, SITE ... (N39.0)	11/29/2022 - CHRONIC PAIN, NOT ELSEWHERE CL... (G89.2)
06/03/2021 - HYPOTHYROIDISM, UNSPECIFIED (E03.9)	06/03/2021 - UNSPECIFIED DEMENTIA, UNSPECIF... (F03.90)
06/03/2021 - PARKINSON'S DISEASE (G20)	06/03/2021 - LEFT BUNDLE-BRANCH BLOCK, UNSP... (I44.7)
06/03/2021 - RHEUMATOID ARTHRITIS, UNSPECIF... (M06.9)	06/03/2021 - AGE-RELATED OSTEOPOROSIS WITH ... (M80.00XA)
06/03/2021 - REPEATED FALLS (R29.6)	06/03/2021 - LOCALIZED EDEMA (R60.0)
06/03/2021 - FRACTURE OF BODY OF STERNUM, I... (S22.22XA)	06/03/2021 - PATIENT'S OTHER NONCOMPLIANCE ... (Z91.14)

ADVANCE DIRECTIVE	
Advanced Directive: Living Will	

MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		1121	
Signature		Date	Time
Personal Effects Sent With		Relationship	Time

<div> <div>MOVE IN RECORD</div> <div> <div>Woodland Terrace of New Palestine</div> <div>Jul 12, 2024 16:54:01 ET</div> </div> </div>								
RESIDENT INFORMATION								
Resident Name		Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Scroggs, Sue A.			AL	314-1	04/02/2022	04/02/2022	03/25/2022	WTONP30257
Previous address			Previous Phone #		Legal Mailing address			
6311 W 900 N, Mccordsville, IN, 46055					Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)	Primary Lang.	
F	11/27/1942	81	Widowed	Unknown	White or Caucasian		English	
Moved in From		Move in Location			Birth Place	Citizenship	Maiden Name	
Home						U.S.		
Medicare (HIC) #		Medicaid #		Social Security #		Veterans Administration #		
5HY0MU4EJ35				316-42-4151				
Insurance Name		Insurance Policy #:						
CIGNA		1290026366						
PAYER INFORMATION								
Primary Payer	Private Pay - AL							
OTHER INFORMATION								
Most Recent Hospital Stay		Allergies						
		Amoxicillin, Sulfa Antibiotics						
Medicaid Recertification Date		Prepaid Funeral Arrangements						
		Yes						
CARE PROVIDERS								
Provider		Phone		Address		UPIN	NPI	
Primary Physician (Primary) Lopshire, John		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268			1326128281	
Primary Physician Mercer, Kyndra		Office:(317) 429-0120 Fax:(317) 800-7730		Grace at Home			1972152015	
Primary Physician Mustaklem, Marwan		Office:(317) 338-8507 Other:(866) 604-2922 Fax:(317) 338-2454		2001 W. 86th St Indianapolis, IN 46260			1750357513	
Nurse Practitioner Pulliam, Brittany		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268			1265108161	
Nurse Practitioner Snyder, Allison				25802 State Rd 19 Arcadia, IN 46030			1982027785	
PHARMACY								
Pharmacy		Phone/Fax		Address				
CareMark CVS		Phone: (800) 552-8159 Fax:		Customer Care Correspondence PO Box 6590 Lees Summit, MO, 64064				
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744		6530 Corporate Drive Indianapolis, IN, 46278				
EXTERNAL COMMUNITIES								
Community Name		Phone		Community Type				
Shirley Brothers Funeral Home		Phone: (317) 897-9606		Funeral Home				
Hancock Regional		Phone: (317) 462-5544		Hospital				
CONTACTS								
Name	Contact Type	Relationship	Address			Phone/Email		
Crawford, Kyle	Billing Responsible Party Emergency Contact # 1	Nephew	16495 Branham Drive Fishers, IN, 46040			Other:(317) 606-8188 Email:kyleacrawf@gmail.com		
Thompson, Doug	Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 2	Son	2021 Donna Ave Endicott, NY, 13760			Cell:(315) 720-6426 Email: dthompson1369@yahoo.com		
Scroggs, Sue		Self	4400 Terrace Dr Apt 314 New Palestine, IN, 46163			Cell:(317) 694-9292 Email:accarter0225@gmail.com		
DIAGNOSIS INFORMATION								
07/03/2024 - HYPOTHYROIDISM, UNSPECIFIED (E03.9)				03/28/2022 - OTHER HYPERLIPIDEMIA (E78.49)				
03/28/2022 - MAJOR DEPRESSIVE DISORDER, REC... (F33.1)				03/28/2022 - ANXIETY DISORDER, UNSPECIFIED (F41.9)				
03/28/2022 - PSYCHOPHYSIOLOGIC INSOMNIA (F51.04)				03/28/2022 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)				
03/28/2022 - GASTRO-ESOPHAGEAL REFLUX DISEA... (K21.9)				03/28/2022 - FUNCTIONAL DYSPEPSIA (K30)				
03/28/2022 - OTHER FATIGUE (R53.83)								

ADVANCE DIRECTIVE			
Advanced Directive: Living Will; Advanced Directive: DNR			
MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		832	
Signature			Date
Personal Effects Sent With		Relationship	Date

MOVE IN RECORD									
Woodland Terrace of New Palestine						Jul 12, 2024 16:54:01 ET			
RESIDENT INFORMATION									
Resident Name		Preferred Name		Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Sergi, Roseanne				AL	223-1	02/28/2020	02/28/2020	02/28/2020	WTONP30164
Previous address				Previous Phone #		Legal Mailing address			
3525 Ehanna Ave, Indianapolis, IN, 46237				(317) 371-3200		Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion		Race		Occupation(s)	Primary Lang.
F	10/01/1931	92	Widowed			White or Caucasian			English
Moved in From			Move in Location			Birth Place		Citizenship	Maiden Name
Home								U.S.	
Medicare (HIC) #			Medicaid #		Social Security #		Veterans Administration #		
4FE8PP3XU37					311-30-4077				
Insurance Name			Insurance Policy #:						
AARPMedicareComplete			9478772912						
PAYER INFORMATION									
Primary Payer	Private Pay - AL								
OTHER INFORMATION									
Most Recent Hospital Stay		Allergies							
		Penicillins							
Medicaid Recertification Date		Prepaid Funeral Arrangements							
		Yes							
CARE PROVIDERS									
Provider		Phone		Address			UPIN	NPI	
Primary Physician (Primary) Lopshire, John		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268				1326128281	
Nurse Practitioner Lafree, Brittany		Office:(317) 846-2396 Fax:(317) 846-1699		755 W Carmel Dr Ste 101 Carmel, IN 46032				1710213624	
Nurse Practitioner Pulliam, Brittany		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268				1265108161	
PHARMACY									
Pharmacy		Phone/Fax		Address					
CVS Pharmacy		Phone: (317) 791-3822 Fax:		4935 S Arlington Ave Indianapolis, IN, 46237					
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744		6530 Corporate Drive Indianapolis, IN, 46278					
EXTERNAL COMMUNITIES									
Community Name		Phone		Community Type					
St. Francis Hospital		Phone: (317) 528-5000		Hospital					
Little and Sons		Phone: (317) 885-0330		Funeral Home					
CONTACTS									
Name	Contact Type		Relationship	Address			Phone/Email		
Sergi, Roseanne	Billing Responsible Party		Self	18347 Piers End Dr Noblesville, IN, 46062			Cell:(317) 371-3200		
Melton, Linda	Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1		Daughter	5408 Allero Drive Indianapolis, IN, 46237			Cell:(317) 627-7221 Email:melton_l@att.net		
Sergi, Phil	Emergency Contact # 2		Brother	8961 Tucker Lane Fountaintown, IN, 46130			Home:(317) 965-6010		
Sergi, Joanne	Emergency Contact # 3		Daughter	2919 Kiskbride Way Indianapolis, IN, 46222			Home:(317) 965-0987 Email:joannesergi61@gmail.com		
Sergi, Paul	Emergency Contact # 4		Son	445 N 300 W Greenfield, IN, 46140			Home:(317) 370-0899		
Sergi, Steve	Emergency Contact # 4		Son	6309 Graham Rd Indianapolis, IN, 46220			Home:(317) 507-5883		
DIAGNOSIS INFORMATION									
06/10/2021 - BASAL CELL CARCINOMA OF SKIN, ... (C44.91)					02/25/2020 - ANEMIA, UNSPECIFIED (D64.9)				
02/25/2020 - VITAMIN DEFICIENCY, UNSPECIFIE... (E56.9)					02/25/2020 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)				
02/25/2020 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)					02/25/2020 - CHRONIC ISCHEMIC HEART DISEASE (I25)				
02/25/2020 - VENOUS INSUFFICIENCY (CHRONIC)... (I87.2)					02/25/2020 - GASTRO-ESOPHAGEAL REFLUX DISEA... (K21.9)				
02/25/2020 - CONSTIPATION, UNSPECIFIED (K59.00)					02/25/2020 - PAIN IN RIGHT HIP (M25.551)				
02/25/2020 - PAIN IN RIGHT KNEE (M25.561)					02/25/2020 - MUSCLE WEAKNESS (GENERALIZED) (M62.81)				
02/25/2020 - AGE-RELATED OSTEOPOROSIS WITHO... (M81.0)					02/25/2020 - CHRONIC KIDNEY DISEASE (CKD) (N18)				

DIAGNOSIS INFORMATION			
02/25/2020 - OVERACTIVE BLADDER (N32.81)			
ADVANCE DIRECTIVE			
Advanced Directive: DNR			
MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		1596	
Signature			Date
Personal Effects Sent With		Relationship	Time

MOVE IN RECORD

Woodland Terrace of New Palestine

Jul 12, 2024 16:54:01 ET

RESIDENT INFORMATION

Resident Name	Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Shircliff, Marilyn		AL	202-1	03/29/2024	03/29/2024	03/29/2024	WTONP3034 1
Previous address			Previous Phone #	Legal Mailing address			
10832 Harness Court, Indianapolis, IN, 46239			(317) 225-6845	Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)	Primary Lang.
F	07/29/1938	85	Widowed				English
Moved in From		Move in Location		Birth Place	Citizenship	Maiden Name	
Medicare (HIC) #		Medicaid #		Social Security #		Veterans Administration #	
H57033996				307-36-7581			
Insurance Name		Insurance Policy #:					
Humana		808409140461101					

PAYER INFORMATION

Primary Payer Private Pay - AL

OTHER INFORMATION

Most Recent Hospital Stay	Allergies
	Amoxicillin, Penicillins
Medicaid Recertification Date	

CARE PROVIDERS

Provider	Phone	Address	UPIN	NPI
Primary Physician (Primary) Bagley, Kristen	Office:(317) 861-4171 Fax:(317) 861-5325	7375 W US 52 New Palestine, IN 46163		1710971734
Nurse Practitioner Bumbalough, Courtney	Office:(317) 941-7338 Fax:(317) 969-6727	2445 Directors Row Ste C Indianapolis, IN 46241		1952881435

PHARMACY

Pharmacy	Phone/Fax	Address
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger	Phone: (317) 452-4669 Fax: (317) 452-4744	6530 Corporate Drive Indianapolis, IN, 46278

EXTERNAL COMMUNITIES

Community Name	Phone	Community Type
Hancock Regional	Phone: (317) 462-5544	Hospital

CONTACTS

Name	Contact Type	Relationship	Address	Phone/Email
Shircliff, Jim	Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1	Son	11034 Galley Way Fishers, IN, 46040	Home:(317) 726-7072 Email:jim.shircliff@labcorp.com
Lavengood, Deb	Emergency Contact # 2	Daughter	11891 Bills Avenue Fishers, IN, 46037	Home:(317) 712-0604 Email:Deb.lavengood@yahoo.com

DIAGNOSIS INFORMATION

03/28/2024 - MUSCLE WEAKNESS (GENERALIZED) (M62.81)	03/28/2024 - DIFFICULTY IN WALKING, NOT ELS... (R26.2)
03/28/2024 - UNSPECIFIED LACK OF COORDINATI... (R27.9)	03/19/2024 - ELEVATED WHITE BLOOD CELL COUN... (D72.829)
03/19/2024 - MIXED HYPERLIPIDEMIA (E78.2)	03/19/2024 - DEHYDRATION (E86.0)
03/19/2024 - HYPOKALEMIA (E87.6)	03/19/2024 - INSOMNIA, UNSPECIFIED (G47.00)
03/19/2024 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)	03/19/2024 - INTERSTITIAL PULMONARY DISEASE... (J84.9)
03/19/2024 - GASTRO-ESOPHAGEAL REFLUX DISEA... (K21.9)	03/19/2024 - DIAPHRAGMATIC HERNIA WITHOUT O... (K44.9)
03/19/2024 - IRRITABLE BOWEL SYNDROME WITHO... (K58.9)	03/19/2024 - CONSTIPATION, UNSPECIFIED (K59.00)
03/19/2024 - FATTY (CHANGE OF) LIVER, NOT E... (K76.0)	03/19/2024 - OTHER SPECIFIED JOINT DISORDER... (M25.852)
03/19/2024 - OTHER SPECIFIED DISORDERS OF B... (M85.80)	03/19/2024 - CYST OF KIDNEY, ACQUIRED (N28.1)
03/19/2024 - URINARY TRACT INFECTION, SITE ... (N39.0)	03/19/2024 - HYPOXEMIA (R09.02)
03/19/2024 - UNSPECIFIED ABDOMINAL PAIN (R10.9)	03/19/2024 - NAUSEA WITH VOMITING, UNSPECIF... (R11.2)
03/19/2024 - HEARTBURN (R12)	03/19/2024 - PAIN, UNSPECIFIED (R52)
03/19/2024 - ELEVATION OF LEVELS OF LACTIC ... (R74.02)	03/19/2024 - SOLITARY PULMONARY NODULE (R91.1)
03/19/2024 - DISPLACED FRACTURE OF BASE OF ... (S72.042D)	03/19/2024 - UNSPECIFIED FALL, SUBSEQUENT E... (W19.XXXD)
03/19/2024 - ACQUIRED ABSENCE OF OTHER SPEC... (Z90.49)	03/19/2024 - ACQUIRED ABSENCE OF BOTH CERVI... (Z90.710)
03/19/2024 - PRESENCE OF LEFT ARTIFICIAL HI... (Z96.642)	03/19/2024 - DEPENDENCE ON SUPPLEMENTAL OXY... (Z99.81)

ADVANCE DIRECTIVE

MISCELLANEOUS INFORMATION				
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)	
		105		
Signature			Date	Time
Personal Effects Sent With		Relationship	Date	Time

<div> <div>MOVE IN RECORD</div> <div> <div>Woodland Terrace of New Palestine</div> <div>Jul 12, 2024 16:54:01 ET</div> </div> </div>								
RESIDENT INFORMATION								
Resident Name		Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Smith, Marcella B.			AL	212-1	09/06/2019	09/06/2019	09/06/2019	WTONP3013 3
Previous address			Previous Phone #		Legal Mailing address			
1123 Edmondson Ave Apartment 27C, Indianapolis, IN, 46219			(317) 695-6059		Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)	Primary Lang.	
F	08/24/1923	100	Widowed		White or Caucasian		English	
Moved in From		Move in Location			Birth Place	Citizenship	Maiden Name	
Home						U.S.		
Medicare (HIC) #		Medicaid #		Social Security #		Veterans Administration #		
5XW1AQ9HC17				303-26-1321				
Insurance Name		Insurance Policy #:						
AARP		031997532						
PAYER INFORMATION								
Primary Payer	Private Pay - AL							
OTHER INFORMATION								
Most Recent Hospital Stay		Allergies						
		Amoxicillin, Promethazine, Sulfanilamide						
Medicaid Recertification Date								
CARE PROVIDERS								
Provider		Phone		Address		UPIN	NPI	
Primary Physician (Primary) Schaeffer, Teresa		Office:(317) 355-2200 Home:(317) 355-2200 Fax:(317) 355-2185		10122 E 10th St Ste 220 Indianapolis, IN 46229			1235150442	
Primary Physician Mustaklem, Marwan		Office:(317) 338-8507 Other:(866) 604-2922 Fax:(317) 338-2454		2001 W. 86th St Indianapolis, IN 46260			1750357513	
Nurse Practitioner Snyder, Allison				25802 State Rd 19 Arcadia, IN 46030			1982027785	
Medical Specialist Kareti, Kiran		Office:(317) 621-8550		8075 Shadeland Ave Suite 200 Indianapolis, IN 46250			1245207018	
PHARMACY								
Pharmacy		Phone/Fax		Address				
CVS (New Pal)		Phone: (317) 861-4838 Fax:		5026 W. US 52 New Palestine, IN, 46163				
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744		6530 Corporate Drive Indianapolis, IN, 46278				
EXTERNAL COMMUNITIES								
Community Name		Phone		Community Type				
Community Hospital East		Phone: (317) 355-1411		Hospital				
Feeney-Hornak Mortuary		Phone: (317) 353-6101		Funeral Home				
CONTACTS								
Name	Contact Type	Relationship	Address			Phone/Email		
Armentrout, Judy	Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1	Daughter	1514 Touchstone Dr Indianapolis, IN, 46239			Home:(317) 442-3240 Email:jarmentrout@att.net		
Green, Jane	Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 2	Daughter				Home:(317) 695-6059 Email:idyjaneg@hotmail.com		
Smith, Chris	Emergency Contact # 3	Son				Home:(317) 341-1074 Email:smity121064@gmail.com		
Smith, Marcella		Self				Cell:(317) 359-0769		
DIAGNOSIS INFORMATION								
04/01/2020 - URINARY TRACT INFECTION, SITE ... (N39.0)				09/04/2019 - HYPOTHYROIDISM, UNSPECIFIED (E03.9)				
09/04/2019 - RESTLESS LEGS SYNDROME (G25.81)				09/04/2019 - OBSTRUCTIVE SLEEP APNEA (ADULT... (G47.33)				
09/04/2019 - OTHER ARTHRITIS (M13)				09/04/2019 - BRADYCARDIA, UNSPECIFIED (R00.1)				
09/04/2019 - PRESENCE OF CARDIAC PACEMAKER (Z95.0)								

ADVANCE DIRECTIVE			
Advanced Directive: Living Will; Advanced Directive: DNR			
MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		1771	
Signature			Date
Personal Effects Sent With		Relationship	Date

MOVE IN RECORD									
Woodland Terrace of New Palestine									
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RESIDENT INFORMATION									
Resident Name		Preferred Name		Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Stall, Anita				AL	230-1	11/29/2018	11/29/2018	11/28/2018	WTONP30079
Previous address				Previous Phone #		Legal Mailing address			
322 ROSS LN, Greenfield, 46140						Same as Previous Address			
Sex	Birthdate	Age	Marital Status		Religion		Race		Occupation(s)
F	11/07/1933	90							
Moved in From			Move in Location			Birth Place		Citizenship	Maiden Name
Home								U.S.	
Medicare (HIC) #			Medicaid #			Social Security #		Veterans Administration #	
5AK9E79UP28						309-32-0785			
Insurance Name			Insurance Policy #:						
HUMANA			H30775062						
PAYER INFORMATION									
Primary Payer		Private Pay - AL							
OTHER INFORMATION									
Most Recent Hospital Stay			Allergies						
			Iodine						
Medicaid Recertification Date			Prepaid Funeral Arrangements						
			Yes						
CARE PROVIDERS									
Provider		Phone		Address			UPIN	NPI	
Primary Physician (Primary) Lopshire, John		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268				1326128281	
Nurse Practitioner Pulliam, Brittany		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268				1265108161	
PHARMACY									
Pharmacy		Phone/Fax			Address				
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744			6530 Corporate Drive Indianapolis, IN, 46278				
EXTERNAL COMMUNITIES									
Community Name		Phone			Community Type				
Community Hospital North		Phone: (317) 621-6262			Hospital				
Hendryx Mortuary		Phone: (317) 861-4349			Funeral Home				
CONTACTS									
Name	Contact Type		Relationship	Address			Phone/Email		
Stall, Mark	Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1 Emergency Contact # 5		Son	7293 DerbyShire Dr Indianapolis, 46229			Cell:(317) 753-0229 Home:(317) 894-2377 Email:stallmark2056@yahoo.com		
Stall, Edna	Emergency Contact # 2		Daughter in law	7293 DerbyShire Dr Hancock New Palestine, 46163			Cell:(317) 753-1673 Home:(317) 894-2377 Email:stallmark@att.net		
DIAGNOSIS INFORMATION									
11/29/2022 - VITAMIN D DEFICIENCY, UNSPECIF... (E55.9)					08/20/2022 - URINARY TRACT INFECTION, SITE ... (N39.0)				
07/13/2022 - CELLULITIS, UNSPECIFIED (L03.90)					04/12/2022 - ABNORMAL WEIGHT LOSS (R63.4)				
12/09/2020 - ALLERGIC RHINITIS, UNSPECIFIED (J30.9)					01/22/2019 - DEMENTIA IN OTHER DISEASES CLA... (F02.8)				
10/31/2018 - GENERALIZED ANXIETY DISORDER (F41.1)					10/31/2018 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)				
10/31/2018 - HYPERTENSIVE EMERGENCY (I16.1)					10/31/2018 - ACUTE MYOCARDIAL INFARCTION, U... (I21.9)				
10/31/2018 - ATHEROSCLEROTIC HEART DISEASE ... (I25.1)					10/31/2018 - UNSPECIFIED ATRIAL FIBRILLATIO... (I48.91)				
ADVANCE DIRECTIVE									
Advanced Directive: DNR									

MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		2052	
Signature			Date
Personal Effects Sent With		Relationship	Date

MOVE IN RECORD

Woodland Terrace of New Palestine

Jul 12, 2024 16:54:01 ET

RESIDENT INFORMATION

Resident Name				Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #	
Stringer, Rosalie					AL	304-1	10/07/2023	10/07/2023	10/07/2023	WTONP3032 4	
Previous address					Previous Phone #		Legal Mailing address				
4400 Terrace Drive Unit 304, New Palestine, IN, 46163					(317) 341-2550		Same as Previous Address				
Sex	Birthdate	Age	Marital Status		Religion		Race		Occupation(s)		Primary Lang.
F	09/22/1946	77	Widowed				- Declined to Specify				English
Moved in From				Move in Location			Birth Place		Citizenship		Maiden Name
Medicare (HIC) #				Medicaid #			Social Security #		Veterans Administration #		
							308-48-5743				
Insurance Name				Insurance Policy #:							
MyTruAdvantage				MA000185701							

PAYER INFORMATION

Primary Payer	Private Pay - AL	
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OTHER INFORMATION

Most Recent Hospital Stay	Allergies
	Codeine, Augmentin, Levaquin, Lipitor
Medicaid Recertification Date	Veteran's Status
	No service

CARE PROVIDERS

Provider	Phone	Address	UPIN	NPI
Primary Physician (Primary) McGill, Patrick	Office:(317) 497-6800 Fax:(317) 497-6801	5908 Stop 11 Rd Indianapolis, IN 46237		1285665505
Primary Physician Gibbons, John	Office:(317) 588-7130 Fax:(317) 813-1346	6330 E. 75th St Ste 110 Indianapolis, IN 46250		1902398845

PHARMACY

Pharmacy	Phone/Fax	Address
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger	Phone: (317) 452-4669 Fax: (317) 452-4744	6530 Corporate Drive Indianapolis, IN, 46278

EXTERNAL COMMUNITIES

Community Name	Phone	Community Type
Community Hospital East	Phone: (317) 355-1411	Hospital

CONTACTS

Name	Contact Type	Relationship	Address	Phone/Email
Stringer, Rosalie	Billing Responsible Party	Self	4400 Terrace Drive Unit 304 New Palestine, IN, 46163	Home:(317) 341-2550 Email:Rosie.Stringer@hotmail.com
Nowak, Jamie	Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1	Daughter	203 Calm Water Way Summerville, SC, 29486	Home:(317) 509-3304 Email:Jamienowak@hotmail.com
Nowak, Kevin	Emergency Contact # 2	Son-in-law	203 Calm Water Way Summerville, SC, 29486	Home:(317) 529-5148 Email:Kevinpnwak@yahoo.com

DIAGNOSIS INFORMATION

04/29/2024 - MALIGNANT NEOPLASM OF ENDOMETR... (C54.1)	04/29/2024 - TYPE 2 DIABETES MELLITUS (E11)
04/29/2024 - TYPE 2 DIABETES MELLITUS WITH ... (E11.42)	04/29/2024 - TYPE 2 DIABETES MELLITUS WITH ... (E11.65)
04/29/2024 - MORBID (SEVERE) OBESITY DUE TO... (E66.01)	04/29/2024 - PURE HYPERCHOLESTEROLEMIA (E78.0)
04/29/2024 - MAJOR DEPRESSIVE DISORDER, REC... (F33.9)	04/29/2024 - PRIMARY INSOMNIA (F51.01)
04/29/2024 - BODY MASS INDEX [BMI] 35.0-35.... (Z68.35)	10/08/2023 - VARICELLA [CHICKENPOX] (B01)
10/08/2023 - MALIGNANT MELANOMA OF SKIN (C43)	10/08/2023 - HYPOTHYROIDISM, UNSPECIFIED (E03.9)
10/08/2023 - TYPE 1 DIABETES MELLITUS (E10)	10/08/2023 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)
10/08/2023 - DEPRESSION, UNSPECIFIED (F32.A)	10/08/2023 - TRIGEMINAL NEURALGIA (G50.0)
10/08/2023 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)	10/08/2023 - GASTRO-ESOPHAGEAL REFLUX DISEA... (K21.9)
10/08/2023 - OTHER ARTHRITIS (M13)	10/08/2023 - CHRONIC KIDNEY DISEASE, STAGE ... (N18.31)

ADVANCE DIRECTIVE

MISCELLANEOUS INFORMATION				
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)	
		279		
Signature			Date	Time
Personal Effects Sent With		Relationship	Date	Time

MOVE IN RECORD									
Woodland Terrace of New Palestine									
Jul 12, 2024 16:54:01 ET									
RESIDENT INFORMATION									
Resident Name		Preferred Name		Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Szatori, Hildegard M.				AL	207-1	06/26/2019	06/26/2019	06/26/2019	WTONP30116
Previous address				Previous Phone #		Legal Mailing address			
247 Legends Creek Way Apt 101, Indianapolis, IN, 46201				(317) 850-8453		Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion		Race		Occupation(s)	Primary Lang.
F	05/02/1933	91	Widowed			White or Caucasian		LPN	German
Moved in From			Move in Location			Birth Place		Citizenship	Maiden Name
								U.S.	
Medicare (HIC) #			Medicaid #		Social Security #		Veterans Administration #		
6F66YR8ME68					466-94-1584		00321825902		
Insurance Name			Insurance Policy #:						
Tricare									
PAYER INFORMATION									
Primary Payer	Private Pay - AL								
OTHER INFORMATION									
Most Recent Hospital Stay			Allergies						
			No Known Allergies						
Medicaid Recertification Date			Prepaid Funeral Arrangements						
			Yes						
CARE PROVIDERS									
Provider		Phone		Address			UPIN	NPI	
Primary Physician (Primary) Montgomery, Roddrea		Office:(317) 621-4044 Fax:(317) 621-4050		8205 E 56th Street Suite 100 Indianapolis, IN 46216				1528422516	
Primary Physician Mustaklem, Marwan		Office:(317) 338-8507 Other:(866) 604-2922 Fax:(317) 338-2454		2001 W. 86th St Indianapolis, IN 46260				1750357513	
Primary Physician Zirkle, Toby		Office:(317) 621-4044 Fax:(317) 621-4050		8205 E. 56th Street Ste 100 Indianapolis, IN 46219				1184835852	
Nurse Practitioner Snyder, Allison				25802 State Rd 19 Arcadia, IN 46030				1982027785	
PHARMACY									
Pharmacy		Phone/Fax			Address				
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744			6530 Corporate Drive Indianapolis, IN, 46278				
EXTERNAL COMMUNITIES									
Community Name		Phone			Community Type				
Community Hospital East		Phone: (317) 355-1411			Hospital				
Flanner & Buchanan (E. Wash)		Phone: (317) 898-4462			Funeral Home				
Post Road Christian Church		Phone: (317) 898-4945			Church				
CONTACTS									
Name	Contact Type		Relationship	Address			Phone/Email		
Rinaldi, Rosemarie	Billing Responsible Party Durable Power of Attorney for Finances Emergency Contact # 1 Emergency Contact # 5		Daughter	6077 W David Wayne Dr New Palestine, IN, 46163			Cell:(317) 850-8453		
Mr. Rinaldi, Vlncent	Emergency Contact # 2		Son-in-law	6077 David Wayne Dr New Palestine, IN, 46163			Cell:(317) 965-8453 Email:a1roseyu@gmail.com		
Stroh, Diana	Emergency Contact # 3		Daughter	8485 Rupp Farm West Chester, OH, 45069			Cell:(513) 257-4420 Email:firebrew2@aol.com		
DIAGNOSIS INFORMATION									
11/15/2022 - CHRONIC PAIN, NOT ELSEWHERE CL... (G89.2)					11/15/2022 - GASTRO-ESOPHAGEAL REFLUX DISEA... (K21.9)				
05/29/2022 - OTHER SPECIFIED DISEASES OF UP... (J39.8)					06/24/2019 - ANEMIA, UNSPECIFIED (D64.9)				
06/24/2019 - UNSPECIFIED DEMENTIA, UNSPECIF... (F03.90)					06/24/2019 - MAJOR DEPRESSIVE DISORDER, REC... (F33.9)				
06/24/2019 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)					06/24/2019 - OSTEOPOROSIS WITH CURRENT PATH... (M80)				
06/24/2019 - AGE-RELATED OSTEOPOROSIS WITH ... (M80.05)									
ADVANCE DIRECTIVE									
Advanced Directive: DNR									

MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		1843	
Signature			Date
Personal Effects Sent With		Relationship	Date

MOVE IN RECORD									
Woodland Terrace of New Palestine						Jul 12, 2024 16:54:01 ET			
RESIDENT INFORMATION									
Resident Name		Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #	
Thompson, Shirley			AL	301-1	02/16/2024	02/16/2024	02/16/2024	WTONP30336	
Previous address			Previous Phone #		Legal Mailing address				
4400 Terrace Drive Unit 301, New Palestine, IN, 46163			(317) 840-6525		Same as Previous Address				
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)	Primary Lang.		
F	06/30/1933	91	Widowed	Unknown	- Declined to Specify		English		
Moved in From		Move in Location		Birth Place		Citizenship		Maiden Name	
Medicare (HIC) #		Medicaid #		Social Security #		Veterans Administration #			
3GG8PT9MG49				309-32-1164					
Insurance Name		Insurance Policy #:							
Medicare									
PAYER INFORMATION									
Primary Payer	Private Pay - AL								
OTHER INFORMATION									
Most Recent Hospital Stay		Allergies							
		Lidocaine, Keflex, Penicillins, Sulfa Antibiotics							
Medicaid Recertification Date		Veteran's Status							
		Veteran							
CARE PROVIDERS									
Provider		Phone		Address		UPIN		NPI	
Primary Physician (Primary) Lopshire, John		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268				1326128281	
Primary Physician Harper, Jodie		Office:(317) 621-4657 Fax:(317) 355-8750		1400 N Ritter Ave Suite 231 Indianapolis, IN 46219				1003817297	
PHARMACY									
Pharmacy		Phone/Fax		Address					
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744		6530 Corporate Drive Indianapolis, IN, 46278					
EXTERNAL COMMUNITIES									
Community Name		Phone		Community Type					
Community Hospital East		Phone: (317) 355-1411		Hospital					
Flanner & Buchanan (E. Wash)		Phone: (317) 898-4462		Funeral Home					
CONTACTS									
Name	Contact Type		Relationship	Address		Phone/Email			
Borlowski, Catherine	Billing Responsible Party Durable Power of Attorney for Finances Emergency Contact # 2			11715 Fox Rd Suite 400-255 Indianapolis, IN, 46236		Home:(317) 840-6525			
Riggin, Dana	Durable Power of Attorney for Healthcare Emergency Contact # 1		Daughter	13555 Bellsville Pike Columbus, IN, 47201		Home:(812) 344-5839			
Thompson, Shirley			Self	4400 Terrace Drive Unit 301 New Palestine, IN, 46163		Home:(317) 840-6525			
DIAGNOSIS INFORMATION									
04/04/2024 - UNSPECIFIED DEMENTIA, UNSPECIF... (F03.90)				04/04/2024 - HYPOTENSION, UNSPECIFIED (I95.9)					
04/04/2024 - ALTERED MENTAL STATUS, UNSPECI... (R41.82)				01/25/2024 - HYPOPARATHYROIDISM, UNSPECIFIC... (E20.9)					
01/25/2024 - DEMENTIA IN OTHER DISEASES CLA... (F02.B3)				01/25/2024 - DEPRESSION, UNSPECIFIED (F32.A)					
01/25/2024 - ANXIETY DISORDER, UNSPECIFIED (F41.9)				01/25/2024 - ALZHEIMER'S DISEASE WITH LATE ... (G30.1)					
01/25/2024 - GLAUCOMA (H40)				01/25/2024 - ESSENTIAL (PRIMARY) HYPERTENS... (I10)					
01/25/2024 - OTHER PERSISTENT ATRIAL FIBRIL... (I48.19)				01/25/2024 - CHRONIC ATRIAL FIBRILLATION, U... (I48.20)					
01/25/2024 - REPEATED FALLS (R29.6)									
ADVANCE DIRECTIVE									

MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		147	
Signature			Date
Personal Effects Sent With		Relationship	Date

MOVE IN RECORD

Woodland Terrace of New Palestine

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RESIDENT INFORMATION

Resident Name	Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Topper, Betty		AL	328-1	01/13/2023	01/13/2023	01/13/2023	WTONP30296
Previous address			Previous Phone #	Legal Mailing address			
4607 E 00NS, Kokomo, IN, 46901			(765) 457-6548	Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)	Primary Lang.
F	08/04/1938	85	Widowed	Christian	White		English
Moved in From		Move in Location		Birth Place	Citizenship	Maiden Name	
					U.S.		
Medicare (HIC) #		Medicaid #		Social Security #		Veterans Administration #	
				315-52-1571			
Insurance Name		Insurance Policy #:					
Medicare		9UM4YQ3XW94					

PAYER INFORMATION

Primary Payer Private Pay - AL

OTHER INFORMATION

Most Recent Hospital Stay	Allergies
	Amoxicillin, Aspirin, Clavulanic Acid, Clindamycin, Lisinopril, Sulfamethoxazole, Augmentin
Medicaid Recertification Date	Veteran's Status
	No Service

CARE PROVIDERS

Provider	Phone	Address	UPIN	NPI
Primary Physician (Primary) Lopshire, John	Office:(317) 497-5530 Fax:(855) 422-5182	9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268		1326128281
Primary Physician Mustaklem, Marwan	Office:(317) 338-8507 Other:(866) 604-2922 Fax:(317) 338-2454	2001 W. 86th St Indianapolis, IN 46260		1750357513
Nurse Practitioner Pulliam, Brittany	Office:(317) 497-5530 Fax:(855) 422-5182	9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268		1265108161
Nurse Practitioner Snyder, Allison		25802 State Rd 19 Arcadia, IN 46030		1982027785

PHARMACY

Pharmacy	Phone/Fax	Address
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger	Phone: (317) 452-4669 Fax: (317) 452-4744	6530 Corporate Drive Indianapolis, IN, 46278

EXTERNAL COMMUNITIES (No Data Found)

Community Name	Phone	Community Type

CONTACTS

Name	Contact Type	Relationship	Address	Phone/Email
Hendrix, Teresa	Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1	Daughter	1239 Fox Trail DR W New Palestine, IN, 46163	Home:(317) 681-6087 Other:(317) 443-0901 Email: teresahendrix2010@gmail.com
Hansen, Wendy	Emergency Contact # 2	Granddaughter	506 W 5th St Sheridan, IN, 46069	Other:(765) 437-3055 Email:wolfmeister21@aol.com

DIAGNOSIS INFORMATION

03/21/2024 - GASTROINTESTINAL HEMORRHAGE, U... (K92.2)	01/17/2023 - VITAMIN D DEFICIENCY, UNSPECIF... (E55.9)
01/17/2023 - GASTRO-ESOPHAGEAL REFLUX DISEA... (K21.9)	01/12/2023 - OBSTRUCTIVE SLEEP APNEA (ADULT... (G47.33)
01/12/2023 - METABOLIC ENCEPHALOPATHY (G93.41)	01/12/2023 - ENDOCARDITIS, VALVE UNSPECIFIE... (I38)
01/12/2023 - VOLVULUS (K56.2)	01/12/2023 - OTHER ACUTE PANCREATITIS WITHO... (K85.80)

ADVANCE DIRECTIVE

MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		546	
Signature			Date
Personal Effects Sent With		Relationship	Date

<div> <div>MOVE IN RECORD</div> <div> <div>Woodland Terrace of New Palestine</div> <div>Jul 12, 2024 16:54:01 ET</div> </div> </div>								
RESIDENT INFORMATION								
Resident Name		Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Vessels, Miriam			AL	342-1	11/12/2021	11/12/2021	11/12/2021	WTONP3023 7
Previous address			Previous Phone #		Legal Mailing address			
5045 W. 52nd Street Apt. 407, Indianapolis, IN, 46239					Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)	Primary Lang.	
F	05/16/1938	86	Divorced	Unknown	White or Caucasian		English	
Moved in From		Move in Location			Birth Place		Citizenship	
Home								
Medicare (HIC) #		Medicaid #		Social Security #		Veterans Administration #		
4XV2Y55UN85				418-45-6753				
Insurance Name		Insurance Policy #:						
AARP		01497131611						
PAYER INFORMATION								
Primary Payer	Private Pay - AL							
OTHER INFORMATION								
Most Recent Hospital Stay		Allergies						
		Demerol, Sulfa Antibiotics, Adhesive Tape						
Medicaid Recertification Date								
CARE PROVIDERS								
Provider		Phone		Address		UPIN		NPI
Primary Physician (Primary) Lopshire, John		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268				1326128281
Primary Physician Mustaklem, Marwan		Office:(317) 338-8507 Other:(866) 604-2922 Fax:(317) 338-2454		2001 W. 86th St Indianapolis, IN 46260				1750357513
Primary Physician Radadiya, Pragneshkumar Heart 2 Heart Hospice		Office:(317) 718-7422 Other:(866) 348-5840 Fax:(317) 718-7433		1402 E County Line Rd Indianapolis, IN 46227				1548421985
Alternate Physician Wu, Hillary		Office:(317) 688-5964		11645 Illinois St Carmel, IN 46032				1881686848
Dentist Bendush, Bradley		Office:(317) 353-1062		IN				1962510610
Psychiatrist Buckles, Craig		Office:(765) 646-8444 Fax:(765) 683-3115		2210 Jackson St Anderson, IN 46016				1487689527
Nurse Practitioner Pulliam, Brittany		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268				1265108161
Nurse Practitioner Snyder, Allison				25802 State Rd 19 Arcadia, IN 46030				1982027785
Nurse Practitioner Tompkins, Rebecca		Office:(317) 561-5000 Fax:(310) 337-1081		7910 N Shadeland Ave Castleton, IN 46250				1528248168
Medical Specialist Ray, Erin		Office:(317) 887-7799 Fax:(317) 355-8750		3850 South Emerson Ave Ste C Indianapolis, IN 46203				1689053290
PHARMACY								
Pharmacy		Phone/Fax		Address				
CVS (New Pal) (Primary)		Phone: (317) 861-4838 Fax:		5026 W. US 52 New Palestine, IN, 46163				
Guardian Pharmacy of Indiana Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744		6530 Corporate Drive Indianapolis, IN, 46278				
EXTERNAL COMMUNITIES								
Community Name		Phone		Community Type				
Community Hospital East		Phone: (317) 355-1411		Hospital				
Washington Park Memorial		Phone: (317) 898-4462		Funeral Home				
CONTACTS								
Name	Contact Type		Relationship	Address		Phone/Email		
Winslow, Emily	Billing Responsible Party Durable Power of Attorney for Finances Emergency Contact # 2		Daughter	12571 East Ballentine Rd Gold Canyon, AZ, 85118		Home:(480) 221-2346 Email: emilybethwinslow@gmail.com		

CONTACTS				
Name	Contact Type	Relationship	Address	Phone/Email
Winslow, Donald	Durable Power of Attorney for Healthcare Emergency Contact # 3	Son	125 Wildwood Drive Hagerstown, IN, 47346	Home:(765) 462-6367
Johnson, Evelyn	Emergency Contact # 1	Daughter	1608 Touchstone Dr. Indianapolis, IN, 46239	Home:(317) 514-4827 Email:evelynfaye@comcast.net

DIAGNOSIS INFORMATION	
02/02/2024 - UNSPECIFIED DEMENTIA, UNSPECIF... (F03.90)	01/29/2024 - MALIGNANT NEOPLASM OF UNSPECIF... (C50.919)
01/29/2024 - PURE HYPERCHOLESTEROLEMIA, UNS... (E78.00)	01/29/2024 - RESTLESS LEGS SYNDROME (G25.81)
01/29/2024 - INSOMNIA, UNSPECIFIED (G47.00)	01/29/2024 - POLYNEUROPATHY, UNSPECIFIED (G62.9)
01/29/2024 - ENCEPHALOPATHY, UNSPECIFIED (G93.40)	01/29/2024 - UNSPECIFIED ATRIAL FIBRILLATIO... (I48.91)
01/29/2024 - DIVERTICULITIS OF INTESTINE, P... (K57.92)	01/29/2024 - PRURITUS, UNSPECIFIED (L29.9)
01/29/2024 - NASAL CONGESTION (R09.81)	01/29/2024 - FREQUENCY OF MICTURITION (R35.0)
01/29/2024 - OTHER AMNESIA (R41.3)	01/29/2024 - OTHER FATIGUE (R53.83)
01/29/2024 - OTHER SPECIFIED POSTPROCEDURAL... (Z98.890)	01/04/2023 - ACUTE EMBOLISM AND THROMBOSIS ... (I82.409)
12/28/2022 - URINARY TRACT INFECTION, SITE ... (N39.0)	12/08/2022 - HEREDITARY AND IDIOPATHIC NEUR... (G60)
11/22/2021 - OBSTRUCTIVE SLEEP APNEA (ADULT... (G47.33)	11/03/2021 - ARTHROPATHY, UNSPECIFIED (M12.9)
11/03/2021 - CHRONIC KIDNEY DISEASE (CKD) (N18)	11/03/2021 - ELEVATED BLOOD-PRESSURE READIN... (R03.0)

ADVANCE DIRECTIVE	
Advanced Directive: CPR	

MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		973	
Signature		Date	Time
Personal Effects Sent With		Relationship	Time

<div> <div>MOVE IN RECORD</div> <div> Woodland Terrace of New Palestine <div>Jul 12, 2024 16:54:01 ET</div> </div> </div>									
RESIDENT INFORMATION									
Resident Name		Preferred Name		Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Voge, John				AL	326-1	03/31/2023	03/31/2023	03/31/2023	WTONP30304
Previous address				Previous Phone #		Legal Mailing address			
7331 W Beyers Ct, New Palestine, IN, 46163				(317) 294-9388		Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion		Race		Occupation(s)	Primary Lang.
M	10/11/1944	79	Widowed	Unknown		- Declined to Specify			English
Moved in From			Move in Location			Birth Place		Citizenship	Maiden Name
Private home/apt. with no home health								U.S.	
Medicare (HIC) #			Medicaid #		Social Security #		Veterans Administration #		
					317-42-2279				
Insurance Name			Insurance Policy #:						
UnitedHealthCarePPO			911872604						
PAYER INFORMATION									
Primary Payer	Private Pay - AL								
OTHER INFORMATION									
Most Recent Hospital Stay		Allergies							
		No Known Allergies							
Medicaid Recertification Date		Veteran's Status							
		Veteran							
CARE PROVIDERS									
Provider		Phone		Address			UPIN	NPI	
Primary Physician (Primary) Lopshire, John		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268				1326128281	
Primary Physician Mustaklem, Marwan		Office:(317) 338-8507 Other:(866) 604-2922 Fax:(317) 338-2454		2001 W. 86th St Indianapolis, IN 46260				1750357513	
Primary Physician Othersen, Victoria		Office:(317) 786-9285		2030 Churchman Ave #A Beech Grove, IN 46107				1629075429	
Nurse Practitioner Pulliam, Brittany		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268				1265108161	
Nurse Practitioner Snyder, Allison				25802 State Rd 19 Arcadia, IN 46030				1982027785	
Medical Specialist Shaikh, Saeed		Office:(317) 893-1900 Fax:(317) 893-1768		5330 E Stop 11 Road Indianapolis, IN 46237				1407828817	
PHARMACY									
Pharmacy		Phone/Fax			Address				
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744			6530 Corporate Drive Indianapolis, IN, 46278				
EXTERNAL COMMUNITIES									
Community Name		Phone			Community Type				
Hancock Regional		Phone: (317) 462-5544			Hospital				
CONTACTS									
Name	Contact Type		Relationship		Address			Phone/Email	
Jobin, Cynthia	Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1		Step-daughter		7331 W Beyers Ct New Palestine, IN, 46163			Home:(317) 379-4996 Email:Goldil0x46055@gmail.com	
Jobin, Joe	Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 2		Son-in-law					Home:(317) 374-3992	
Jobin, Jonathan	Emergency Contact # 3		Grandson					Home:(765) 610-6425	
Voge, Tristian	Emergency Contact # 4		Grandson		11139 Lisa Ct Indianapolis, IN, 46235			Home:(317) 692-1020	
DIAGNOSIS INFORMATION									
03/06/2024 - OTHER THROMBOPHILIA (D68.69)					03/06/2024 - OTHER CHRONIC PAIN (G89.29)				
03/06/2024 - TYPICAL ATRIAL FLUTTER (I48.3)					03/06/2024 - DORSALGIA, UNSPECIFIED (M54.9)				
03/22/2023 - ALCOHOL ABUSE WITH WITHDRAWAL,... (F10.139)					03/22/2023 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)				

DIAGNOSIS INFORMATION			
03/22/2023 - OTHER AMNESIA (R41.3)			
ADVANCE DIRECTIVE			
MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		469	
Signature			Date
Personal Effects Sent With		Relationship	Date

<div> <div>MOVE IN RECORD</div> <div> <div>Woodland Terrace of New Palestine</div> <div>Jul 12, 2024 16:54:01 ET</div> </div> </div>								
RESIDENT INFORMATION								
Resident Name		Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Mr. Wheeling, William G.		Bill	AL	222-1	10/29/2021	10/29/2021	10/29/2021	WTONP30235
Previous address			Previous Phone #		Legal Mailing address			
6797 Sandwater Trail, Pinellas Park, FL, 33781					Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)	Primary Lang.	
M	12/31/1938	85	Widowed	Unknown	White or Caucasian		English	
Moved in From		Move in Location			Birth Place	Citizenship	Maiden Name	
Home						U.S.		
Medicare (HIC) #		Medicaid #		Social Security #		Veterans Administration #		
311381050				311-38-1050				
Insurance Name		Insurance Policy #:						
AARP		9118772604						
PAYER INFORMATION								
Primary Payer	Private Pay - AL							
OTHER INFORMATION								
Most Recent Hospital Stay		Allergies						
		Shell Fish						
Medicaid Recertification Date		Prepaid Funeral Arrangements		Veteran's Status				
		Yes		WW2 Veteran				
CARE PROVIDERS								
Provider		Phone		Address		UPIN	NPI	
Primary Physician (Primary) Lopshire, John		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268			1326128281	
Primary Physician Mustaklem, Marwan		Office:(317) 338-8507 Other:(866) 604-2922 Fax:(317) 338-2454		2001 W. 86th St Indianapolis, IN 46260			1750357513	
Nurse Practitioner Pulliam, Brittany		Office:(317) 497-5530 Fax:(855) 422-5182		9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268			1265108161	
Nurse Practitioner Snyder, Allison				25802 State Rd 19 Arcadia, IN 46030			1982027785	
PHARMACY								
Pharmacy		Phone/Fax		Address				
George's Pharmacy (Primary)		Phone: (317) 359-8278 Fax:		5317 E 16th St Indianapolis, IN, 46218				
Guardian Pharmacy of Indiana Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744		6530 Corporate Drive Indianapolis, IN, 46278				
EXTERNAL COMMUNITIES								
Community Name		Phone		Community Type				
Community Hospital South		Phone: (317) 887-7000		Hospital				
Neptune Society Cremation Services		Phone: (317) 815-5517		Funeral Home				
CONTACTS								
Name	Contact Type	Relationship	Address			Phone/Email		
Mr. Bechtel, Matthew	Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 3	Step-son	6797 Sandwater Trail Pinellas Park, FL, 33781			Home:(727) 643-4247 Email:Matthew.Bechtel@yahoo.com		
Sennott, Mollie	Emergency Contact # 1	Daughter	3428 S Parkside Dr New Palestine, IN, 46163			Cell:(317) 498-4349 Email:mleigh46163@yahoo.com		
Cobb, Amy	Emergency Contact # 2	Daughter	4824 Goldenrain Court Indianapolis, IN, 46237			Home:(317) 250-4437 Email:acobb0809@yahoo.com		
Mr. Wheeling, William		Self	4400 Terrace Dr IN New Palestine, IN, 46163			Office:(317) 7623-5850 Email:tsall@justus.net		
DIAGNOSIS INFORMATION								
10/18/2021 - MALIGNANT NEOPLASM OF PROSTATE (C61)				10/18/2021 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)				
10/18/2021 - UNSPECIFIED DEMENTIA, UNSPECIF... (F03.9)				10/18/2021 - GENERALIZED ANXIETY DISORDER (F41.1)				
10/18/2021 - ACUTE PAIN, NOT ELSEWHERE CLAS... (G89.1)				10/18/2021 - ANGINA PECTORIS, UNSPECIFIED (I20.9)				
10/18/2021 - UNSPECIFIED ATHEROSCLEROSIS OF... (I70.201)								

ADVANCE DIRECTIVE			
Advanced Directive: Living Will; Advanced Directive: DNR			
MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		987	
Signature			Date
Personal Effects Sent With		Relationship	Date

MOVE IN RECORD									
Woodland Terrace of New Palestine						Jul 12, 2024 16:54:01 ET			
RESIDENT INFORMATION									
Resident Name		Preferred Name		Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Whitson, Doris				MC	119-1	01/23/2018	01/23/2018	01/23/2018	WTONP30009
Previous address				Previous Phone #		Legal Mailing address			
4333 Wooded Way, New Palestine, IN, 46163				(317) 623-5131		Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion		Race		Occupation(s)	Primary Lang.
F	12/24/1931	92	Married						
Moved in From			Move in Location			Birth Place		Citizenship	Maiden Name
Medicare (HIC) #			Medicaid #		Social Security #		Veterans Administration #		
8A35DR1FG77					404-36-8256				
Insurance Name			Insurance Policy #:						
JohnHancock			04798824612						
PAYER INFORMATION									
Primary Payer	Private Pay - MC								
OTHER INFORMATION									
Most Recent Hospital Stay			Allergies						
			No Known Allergies						
Medicaid Recertification Date									
CARE PROVIDERS									
Provider		Phone		Address			UPIN	NPI	
Primary Physician (Primary) Palmer, Russell		Office:(317) 621-1151 Fax:(317) 621-1179		11911 N Meridian St Ste 110 Carmel, IN 46032				1427072263	
Primary Physician Mustaklem, Marwan		Office:(317) 338-8507 Other:(866) 604-2922 Fax:(317) 338-2454		2001 W. 86th St Indianapolis, IN 46260				1750357513	
Nurse Practitioner Snyder, Allison				25802 State Rd 19 Arcadia, IN 46030				1982027785	
Medical Specialist George, Kristi Neurologist		Office:(317) 715-5600		1400 N Ritter Ave Indianapolis, IN 46219				1770587479	
PHARMACY									
Pharmacy		Phone/Fax			Address				
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744			6530 Corporate Drive Indianapolis, IN, 46278				
EXTERNAL COMMUNITIES									
Community Name		Phone			Community Type				
Community Hospital North		Phone: (317) 621-6262			Hospital				
CONTACTS									
Name	Contact Type			Relationship	Address			Phone/Email	
Wright, Debbie	Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1				4001 South Loganberry Ct New Palestine, IN, 46163			Other:(317) 201-8054	
Lettier, Brenda	Emergency Contact # 2							Other:(847) 769-1104	
Mr. Wright, Michael	Emergency Contact # 3			Son-in-law				Home:(317) 306-5101	
Pharmacy, Walgreen's					11025 E. washington st. indianapolis, IN			Office:(317) 622-5010	
Rowland, Tony								Office:(317) 485-0150	
Dr. Whitson, Jeff								Office:(309) 688-7321 Fax:(309) 688-7942	
DIAGNOSIS INFORMATION									
01/25/2023 - INSOMNIA, UNSPECIFIED (G47.00)					01/25/2023 - CONSTIPATION, UNSPECIFIED (K59.00)				
01/16/2019 - COUGH (R05)					11/20/2018 - ABNORMAL WEIGHT LOSS (R63.4)				
01/23/2018 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)					01/23/2018 - UNSPECIFIED DEMENTIA, UNSPECIF... (F03.90)				
01/23/2018 - MAJOR DEPRESSIVE DISORDER, REC... (F33.9)					01/23/2018 - SECONDARY HYPERTENSION, UNSPEC... (I15.9)				
01/23/2018 - UNSPECIFIED SEQUELAE OF UNSPEC... (I69.90)					01/23/2018 - OTHER ARTHRITIS (M13)				
01/23/2018 - OSTEOARTHRITIS, UNSPECIFIED SI... (M19.9)					01/23/2018 - AGE-RELATED OSTEOPOROSIS WITHO... (M81.0)				
ADVANCE DIRECTIVE									
Advanced Directive: CPR									

MISCELLANEOUS INFORMATION				
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)	
		2362		
Signature			Date	Time
Personal Effects Sent With		Relationship	Date	Time

MOVE IN RECORD									
Woodland Terrace of New Palestine						Jul 12, 2024 16:54:01 ET			
RESIDENT INFORMATION									
Resident Name		Preferred Name		Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #
Wilkerson, Anna L.				AL	227-1	12/04/2020	12/04/2020	12/04/2020	WTONP30190
Previous address				Previous Phone #		Legal Mailing address			
4400 Terrace Dr Apt.227, New Palestine, IN, 46163				(317) 473-2733		Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion		Race		Occupation(s)	Primary Lang.
F	02/10/1929	95	Widowed	Unknown		White or Caucasian			English
Moved in From			Move in Location			Birth Place		Citizenship	Maiden Name
Home								U.S.	
Medicare (HIC) #			Medicaid #		Social Security #			Veterans Administration #	
8W39NA2MU17					264-38-4670				
Insurance Name			Insurance Policy #:						
NALCHHealthBenefitPlan			N32322182						
PAYER INFORMATION									
Primary Payer	Private Pay - AL								
OTHER INFORMATION									
Most Recent Hospital Stay		Allergies							
		Amoxicillin, Lisinopril, Penicillins							
Medicaid Recertification Date		Miscellaneous Information:							
		Clergy- Mike Bowling 317-213-3864							
CARE PROVIDERS									
Provider		Phone		Address			UPIN	NPI	
Primary Physician (Primary) Hampton, Jeremy		Office:(317) 355-7752 Fax:(317) 355-7750		12130 e.washington Ste 220 Indianapolis, IN 46229				1588004923	
Primary Physician Mustaklem, Marwan		Office:(317) 338-8507 Other:(866) 604-2922 Fax:(317) 338-2454		2001 W. 86th St Indianapolis, IN 46260				1750357513	
Nurse Practitioner Snyder, Allison				25802 State Rd 19 Arcadia, IN 46030				1982027785	
Medical Specialist Keating, Vincent		Office:(317) 887-7880 Fax:(317) 887-7998		1402 E County Line Rd Ste 2400 Indianapolis, IN 46227				1871569103	
Medical Specialist Morrison, Howard Community Heart and Vascular		Office:(317) 355-1234		1400 N Ritter #520 Indianapolis, IN 46219				1235138595	
PHARMACY									
Pharmacy		Phone/Fax			Address				
CVS Pharmacy Primary Contact: (317) 356-7337		Phone: Fax:			1530 Shadeland Ave Indianapolis, IN, 46219				
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger		Phone: (317) 452-4669 Fax: (317) 452-4744			6530 Corporate Drive Indianapolis, IN, 46278				
EXTERNAL COMMUNITIES									
Community Name		Phone			Community Type				
Community Hospital East		Phone: (317) 355-1411			Hospital				
Washington Park Memorial		Phone: (317) 898-4462			Funeral Home				
CONTACTS									
Name	Contact Type		Relationship	Address			Phone/Email		
Wilkerson, Anna	Billing Responsible Party		Self	4400 Terrace Dr Apt.227 New Palestine, IN, 46163			Home:(317) 473-2733		
Mrs. Christman, Pam	Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1		Daughter	3449 S 500 W New Palestine, IN, 46163			Cell:(317) 439-7121 Email:ichthousalso@juno.com		
DIAGNOSIS INFORMATION									
12/01/2020 - CARCINOMA IN SITU OF CERVIX, U... (D06.9)					12/01/2020 - OTHER HYPOTHYROIDISM (E03)				
12/01/2020 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)					12/01/2020 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)				
12/01/2020 - LEFT BUNDLE-BRANCH BLOCK, UNSP... (I44.7)					12/01/2020 - PAROXYSMAL ATRIAL FIBRILLATION (I48.0)				
12/01/2020 - CHRONIC COMBINED SYSTOLIC (CON... (I50.42)					12/01/2020 - EMPHYSEMA, UNSPECIFIED (J43.9)				
12/01/2020 - CHRONIC OBSTRUCTIVE PULMONARY ... (J44.9)					12/01/2020 - PRIMARY OSTEOARTHRITIS, RIGHT ... (M19.031)				
12/01/2020 - PRIMARY OSTEOARTHRITIS, LEFT W... (M19.032)					12/01/2020 - AGE-RELATED OSTEOPOROSIS WITHO... (M81.0)				
12/01/2020 - CHRONIC KIDNEY DISEASE (CKD) (N18)					12/01/2020 - BRADYCARDIA, UNSPECIFIED (R00.1)				
12/01/2020 - SYNCOPE AND COLLAPSE (R55)					12/01/2020 - ASYMPTOMATIC MENOPAUSAL STATE (Z78.0)				

DIAGNOSIS INFORMATION			
12/01/2020 - PRESENCE OF CARDIAC PACEMAKER (Z95.0)			
ADVANCE DIRECTIVE			
Advanced Directive: Living Will; Advanced Directive: Do Not Hospitalize (DNH); Advanced Directive: Feeding Restrictions; Advanced Directive: Medication Restrictions; Advanced Directive: Other Treatment Restrictions; Advanced Directive: DNR			
MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		1316	
Signature			Date
Personal Effects Sent With		Relationship	Date

MOVE IN RECORD

Woodland Terrace of New Palestine

Jul 12, 2024 16:54:01 ET

RESIDENT INFORMATION

Resident Name				Preferred Name	Unit	Unit / Occupant	Move in Date	Init. Move In Date	Orig.MoveIn Date	Resident #	
Wright, Paul					AL	204-1	02/28/2024	02/28/2024	02/28/2024	WTONP30338	
Previous address					Previous Phone #		Legal Mailing address				
821 N Graham Ave					(317) 341-1190		Same as Previous Address				
Sex	Birthdate	Age	Marital Status		Religion		Race		Occupation(s)		Primary Lang.
M	07/04/1940	84	Widowed		Unknown		- Declined to Specify				
Moved in From				Move in Location			Birth Place		Citizenship		Maiden Name
Medicare (HIC) #				Medicaid #			Social Security #		Veterans Administration #		
							311-44-1209				
Insurance Name				Insurance Policy #:							
AnthemMedicare				k2y433m63814							

PAYER INFORMATION

Primary Payer	Private Pay - AL	
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OTHER INFORMATION

Most Recent Hospital Stay	Allergies
	No Known Allergies
Medicaid Recertification Date	Veteran's Status
	No service

CARE PROVIDERS

Provider	Phone	Address	UPIN	NPI
Primary Physician (Primary) Lopshire, John	Office:(317) 497-5530 Fax:(855) 422-5182	9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268		1326128281
Primary Physician Shammas, Issa	Office:(317) 890-5500 Fax:(317) 890-5566	9650 E Washington St Suite 100 Indianapolis, IN 46229		1073554424
Nurse Practitioner Pulliam, Brittany	Office:(317) 497-5530 Fax:(855) 422-5182	9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268		1265108161

PHARMACY

Pharmacy	Phone/Fax	Address
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger	Phone: (317) 452-4669 Fax: (317) 452-4744	6530 Corporate Drive Indianapolis, IN, 46278

EXTERNAL COMMUNITIES

Community Name	Phone	Community Type
IU Health Methodist Hospital	Phone: (317) 962-2000	Hospital
Shirley Brothers Funeral Home	Phone: (317) 897-9606	Funeral Home

CONTACTS

Name	Contact Type	Relationship	Address	Phone/Email
Wright, Paula	Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1	Daughter	2775 S Franklin Road Indianapolis, IN, 46239	Home:(317) 797-3093
Askins, Virginia	Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 2	Daughter	4704 Northeastern Ave Indianapolis, IN, 46239	Home:(317) 496-2253 Email:vaskins@iuhealth.org

DIAGNOSIS INFORMATION

02/16/2024 - MORBID (SEVERE) OBESITY DUE TO... (E66.01)	02/16/2024 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)
02/16/2024 - HYPO-OSMOLALITY AND HYPONATREM... (E87.1)	02/16/2024 - OTHER IDIOPATHIC PERIPHERAL AU... (G90.09)
02/16/2024 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)	02/16/2024 - ATHEROSCLEROTIC HEART DISEASE ... (I25.10)
02/16/2024 - SUPRAVENTRICULAR TACHYCARDIA (I47.1)	02/16/2024 - UNSPECIFIED ATRIAL FIBRILLATIO... (I48.91)
02/16/2024 - THORACIC AORTIC ANEURYSM, RUPT... (I71.1)	02/16/2024 - GASTRO-ESOPHAGEAL REFLUX DISEA... (K21.9)
02/16/2024 - SPINAL STENOSIS, CERVICAL REGI... (M48.02)	02/16/2024 - RADICULOPATHY, CERVICAL REGION (M54.12)
02/16/2024 - OLECRANON BURSITIS (M70.2)	02/12/2024 - OTHER ANXIETY DISORDERS (F41)

ADVANCE DIRECTIVE

MISCELLANEOUS INFORMATION			
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
		135	
Signature			Date
Personal Effects Sent With		Relationship	Date