

## Opportunity Medical Center

Account #	Admit Date	Admit Time	Reg Init	Brought By	Info Provided By	MR Number
02487	02/24/202	00:00	EG	Friend	Wife	54391500
Admitting Physician	Primary Care Phys.	Room #	Type	Service	Discharge Date	Time
Christopher Johnson	David White	913		Surgery		
Patient Last Name	First	Middle	Former Name	Race	Rel Pref	Social Security #
Robertson	Jeffrey			C	yes	066-58-6681
Patient Address	Apt. No.	City	State	Zip Code	Patient Phone #	
5402 Parker Radial Suite 186		New Hann	KY	42363	446.952.9017	
Driver's License #	Age	Birth Date	Birthplace	Gender	MS	Occupation
	20	01/07/20	KY	M	M	Geographic
Patient Employer	Employer Address	Employer Phone				
Jenkins and Sons	4303 Waters Loop	916-791-2158				
Spouse Name	Spouse Address	City	State	Spouse Phone		
Joshua Moore	924 Carol Pike	North Christ	IN	+1-872-239-157		
Emergency Contact	Relationship	Home Phone	Cell Phone	Work Phone		
Caitlin Marshall	Mother	3348301877	3348309409			
Admitting Diagnosis	Admit Type	ICD9	Admit Source			
Prostate disease	Surgery					
Primary Insurance Plan	Primary Policy #	Authorization #	Primary Policy Holder			
Northern Care	74-7790-3008					
Insurance Plan #2	Secondary Policy #	Authorization #	Secondary Policy Holder			
Eastern Care	945-3941					
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: Prostate disease						Code: 41313
Secondary Diagnosis:						Code:
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	