CANCER CARE CENTER

707 East Main Street
Middletown NY 10940

Encounter Date: 3/14/2018
Hospital Account: 5001027891
MRN: 563019
Site: EHS MODEL
Contact Serial #: 9685068

ENCOUNTER

Department:	CC INFUSION CENTER	Appt Time:	9:30 AM EDT
Appointment Provider:	CC INF CHAIR 8	Visit Type:	INFUSION 1 HR
Attending Provider:		Referring Physician:	Ellis, David Jonathan, MD
Diagnosis:	Anemia, unspecified [D64* D649		

PATIENT

Name:	ANDERSON,ROBERT G	Age:	64 y.o. DOB: 6/18/1953
Address:	3 TRUMAN CT	Sex:	Male
City:	MIDDLETOWN, NY 10940-4512	Language:	English [22]
PCP:	Ley, R.G. Douglas	Primary Phone:	845-342-9061

EMERGENCY CONTACT

Contact Name	Legal Guardian?	Relationship to Patient	Home Phone	Work
1. Anderson,Diane		Spouse	(845)342-9061	
2. Anderson,Robert		Relative	(845)344-1400	917-492-7124

GUARANTOR

Guarantor:	ANDERSON,ROBERT G	DOB:	6/18/1953
Address:	3 TRUMAN CT	Sex:	Male
	MIDDLETOWN, NY 10940-4512		
Relation to Patient:	Self	Home Phone:	845-342-9061
Guarantor ID:	85982	Work Phone:	

GUARANTOR EMPLOYER

Employer:		Status:	DISABLED

COVERAGE

PRIMARY INSURANCE 2/1/16

Payor:	AFFINITY MCR HMO Copay $5	Plan:	AFFINITY HEALTH PLAN
Group Number:	AFFINITY	Insurance Type:	INDEMNITY
Subscriber Name:	ANDERSON,ROBERT G 80%	Subscriber DOB:	06/18/1953
Subscriber ID:	1601M0052 5400-	Verification Status:	
Pat. Rel. to Subscriber:	Self		

SECONDARY INSURANCE

Payor:		Plan:	
Group Number:		Insurance Type:	
Subscriber Name:		Subscriber DOB:	
Subscriber ID:		Verification Status:	
Pat. Rel. to Subscriber:			

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Venofer J1756

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2/27

Insurance Verification

Name: Robert Anderson DOB: 6/18/53 MR# 563019
Ins. ID # Affinity M/C 1601M0052
Phone#: 877-293-5316
Date: 2/28/18 Time: DX:
Eff Date: ~~1/1/13~~ ~~1/1/15~~ 2/1/16
Copay: 2 @ $50 DED:
Percent: 80/20 OOP: 5400 (85%)
Name of Person: Pt Kevin
REF: 18059000549.
Jcode: Venofer J1756 20% M/C guidelines
96365

Auth Req'd YES: NO: ✓
Auth# Date Span:
Phone: ~~1-888-213-9044~~ Fax:
Name:
ORMC:

Can we Buy and Bill:
YES: NO:
Specialty Pharmacy:
Phone#: Fax:

OK to Schedule: ✓ **Pending:** **Denied:**

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