

## Opportunity Medical Center

Account #	Admit Date	Admit Time	Reg Init	Brought By	Info Provided By	MR Number
41203	10/02/201	00:00	EG	Mother	Brother	78422297
Admitting Physician	Primary Care Phys.	Room #	Type	Service	Discharge Date	Time
Phillip Garcia	Gary Oliver	545		Outpatient		
Patient Last Name	First	Middle	Former Name	Race	Rel Pref	Social Security #
Smith	Brittany			C	no	857-25-0757
Patient Address	Apt. No.	City	State	Zip Code	Patient Phone #	
451 Richardson Plaza Suite 112		Marshmout	MO	63405	001-590-251-3	
Driver's License #	Age	Birth Date	Birthplace	Gender	MS	Occupation
	96	02/07/19	MO	F	F	Designer, in
Patient Employer	Employer Address	Employer Phone				
Short Group	9407 Lewis Square	(252)940-4007				
Spouse Name	Spouse Address	City	State	Spouse Phone		
Mary Lindsey	744 Mark River Apt. 037	Staceyport	DE	001-753-518-10		
Emergency Contact	Relationship	Home Phone	Cell Phone	Work Phone		
Raymond Scott	Husband	226-319-6575	226-319-4359			
Admitting Diagnosis	Admit Type	ICD9	Admit Source			
Atherosclerosis	Outpatie					
Primary Insurance Plan	Primary Policy #	Authorization #	Primary Policy Holder			
Northern Care	568-9950					
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: Atherosclerosis						Code: 11834
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				Date		
Attending Physician				Date		