

CLIENT INFORMATION: HMG Goshen GI-70 Hatfield 30 Hatfield Lane, Suite 104, GOSHEN, NY, 10924-6735 Account Number: 845-291-1260		PATIENT INFORMATION: BELEN, ANGEL, M, 08/08/1984 SSN: MRN: Visit ID: 4741928 (845)928-0814 ID: 145489 Race: X Height (@@@@): @@@@ Weight (@@@@): @@@@ Bill code: AFI-AFFINITY HEALTH PLAN PRIMARY BILLING: Insurance Insured Name: BELEN, ANGEL Relationship: Self (845)928-0814 Address: 206 CHARLOTTE CT, CENTRAL VALLEY NY 10917		Insurance Co Name: AFFINITY HEALTH PLAN Address: GRACIE STATION, NEW YORK, NY Subscriber/Membership: 17020773300 Medical/HMO#: 17020773300 Worker's Comp? N Group Number: Payor/Carrier Code: AFI		Order Date: 01/07/2021 Order Placed Date: 01/07/2021		Stat Fasting Tests Ordered PSC HOLD Comments Diagnosis Codes	
503770 Infliximab (IFX) Conc+ IFX Ab No K50.00, K21.9		1011 CBC (INCLUDES DIFF/PLATELET) No K50.00, K21.9		1020 COMP (COMPREHENSIVE METABOLIC PANEL) No K50.00, K21.9		19885R C-REACTIVE PROTEIN No K50.00, K21.9		Signature of Patient/Guardian	
Electronically Signed By: Siegel, Lance M		Order generated by eClinicalWorks (www.eclinicalworks.com)		BELEN, ANGEL, M, 08/08/1984		Today: 01/07/2021 11:50:42 Labday: eREQ		REQUISITION/PHYSICIAN INFORMATION: Req/Cnt# (CD-): 9301877 Siegel, Lance M UPIN: F6446 NPI: 1184622672 State License No: 179415 Provider Mnemonic:	

333-9400



145499

Labdaq: eREQ

Today: 01/07/2021 11:50:42

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 30 Hatfield Lane, Suite 104, GOSHEN, NY, 10924-6735
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 4741928
 (845)928-0814 ID: 145499
 Race: X Height: Weight: Bill Code:
 AFFI-AFFINITY HEALTH PLAN
RESPONSIBLE PARTY/GUARANTOR INFO:
 Name: BELEN, ANGEL
 Relationship: Self
 (845)928-0814
 Address: 206 CHARLOTTE CT, CENTRAL
 VALLEY NY 10917
REQUISITION/PHYSICIAN INFORMATION:
 Req/Cvt# (CD-): 9301877
 Siegel, Lance M
 State License No: 179415
 UPIN: F6446 NPI: 1184622672
 Provider Mnemonic:

PRIMARY BILLING: Insurance
 Insured Name: BELEN, ANGEL
 Relationship: Self
 (845)928-0814
 Address: 206 CHARLOTTE CT, CENTRAL
 VALLEY NY 10917
 Order Date: 01/07/2021
 Order Placed Date: 01/07/2021
Insurance Co Name: AFFINITY
 Subscriber/Member#: 17020773300
 Medical/HMO#: Workers Comp? N
 Payor/Carrier Code: AFFI
Diagnosis
 PSC HOLD Comments
 Codes
 K21.9
 K50.00

Electronically Signed By:
 Siegel, Lance M
 Signature of Patient/Guardian
 BELEN, ANGEL, M,
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