#### **Medical Records - CONFIDENTIAL**

FROM: NM - RMCHCS

520 NM HWY 564, GALLUP, NM 87301-4873 Phone: (505) 863-2273

Fax: (505) 722-3594

TO:

Name: ALLEN, THOMAS

DOB: 04/04/1963 Date Range: to

This document contains the following records of the patient:

- Allergy List
   Care Plan Audit
- **Denied Medications**
- Facesheet
- Medication List
- Patient Photo ID
- **Patient Primary Insurance Card**
- Vaccination History

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## **Allergy List**

None recorded.

# Care Plan Audit

**Care Management Events** 

None recorded

**Health Concerns** 

None recorded

Goals

None recorded

**Patient Tasks** 

None recorded

**Care Team Tasks** 

None recorded

**Health Status** 

None recorded

#### **Denied Medications**

None recorded.

#### Facesheet

#### **Demographics**

Patient Name	ALLEN, THOMAS
Sex	M
DOB	04/04/1963
Address	220 RUDY DR / APT 133E
City/State/Zip	GALLUP, NM 87301
Home Phone	(505) 879-3088
Mobile Phone	(505) 879-3088
Insurance	Med Primary: MOLINA HEALTHCARE OF NM (MEDICARE REPLACEMENT/ADVANTAGE - HMO) Insurance # : 8000880201564 Policy/Group # : QMXEM01568 Med Secondary: MEDICAID-NM (MEDICAID) Insurance # : 00003528070480

#### Height / Weight / BMI / BP

None recorded.

**Problems** 

None recorded.

Surgical & Procedure History None recorded.

Medications None recorded.

**Vaccines** 

None recorded.

**Allergies / Adverse Reactions** 

None recorded.

**Past Medical History** 

(none recorded)

Social History
Education and Occupation
What is your occupation?: DISABILITY
Gender Identity and LGBTQ Identity
Sexual orientation: Straight or heterosexual

Family History None recorded.

Patient History - Other None recorded.

Screening None recorded.

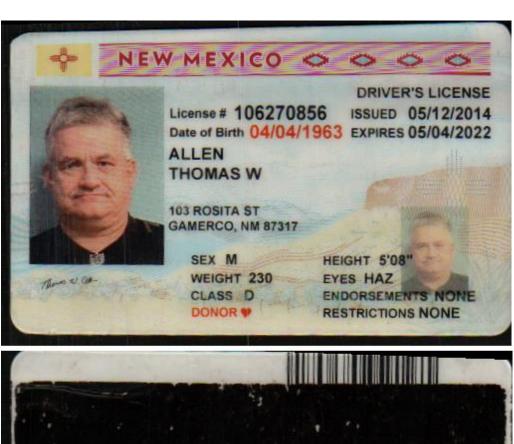
## **Medication** List

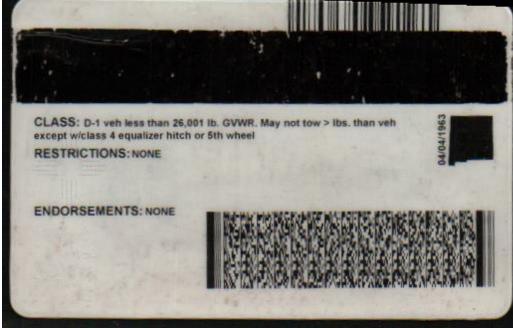
None recorded.

## **Patient Photo ID**

**Upload Date** 

04-05-2017





**Patient Primary Insurance Card** 

**Upload Date** 

08-08-2019

Member Services: (866) 440-0127 or TTY at /11 24-Hour Nurse Advice Line: (888) 275-8750 24-Hour Nurse Advice Line TTY: 711 For Spanish Please Call: (866) 648-3537 Providers/Hospitals: For prior authorization, eligibility and general information, please call Member Services. (see above) Submit Claims To: Medical/Hospital: PO Box 22811, Long Beach, CA 90801, please call Member Services (see above). Pharmacy: 7050 Union Park Center, Suite 200, Midvale, UT 84047 Please call Member Services (see above). MolinaHealthcare.com/Medicare Molina Medicare Options Plus HMO SNP Member: THOMAS ALLEN Member #: 8000880201564 Issue ID: 80840 PCP: AEDRA ANDRADE PCP Tel: (505)863-3120 RxBIN: 004336 RXPCN: MEDDADV RxGRP: RX5021 RxID: 8000880201564 MedicareR Prescription Drug Coverage X Issued Date: 07/12/2019 H9082-007