Opportunity Medical Center					
Account # Admit Date 97824 10/15/201	Admit Time Reg Init	Brought By	Info Provided By	MR Number 72580097	
				Discharge	
Admitting Physician	Primary Care Phys.	Room #	Type Servi	Date Time	
Mary Combs Wendy Hampton		588	Checkup	<u>'—— </u>	
Patient Last Name	First Middle	Former Name	Race Rel	Pref Social Security #	
Jones Danielle			H yes	249-40-5537	
Patient Address	Apt. No	. City	State Zip Co	de Patient Phone #	
375 Joseph Light Apt.	679	Nelsonberg	WY 83112	4598473930	
Driver's License # Ag	e Birth Date Birth	place Gender	MS Occupati	on Accident? Date/Time	
55	03/13/19(WY	- Piaco	F Professo		
Patient Employer	Employer	Address		Employer Phone	
Sanchez and Sons 421 Hayes Pine				+1-951-054-454	
Spouse Name	Spouse Address		City	State Spouse Phone	
Stephanie Lee	2865 Blackburn Ce	anter Ant 916	Edwinstad	MT 054-906-2889	
	1				
Emergency Contact	Relationship	Home Pho			
Robert Gallegos	Father	001-421-90	001-421-90	00-9	
Admitting Diagnosis Admit Type ICD9				CD9 Admit Source	
Cancer Checkup					
Drimary Incurance Plan	Primary Policy #	Authorization	n # Primary Polic	W Holdor	
Primary Insurance Plan Western Care	16-4475-0415	Authorization	T# Filliary Folic	y Holder	
Insurance Plan #2				olicy Holder	
Eastern Care	945-3941				
Insurance Plan #3	Tertiary Policy #	Authorization	y Holder		
Guarantor Name	Rel to Pt Maili	ng Address		Guarantor Phone	
Guarantor Humo		ng / taur coo			
Guarantor Occupation Employer Employer Address				Employer Phone	
Billing Remarks:					
Principal Diagnosis: Cancer Code: 79825					
Secondary Diagnosis: Code:					
Operations and Proced	ures:		Physic	cian Date Code	
Consulting Physician:					
Final Disposition: Discharged Transferred Left AMA Expired Autopsy Yes 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					
I		Allena	ing Enysician	Date	