

## 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)<br>Insurance # : 8000880201564<br>Policy/Group # : QMXEM01568<br>Med Secondary: MEDICAID-NM (MEDICAID)<br>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 711  
**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

**MedicareRx**  
*Prescription Drug Coverage*

Issued Date: 07/12/2019

H9082-007

### Vaccination History

None recorded.