

Opportunity Medical Center

| | | | | | | |
|---|--------------------|------------------|-------------------------|---------------------|------------------|----------------|
| Account # | Admit Date | Admit Time | Reg Init | Brought By | Info Provided By | MR Number |
| | | 1430 | EG | Wife | Patient | |
| Admitting Physician | Primary Care Phys. | Room # | Type | Service | Discharge Date | Time |
| John Bauer | John Bauer | | | Surg | | |
| Patient Last Name | First | Middle | Former Name | Race | Rel Pref | |
| | | | | C | do not | |
| Patient Address | Apt. No. | City | State | Zip Code | Patient Phone # | |
| 294 W Filmore St | | Sinclair | NJ | 90376-9009 | | |
| Driver's License # | Age | Birth Date | Birthplace | Gender | MS | Occupation |
| N/A | 67 | 05/07/39 | Ohio | M | M | Teacher |
| Accident? Date/Time | N/A | | | | | |
| Patient Employer | Employer Address | | | | | Employer Phone |
| Retired May 2005 | | | | | | |
| Spouse Name | Spouse Address | | City | State | Spouse Phone | |
| Elaine Ann | 9030 W. 3 Ave | | Peoria | Ohio | 200-330-3333 | |
| Emergency Contact | Relationship | Home Phone | | Cell Phone | Work Phone | |
| Jean Sounders | daughter | 102-202-2002 | | N/A | 102-101-1001 | |
| Admitting Diagnosis | | | | Admit Type | ICD9 | Admit Source |
| MVA - diabetes | | | | Surg | | Clinic |
| Primary Insurance Plan | Primary Policy # | Authorization # | Primary Policy Holder | | | |
| Medicare | | | | | | |
| Insurance Plan #2 | Secondary Policy # | Authorization # | Secondary Policy Holder | | | |
| Pacific Care | | | | | | |
| Insurance Plan #3 | Tertiary Policy # | Authorization # | Tertiary Policy Holder | | | |
| | | | | | | |
| Guarantor Name | Rel to Pt | Mailing Address | | | Guarantor Phone | |
| | | | | | | |
| Guarantor Occupation | Employer | Employer Address | | | Employer Phone | |
| | | | | | | |
| Billing Remarks: | | | | | | |
| | | | | | | |
| Principal Diagnosis: | MVA | | | | Code: | 050 |
| Secondary Diagnosis: | Diabetes | | | | Code: | 268 |
| Operations and Procedures: | | | | Physician | Date | Code |
| | | | | | | |
| Consulting Physician: | | | | | | |
| | | | | | | |
| Final Disposition: <input type="radio"/> Discharged <input type="radio"/> Transferred <input type="radio"/> Left AMA <input type="radio"/> Expired <input type="radio"/> Autopsy <input type="radio"/> Yes <input type="radio"/> No | | | | | | |
| I certify that my identification of the principal and secondary diagnosis and the procedures performed is accurate to the best of my knowledge. | | | | | | |
| Opportunity Medical Center | | | | | | |
| | | | | Attending Physician | Date | |