

United Health Centers  
UHCSJ-250317-457454



United Health Centers  
Central Referral Referrals Department  
3875 W. Beechwood Ave.  
Fresno CA 93722

<b>Send To:</b>	<b>From: Central Referral Center</b> <b>LIZETH VILLALBA</b>
<b>UPN Auth</b>	<b>Date: 03/18/2025</b>
<b>Phone Number:</b>	<b>Phone Number: (800) 492-4227</b>
<b>Fax Number: (888) 320-3851</b>	<b>Fax Number: (844) 742-3430</b>
<b>Patient: AVALOS, JOSE A</b> <b>158185</b> <b>Patient DOB: 1964-05-13</b>	<b>Specialty : Cardiology</b>

**COMMENT:**

**\*\*Confidentiality Notice\*\***

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**Please note the new Referrals Fax #: 559-216-1515**



**Phone: (888) 293-6383**

☒ ROUTINE Fax to (888) 320-3851    [S4] ☐ ADMISSION Notification Fax to (888) 320-3851

\*\*\* IN ORDER TO PROCESS YOUR REQUEST, ARF MUST BE COMPLETED AND LEGIBLE \*\*\*

Patient Name: **AVALOS** **JOSE** ☒ M ☐ F D.O.B. **05/13/1964** Age: **60**  
Last First  
Mailing Address: **220 S Madera Ave Sp 98** City: **KERMAN** ZIP: **93630** Phone: **(559) 421-8861**  
Member ID: **XDJ99699666E** Name of Facility (if applicable):

Grasser, Angela

CARDIOVASCULAR CONSULTANTS HEART

Provider NPI#:

Provider TIN#

**Address:** 729 N MEDICAL CTB DEPT 123 **Phone:**

**CLOVIS, CA 93611** **Fax:**

Office Contact:

LIZETH VILLALBA

ICD-10: R07.9

☐ **URGENT REQUEST** Fax to (888)-320-3851. \*\*\*Definition: "Urgent" is ONLY when normal time frame for authorization will be detrimental to patient's life or health, jeopardize patient's ability to regain maximum function, or result in loss of life, limb or other major bodily function. Urgent requests are addressed within 72 hours.\*\*\* Please sign attesting this request is Urgent.

MD/RN Signature \_\_\_\_\_

☐ Inpatient Facility    ☐ Outpatient Request <sup>[S1]</sup> ☐ SNF <sup>[S2]</sup>    ☐ Medical Services/Items <sup>[S3]</sup>    ☐ Part B Drugs

Date of Services: \_\_\_\_\_ Admission Date: \_\_\_\_\_

**List ALL procedures requested along with the appropriate CPT/HCPCS**

REQUESTED PROCEDURES	PERTINENT HISTORY (Submit supporting Medical Records)	CODE (CPT or HCPCS)	UNITS (REQUIRED)
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Existing Patient L4 (25m)

1 X 99214

**DO NOT WRITE BELOW THIS LINE**

STATUS

Authorization Number #:

**Approved**

### Alternative Treatment

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

☐ Not a Covered Benefit

## Medicine

### Comments:

☐ Not Medically Indicated

附錄 1


**CARDIOVASCULAR CONSULTANTS HEART CENTER**

1207 EAST HERNDON AVENUE, FRESNO, CALIFORNIA 93720

 KEVIN J. BORAN, MD, FACC / W. EDWARD HANKS, MD / DONALD W. GREGORY, MD, FACC  
 ROHIT SUNDRAI, MD, FACC / MICHAEL W. GEN, MD, FACC / CHANDRA PALANISWAMY, MD, FACC, FHRS

 United Health Centers  
 UHCSJ-250317-457454

**APPOINTMENT REQUEST**  
**SCHEDULING FAX (559) 440-9323 PHONE (559) 432-4303**

 Today's Date 03/17/2025 / \_\_\_\_ / \_\_\_\_

 REFERRING PHYSICIAN Grasser, Angela

 PHONE (800) 492-4227 FAX (844) 742-3430
**PATIENT INFORMATION:**

New Patient \_\_\_\_\_ Established Patient \_\_\_\_\_

 Patient Name AVALOS, JOSE A

 Home Phone (559) 421-8861 Cell (559) 421-8861 Work \_\_\_\_\_

 Address 220 S Madera Ave Sp 98 City KERMAN Zip 93630

 Date of Birth 05/13/1964 Social Security Number \_\_\_\_\_

 Insurance Carrier NEUEHEALTH - UNITED PHYSICIANS NETWORK - HEALTH NET (MEDICAID REPLACEMENT - HMO)
**CLINICAL INFORMATION:**

 Diagnosis R07.9 Special Needs \_\_\_\_\_

 Comments dr. gregory fu on cp Weight \_\_\_\_\_

**APPOINTMENT TYPE REQUESTED:**

 Needs Appt. ASAP \_\_\_\_\_ Schedule Appt. at Earliest Convenience X

 [A1] \_\_\_\_\_ [A2] \_\_\_\_\_ [A3] \_\_\_\_\_ [A4] \_\_\_\_\_ [A5] \_\_\_\_\_  
 Consultation: \_\_\_\_\_ Treadmill: \_\_\_\_\_ Echocardiogram: \_\_\_\_\_ Stress Echocardiogram: \_\_\_\_\_ Carotid Ultrasound: \_\_\_\_\_

 [A6] \_\_\_\_\_ [A7] \_\_\_\_\_ [A8] \_\_\_\_\_ [A9] \_\_\_\_\_  
 24 Holter Monitor: \_\_\_\_\_ Nuclear Stress Test: \_\_\_\_\_ ABI: \_\_\_\_\_ Other F/U: \_\_\_\_\_

**APPOINTMENT LOCATION & APPOINTMENT TO BE SCHEDULED WITH:**

 [L1] \_\_\_\_\_ [L2] \_\_\_\_\_  
 Fresno: \_\_\_\_\_ Clovis: \_\_\_\_\_

 [L3] \_\_\_\_\_ [L4] \_\_\_\_\_ [L5] \_\_\_\_\_ [L6] \_\_\_\_\_ [L7] \_\_\_\_\_ [L8] \_\_\_\_\_  
 First Available: Dr. Hanks: \_\_\_\_\_ Dr. Gregory: X Dr. Boran: \_\_\_\_\_ Dr. Sundrai: \_\_\_\_\_ Dr. Gen: \_\_\_\_\_ Dr. Palaniswamy: \_\_\_\_\_

PCP TO CONTACT PATIENT \_\_\_\_\_ CVC TO CONTACT PATIENT \_\_\_\_\_

(To be completed by CVC Staff)

APPT. DATE \_\_\_\_\_ APPT. TIME \_\_\_\_\_

SPECIAL INSTRUCTIONS: Please bring your insurance card, medications, and co-pay!

SCHEDULED BY \_\_\_\_\_

CVC Faxed:	_____
	Date _____
_____	Packet Sent
_____	Patient Notified
_____	Left Message On Machine
_____	Unable To Reach Patient
_____	Left Message With Family
Date:	_____
Time:	_____

UNITED HEALTH CENTERS OF THE SAN JOAQUIN VALLEY • 517 S Madera Ave, Kerman CA 93630-1523

**AVALOS, Jose A (id #158185, dob: 05/13/1964)**

UNITED HEALTH CENTERS OF THE SAN JOAQUIN VALLEY • 517 S Madera Ave, Kerman CA 93630-1523

**AVALOS, Jose A (id #158185, dob: 05/13/1964)**

# Referral Order

03/17/2025

To Provider	From Provider
Phone: Fax:	ANGELA GRASSER, MD Kerman-Madera 517 S Madera Ave Kerman, CA 93630-1523 Phone: (800) 492-4227 Fax: (844) 742-3430

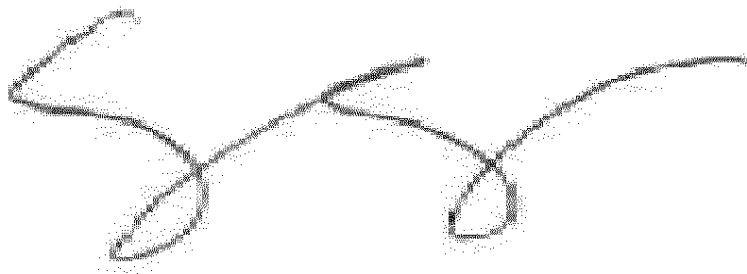
## Referral Order Information

Diagnosis	<ul style="list-style-type: none"> <li>Chest pain</li> </ul> ICD-10: R07.9: Chest pain, unspecified
Order Name	Orders included: 1  Chest pain ICD-10: R07.9: Chest pain, unspecified <ul style="list-style-type: none"> <li>CARDIOLOGIST REFERRAL</li> </ul> Schedule Within: provider's discretion Reason for Referral: dr gregory fu on cp
Notes	

## Patient Information

Patient Name	AVALOS, JOSE A
SSN	999999999
Sex - DOB - Age	M 05/13/1964 60yo
Address	220 S MADERA AVE SP 98 Kerman, CA 93630
Phone	H: (559) 421-8861 W: (559) 250-2108 M: (559) 421-8861
Primary Insurance	NeueHealth - United Physicians Network - Health Net (Medicaid Replacement - HMO) ID: 99699666E Policy Holder: AVALOS, JOSE A
Secondary Insurance	None recorded.

Electronically Signed by: ANGELA GRASSER, MD



AVALOS, Jose A (id #158185, dob: 05/13/1964)

**Admin Documents**

Name JOSE A AVALOS  
CIN# 99699666E

Issue Date 05/01/23  
Enrollment Date 05/01/23

**Physician Group and PCP**  
UNITED HEALTH CENTERS  
UNITED HEALTH CENTERS-KERMAN  
517 S MADERA AVE  
KERMAN CA 93630 - 1523  
PCP PHONE: 1-800-492-4227

CalViva Health only covers medical and hospital services provided or authorized by your Participating Physician Group (PPG).

Effective date with PCP: 05/01/23  
Office Copay: \$0

To change your PPG or Primary Care Provider (PCP), call CalViva Health Member Services at 1-888-893-1569 / TTY: 711 or visit [www.calvivahealth.org](http://www.calvivahealth.org)

Ex BIN 022659

Rx PCN 6334225

CalViva Health Member Services is available 24 hours a day, 7 days a week

Member Services & Mental Health Benefits  
Nurse Advice Line  
Website:

1-888-893-1569 (TTY: 711)  
1-888-893-1569 (TTY: 711)  
[www.calvivahealth.org](http://www.calvivahealth.org)

**If you think you have a medical or psychiatric emergency, call 911 or go to the nearest hospital.**

See your PCP for non-emergency health needs like colds, minor infections or illnesses, or treatment for ongoing health needs. Do not go to the emergency room for routine health care.

Providers Call for Eligibility and Authorization: 1-888-893-1569 Option 2 for eligibility verification.  
Non-contracted hospitals requesting prior authorization for post-stabilization care: 1-800-995-7890, option 2  
Medi-Cal RX Help Line: 1-800-977-2273  
Out of area Emergency Providers Call 1-888-893-1569 for authorization.

Prior Authorization: Primary Care Physician referral in advance is required for most non-emergency services by contracting providers. Emergency services rendered to the member by non-CalViva Health providers are reimbursable by CalViva Health without prior authorization.

This card is for identification only. It does not verify eligibility.

Mail all claims to: PO Box 9020, Farmington, MO 63640-9020.

**Encounters and Procedures**

**AVALOS, Jose A (id #158185, dob: 05/13/1964)**

Clinical Encounter Summaries

**Encounter Date: 03/17/2025**

Patient

<b>Name</b>	AVALOS, JOSE (60yo, M) ID# 158185	<b>Appt. Date/Time</b>	03/17/2025 02:15PM
<b>DOB</b>	05/13/1964	<b>Service Dept.</b>	Kerman-Madera
<b>Provider</b>	ANGELA GRASSER, MD		
<b>Insurance</b>	Med Primary: NEUEHEALTH - UNITED PHYSICIANS NETWORK - HEALTH NET (MEDICAID REPLACEMENT - HMO) Insurance # : 99699666E Med Secondary: HEALTH NET-CA - DOS ON OR AFTER 1/1/18 - CALVIVA (MEDICAID REPLACEMENT - HMO) Insurance # : 99699666E Med : MEDI-CAL - INSTITUTIONAL (MEDICAID) Insurance # : 99699666E Med : MEDI-CAL - INSTITUTIONAL - WRAP CLAIMS (MEDICAID) Insurance # : 99699666E Policy/Group # : 1188XT Med Vision: VSP MEDICAID CA Insurance # : 99699666E Prescription: MAGELLAN-CALIFORNIA MEDICAID - Member is eligible. details		

**Chief Complaint**

60 yr old male follow up egarcia,ma

**Patient's Care Team****Primary Care Provider:** MONICA ARAYA, MD**Patient's Pharmacies****RITE AID #05853 (ERX): 456 S MADERA AVENUE, Kerman, CA 93630, Ph (559) 846-7115, Fax (559) 846-9756****Vitals****Ht:** 5 ft 2.6 in Standing  
(159 cm) 03/17/2025  
02:51 pm**Wt:** 162 lbs 6 oz With  
clothes (73.65 kg)  
03/17/2025 02:53 pm**BMI:** 29.1 03/17/2025 02:53  
pm**T:** 98.4 F° temporal  
artery (36.89 C)  
03/17/2025 02:53 pm**BP:** 124/69 sitting R arm  
03/17/2025 02:53 pm**O2Sat:** 100% Room Air at  
Rest 03/17/2025 02:52  
pm**Pulse:** 79 bpm 03/17/2025  
02:53 pm**RR:** 18 03/17/2025 02:52  
pm**Pain Scale:** 0 03/17/2025 02:52 pm**Allergies**

Allergies not reviewed (last reviewed 01/16/2025)

NKDA

none per pt ccasillas MA

**Medications****Reviewed Medications**

<b>acetaminophen 325 mg tablet</b> take 1 tablet by mouth three times a day	01/03/23 filled
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<b>Admelog SoloStar U-100 Insulin lispro 100 unit/mL subcutaneous pen</b> inject 12 units subcutaneously three times a day with meals	01/13/25 filled
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<b>Aspercreme (lidocaine HCL) 4 % topical</b> 2 gm tid to rib	11/14/24 prescribed
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<b>aspirin 81 mg tablet, delayed release</b> take 1 tablet by mouth once daily	02/27/25 filled
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<b>atorvastatin 80 mg tablet</b> take 1 tablet by mouth every NIGHT	03/11/25 filled
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**AVALOS, Jose A (id #158185, dob: 05/13/1964)**

**Basaglar KwikPen U-100 Insulin 100 unit/mL (3 mL) subcutaneous**  
inject 20 units subcutaneously at bedtime

07/31/24 filled

**BD NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32"**  
use four times a day

08/13/23 renewed

**BD Ultra-Fine Mini Pen Needle 31 gauge x 3/16"**

09/30/19 filled

**BD Ultra-Fine Short Pen Needle 31 gauge x 5/16"**  
use 1 PEN NEEDLE to inject MEDICATION four times a day

02/28/25 filled

**bumetanide 1 mg tablet**  
take 1 tablet by mouth every other day

02/09/25 filled

**carvedilol 12.5 mg tablet**  
take 1 tablet by mouth twice a day

03/17/25 changed

**clonidine HCL 0.1 mg tablet**  
take 2 tablet ONCE IN THE EVENING 3 HOURS APART FROM CARVEDILOL

02/04/25 filled

**cyanocobalamin (vit B-12) 1,000 mcg tablet**  
take 1 tablet by mouth once daily

01/12/25 renewed

**diclofenac 1 % topical gel**  
apply 2 grams to affected area topically twice a day TO RIB

11/14/24 filled

**DROPLET PEN NEEDLE 32 GAUGE X 5/16"**  
use 1 PEN NEEDLE to inject MEDICATION four times a day

02/06/25 renewed

**Farxiga 10 mg tablet**  
Take 1 tablet(s) every day by oral route.

03/17/25 prescribed

**Farxiga 5 mg tablet**  
take 1 tablet by mouth once daily

03/06/25 filled

**fluticasone propionate 50 mcg/actuation nasal spray,suspension**  
instill 1 spray into each nostril once daily

01/03/23 filled

**FreeStyle Libre 2 Sensor kit**  
apply 1 SENSOR to back OF UPPER ARM REMOVE AND REPLACE every 14 d... (REFER TO PRESCRIPTION NOTES).

11/06/23 filled

**lisinopril 20 mg tablet**  
take 1 tablet by mouth once daily

03/17/25 changed

**Lokelma 10 gram oral powder packet**

03/04/25 filled

**mycophenolate mofetil 250 mg capsule**  
1 cap BID

03/04/25 filled

**prednisONE 5 mg tablet**  
Take 1 tablet(s) every day by oral route.

03/04/25 filled

**sodium bicarbonate 650 mg tablet**

03/04/25 filled

**tacrolimus 0.5 mg capsule, immediate-release**  
Take 1 capsule(s) every day by oral route.

03/04/25 filled

**True Metrix Glucose Test Strip**

02/17/25 filled

**AVALOS, Jose A (id #158185, dob: 05/13/1964)**

USAR TRES VECES AL DIA

**Vitamin D2 1,250 mcg (50,000 unit) capsule**  
1 cap po q week

03/17/25 prescribed

**Vaccines**

Vaccines not reviewed (last reviewed 01/16/2025)

Vaccine Type	Date	Amt	Route	Site	NDC	Lot #	Mfr.	Exp. Date	VIS	VIS Given	Vaccinator
<b>COVID-19</b>											
COVID-19, mRNA, LNP-S, bivalent booster, PF, 30 mcg/0.3 mL dose (Pfizer-BioNTech)	12/22/22	1	Intramuscular			GJ6738	Pfizer, Inc				
COVID-19, mRNA, LNP-S, PF, 30 mcg/0.3 mL dose, tris-sucrose (Pfizer-BioNTech)	04/14/22					FJ6369					
COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna)	08/20/21	1	Intramuscular			091D21A	Moderna US, Inc.				
COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna)	05/26/21	1	Intramuscular			002C21A	Moderna US, Inc.				
COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna)	04/26/21					031B21A					
<b>Diphtheria, Tetanus, Pertussis</b>											
Tdap	10/14/20										
Tdap	10/13/20	1									
Tdap	09/09/20	1	Intramuscular			BR352	GlaxoSmithKline				
Tdap	02/08/17	1	Intramuscular			T975M	GlaxoSmithKline				
<b>Hepatitis A</b>											
Hep A-Hep B	11/10/20	1	Intramuscular			DK23D	GlaxoSmithKline				
<b>Hepatitis B</b>											
Hep A-Hep B	11/10/20	1	Intramuscular			DK23D	GlaxoSmithKline				
<b>Influenza</b>											
influenza, injectable, quadrivalent, preservative free	12/22/22	1	Intramuscular			UJ943AB	Sanofi Pasteur				
influenza, injectable, quadrivalent, preservative free	08/20/21	1	Intramuscular			2X295	GlaxoSmithKline				
influenza, injectable, quadrivalent	10/14/20										Rite Aid
influenza, injectable, quadrivalent	10/13/20	1									
influenza, injectable, quadrivalent, preservative free	09/09/20	1	Intramuscular			TM72J	GlaxoSmithKline				
influenza, injectable, quadrivalent	09/27/18		Intramuscular	Shoulder, Left		UI983AA	Sanofi Pasteur	06/30/19	08/07/2015	09/27/18	Flores, MA, Almadelia
influenza, injectable, quadrivalent	09/27/18					UI983AA					
influenza, whole	10/01/17										
influenza, seasonal, injectable, preservative free	10/06/16	1	Intramuscular			U1625AA	Sanofi Pasteur				
<b>Pneumococcal</b>											
pneumococcal polysaccharide PPV23	09/09/20	1	Intramuscular			TO10293	Merck and Co., Inc.				
pneumococcal polysaccharide PPV23	02/01/18	1	Intramuscular			N019837	Merck and Co., Inc.				
pneumococcal polysaccharide PPV23	11/21/14	1	Intramuscular			K006680	Merck and Co., Inc.				
<b>Zoster</b>											
zoster recombinant	06/14/21	1	Intramuscular			44DX9	GlaxoSmithKline				
zoster recombinant	11/10/20	1	Intramuscular			7XY2P	GlaxoSmithKline				

**Problems****Reviewed Problems**

- Pulmonary tuberculosis - Onset: 02/11/2015 - Recorded Elsewhere: No|Location: UHC Kerman MED|Source: EHR|Chronic: N|Practice ID: 0002|Billable Time: 11:15:00 AM
- Uncontrolled type 2 diabetes mellitus - Onset: 04/27/2020
- Hyperlipidemia - Onset: 11/01/2017 - Recorded Elsewhere: No|Location: UHC Kerman MED|Source: EHR|Chronic: N|Practice ID: 0002|Billable Time: 09:15:00 AM
- Thrombocytopenic disorder - Onset: 12/28/2020
- Bell's palsy - Onset: 09/25/2017 - Recorded Elsewhere: No|Location: UHC Kerman MED|Source: EHR|Chronic: N|Practice ID: 0002|Billable Time: 08:15:00 AM
- Hypermetropia - Onset: 01/16/2015 - Recorded Elsewhere: No|Location: UHC Kerman OPT|Source: EHR|Chronic: N|Practice ID: 0002|Billable Time: 01:30:00 PM
- Presbyopia - Onset: 01/16/2015 - Recorded Elsewhere: No|Location: UHC Kerman OPT|Source: EHR|Chronic: N|Practice ID: 0002|Billable Time: 01:30:00 PM
- Essential hypertension - Onset: 09/03/2015 - Recorded Elsewhere: No|Location: UHC Kerman MED|Source: EHR|Chronic: N|Practice ID: 0002|Billable Time: 10:45:00 AM
- Coronary arteriosclerosis - Onset: 12/16/2019 - h/o stent stable .Lexiscan test 7/3/19 Cardiovascular Consultants
- Aortic valve stenosis - Onset: 07/09/2024
- Congestive heart failure - Onset: 07/09/2024
- Ischemic stroke - Onset: 04/03/2018 - Problem description: Ischemic stroke|conceptId: 422504002|Source: EHR|Location: UHC Kerman MED|Practice ID: 0002|Chronic: No



**AVALOS, Jose A (id #158185, dob: 05/13/1964)**

- Cerebrovascular accident - Onset: 04/03/2018 - Problem description: Cerebrovascular accident (CVA), unspecified mechanism|conceptId: 230690007|Source: EHR|Location: UHC Kerman MED|Practice ID: 0002|Chronic: No
- Atherosclerosis of renal artery - Onset: 04/03/2018 - Recorded Elsewhere: No|Location: UHC Kerman MED|Source: EHR|Chronic: N|Practice ID: 0002|Billable Time: 03:30:00 PM
- End stage renal failure with renal transplant - Onset: 04/29/2021
- Swelling of wrist joint - Onset: 06/27/2024
- History of renal transplant - Onset: 09/25/2017 - Recorded Elsewhere: No|Location: UHC Kerman MED|Source: EHR|Chronic: N|Practice ID: 0002|Billable Time: 08:15:00 AM
- History of artificial eye lens - Onset: 01/15/2015 - Recorded Elsewhere: No|Location: UHC Kerman OPT|Source: EHR|Chronic: N|Practice ID: 0002|Billable Time: 11:15:00 AM
- Chronic kidney disease due to type 2 diabetes mellitus - Onset: 11/18/2015 - Recorded Elsewhere: No|Location: UHC Kerman MED|Source: EHR|Chronic: N|Practice ID: 0002|Billable Time: 02:15:00 PM
- Proliferative retinopathy due to diabetes mellitus - Onset: 01/15/2015 - Recorded Elsewhere: No|Location: UHC Kerman OPT|Source: EHR|Chronic: N|Practice ID: 0002|Billable Time: 11:15:00 AM
- Homocysteine level elevated - Onset: 05/11/2020
- Well controlled type 2 diabetes mellitus - Onset: 04/29/2021

**Family History****Discussed Family History**

- Father - No current problems or disability
- Mother - No current problems or disability

**Social History****Discussed Social History****Substance Use**

- Do you or have you ever smoked tobacco?: Former smoker
- How many years have you smoked tobacco?: 30
- How much tobacco do you smoke?: None
- Do you or have you ever used any other forms of tobacco or nicotine?: No
- Do you or have you ever used e-cigarettes or vape?: Never used electronic cigarettes
- Do you or have you ever used smokeless tobacco?: Never used smokeless tobacco
- What was the date of your most recent tobacco screening?: 03/17/2025
- Has tobacco cessation counseling been provided?: Yes
- On what date was tobacco cessation counseling provided?: 03/17/2025
- What is your level of alcohol consumption?: None
- Do you use any illicit or recreational drugs?: No
- What is your level of caffeine consumption?: Occasional

**Covid-19 Questions**

- Cough: No
- Fatigue: No
- Fever or chills: No
- Headache: No
- Muscle or body aches: No
- Loss of taste or smell: No
- Shortness of breath: No
- Sore throat: No
- Congestion/Runny nose: No
- Diarrhea: No
- Nausea or vomiting: No

**Home and Environment**

- What type of child care do you use?: None
- Do you have any pets?: No
- Do you have smoke and carbon monoxide detectors in your home?: Yes
- Are you passively exposed to smoke?: No
- Are there any guns present in your home?: No
- What is the fluoride status of your home?: Unknown
- Do you use insect repellent routinely?: No
- Do you use sunscreen routinely?: No

**Lifestyle**

- Do you feel stressed (tense, restless, nervous, or anxious, or unable to sleep at night)?: Not at all
- Do you participate in social media?: No
- Do you wear a helmet when biking?: No
- Do you use your seat belt or car seat routinely?: Yes

**Marriage and Sexuality**

- What is your relationship status?: Divorced
- Are you sexually active?: No
- How many children do you have?: 4

**Advance Directive**

- Is blood transfusion acceptable in an emergency?: No
- Do you have a patient advocate?: No

**Public Health and Travel**

- Have you been to an area known to be high risk for COVID-19?: No

**AVALOS, Jose A (id #158185, dob: 05/13/1964)**

In the 14 days before symptom onset, have you had close contact with a laboratory-confirmed COVID-19 while that case was ill?: No  
 In the 14 days before symptom onset, have you had close contact with a person who is under investigation for COVID-19 while that person was ill?: No

Do you reside in or have you traveled to an area where Ebola virus transmission is active?: No

Have you processed blood or body fluids from an Ebola virus disease patient without appropriate PPE?: No

Have you recently or are you planning to travel to an area with Zika virus?: No

Are you currently sexually active with anyone who has traveled (within the last 12 weeks) to a Zika-affected area?: No

**Education and Occupation**

What is the highest grade or level of school you have completed or the highest degree you have received?: 12th grade, no diploma

Are you currently employed?: Yes

What is your occupation?: sells fruit

**Diet and Exercise**

What type of diet are you following?: Regular

What is your exercise level?: None

**Activities of Daily Living**

Are you able to care for yourself?: Yes

Are you blind or do you have difficulty seeing?: No

Are you deaf or do you have serious difficulty hearing? : Yes

Do you have difficulty concentrating, remembering or making decisions?: No

Do you have difficulty walking or climbing stairs?: No

Do you have difficulty dressing or bathing?: No

Do you have difficulty doing errands alone?: No

Are you able to walk?: Yes: walks without restrictions

Do you have transportation difficulties?: No

Which of your hands is dominant?: Right

**Gender Identity and LGBTQ Identity**

Gender identity: Identifies as Male

Assigned sex at birth: Male

Pronouns: he/him

Sexual orientation: Straight or heterosexual

**Surgical History**

Discussed Surgical History

- Transplant of kidney - 01/01/2016

**Past Medical History**

Discussed Past Medical History

Diabetes: Y

**Screening**

Name	Score	Notes
PHQ-2/PHQ-9	0 (for the PHQ-9)	
AUDIT-C	0	
DAST	0	

**HPI**

Follow-up on chronic kidney disease follow-up on diabetes follow-up on hypertension follow-up on lab work no fever chills no chest pain no shortness of breath

**ROS**

**Additionally reports:**

**TB RISK ASSESSMENT**

One or more signs and symptoms of TB? Prolonged cough \_\_\_\_ Coughing up blood \_\_\_\_ Fever \_\_\_\_ Night sweats \_\_\_\_

Weight loss \_\_\_\_ Excessive fatigue \_\_\_\_

**Note: A chest x-ray and/or sputum examination may be necessary to rule out infectious TB.**

Close contact with someone with infectious TB disease? no

Foreign-born person? (Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe) no

Traveler to high TB-prevalence country for more than 1 month? (Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe) no

Current or former resident or employee of correctional facility, long-term care facility, hospital or homeless shelter? no

ROS as noted in the HPI

**Physical Exam**

**AVALOS, Jose A (id #158185, dob: 05/13/1964)**

gen nad  
 heent nl conjunctiva mmm  
 cvs rrr  
 chest ctab  
 abd soft nt  
 ext nl gait  
 skin no rash

**Assessment / Plan****1. Heparin-induced thrombocytopenia -**

Could be lab error repeat CBC

- D75.829: Heparin-induced thrombocytopenia, unspecified
- CBC WITH DIFFERENTIAL/PLATELET

**2. Overweight**

E66.3: Overweight

- EATING HEALTHY FOODS: CARE INSTRUCTIONS
- CÓMO COMER ALIMENTOS SALUDABLES: INSTRUCCIONES DE CUIDADO - [EATING HEALTHY FOODS: CARE INSTRUCTIONS]

**3. Chronic kidney disease stage 3-**

37-40-39-24-32

N18.30: Chronic kidney disease, stage 3 unspecified

**4. Vitamin D deficiency -**

14

E55.9: Vitamin D deficiency, unspecified

- Vitamin D2 1,250 mcg (50,000 unit) capsule - 1 cap po q week Qty: (12) capsule Refills: 3 Pharmacy: RITE AID #05853

**5. Uncontrolled type 2 diabetes mellitus -**

Diet and exercise 10.6

E11.65: Type 2 diabetes mellitus with hyperglycemia

- DIABETIC OPHTHALMOLOGY REFERRAL - Schedule Within: provider's discretion

Reason for Referral: natural vision mader for dm exam

- Farxiga 10 mg tablet - Take 1 tablet(s) every day by oral route. Qty: (90) tablet Refills: 0 Pharmacy: RITE AID #05853

**6. Essential hypertension -**

Not controlled to ER if worse

I10: Essential (primary) hypertension

- carvedilol 12.5 mg tablet - take 1 tablet by mouth twice a day Qty: (60) tablet Refills: 3 Pharmacy: RITE AID #05853
- lisinopril 20 mg tablet - Take 1 tablet(s) every day by oral route. Qty: (60) tablet Refills: 3 Pharmacy: RITE AID #05853

**7. Chest pain -**

To ER if worse

R07.9: Chest pain, unspecified

- CARDIOLOGIST REFERRAL - Schedule Within: provider's discretion

Reason for Referral: dr gregory fu on cp

**Return to Office**

- to see Angela Grasser, MD at Kerman-Madera on or around 05/17/2025


**Encounter Sign-Off**

Encounter signed-off by Angela Grasser, MD, 03/17/2025.

Encounter performed and documented by Angela Grasser, MD


**Lab Results**

HEMOGLOBIN A1C-001453-P 02/06/2025 (#65439482, Final, 02/04/2025 8:45am)

Ordering Provider	ANGELA GRASSER, MD	Performing Lab	LABCORP SAN DIEGO (01) LABCORP SAN DIEGO EARLE COLLUM, JR 13112 EVENING CREEK DR SO STE 200 SAN DIEGO, CA 921284108  Account ID: 04307985				
Specimen/Accession ID	11096006CE17661	Specimen Source					
Specimen Coll. Date	02/04/2025 08:45	Result Status	Final				
Specimen Rec. Date	02/04/2025 00:00	Report Status					
Specimen Reported Date	02/06/2025 09:11						
Report	Result	Ref. Range	Units		Status	Lab	Date
HEMOGLOBIN A1C	10.6	4.8-5.6	%	Above High Normal	Final	01	
	Prediabetes: 5.7 - 6.4 Diabetes: >6.4 Glycemic control for adults with diabetes: <7.0						
RESULT NOTE	FASTING YES						

CARDIOVASCULAR REPORT 02/06/2025 (#65439480, Final, 02/04/2025 8:45am)

Ordering Provider	ANGELA GRASSER, MD	Performing Lab	LABCORP CLINICAL / DIGITAL (02) LABCORP CLINICAL / DIGITAL JENNIFER ENNIS 10 MOORE DRIVE DURHAM, NC 277090009  Account ID: 04307985				
Specimen/Accession ID	11096006CE17661	Specimen Source					
Specimen Coll. Date	02/04/2025 08:45	Result Status	Final				
Specimen Rec. Date	02/04/2025 00:00	Report Status					
Specimen Reported Date	02/06/2025 09:11						

Report	Result	Ref. Range	Units		Status	Lab	Date
INTERPRETATION	Note				Final	02	
<p>-----</p> <p>CARDIOVASCULAR REPORT:</p> <p>-----</p> <p>Current available clinical information suggests the patient's risk is at least HIGH. Your patient has laboratory results that suggest the presence of two CVD risk equivalents (diabetes and chronic kidney disease). One additional major risk factor is present (age over 45).</p> <p>-</p> <p>Insulin resistance, obesity, excessive alcohol use, smoking, liver disease, and certain medications can cause secondary dyslipidemia. Consider evaluation if clinically indicated.</p> <p>-</p> <p>Therapeutic lifestyle changes are always valuable to achieve optimal blood lipid status (diet, exercise, weight management).</p> <p>-----</p> <p>LIPID MANAGEMENT</p> <p>Select one patient risk category based upon medical history and clinical judgment. Additional risk factors such as personal or family history of premature CHD, smoking, and hypertension modify a patient's goals of therapy. In CVD prevention, the intensity of therapy should be adjusted to the level of patient risk. MODERATE intensity statin therapy generally results in an average LDL-C reduction of 30% to less than 50% from the untreated baseline. Examples include</p>							

**AVALOS, Jose A (id #158185, dob: 05/13/1964)**

(daily doses): atorvastatin 10-20 mg, rosuvastatin 5-10 mg, simvastatin 20-40 mg, pravastatin 40-80 mg, lovastatin 40 mg. HIGH intensity statin therapy generally results in an average LDL-C reduction of 50% or more from the untreated baseline. Examples include (daily doses): atorvastatin 40-80 mg and rosuvastatin 20 mg.

**LOW RISK ASSESSMENT AND TREATMENT SUGGESTIONS**

LDL-C is optimal, was 71 and now is 50 mg/dL. Non-HDL Cholesterol is optimal, was 94 and now is 78 mg/dL.

Please refer to assessment and treatment suggestions under high risk category.

**INTERMEDIATE RISK ASSESSMENT AND TREATMENT SUGGESTIONS**

LDL-C is optimal, was 71 and now is 50 mg/dL. Non-HDL Cholesterol is optimal, was 94 and now is 78 mg/dL.

Please refer to assessment and treatment suggestions under high risk category.

**HIGH RISK ASSESSMENT AND TREATMENT SUGGESTIONS**

LDL-C is optimal, was 71 and now is 50 mg/dL. Non-HDL Cholesterol is optimal, was 94 and now is 78 mg/dL.

Continue statin if in use. Consider measurement of LDL particle number or Apo B to adjudicate need for further LDL lowering therapy. If statin cannot be tolerated or increased, alternatives include use of an intestinal agent (ezetimibe or bile acid sequestrant), niacin, and/or fish oil.


**DISCLAIMER**

These assessments and treatment suggestions are provided as a convenience in support of the physician-patient relationship and are not intended to replace the physician's clinical judgment. They are derived from national guidelines in addition to other evidence and expert opinion. The clinician should consider this information within the context of clinical opinion and the individual patient. SEE GUIDANCE FOR CARDIOVASCULAR REPORT: Grundy SM et al. 2018 Multisociety guideline on the management of blood cholesterol: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. J Am Coll Cardiol 2019; 73: e285-350; Corleis et al. Clin Chem 2009; 55(3):407-419; Brizzell et al. Diabetes Care 2008; 31(7):811-82.

PDF	Not applicable				Final	02	
RESULT NOTE	FASTING YES						


**AVALOS, Jose A (id #158185, dob: 05/13/1964)****LIPID PANEL-303756-P 02/06/2025 (#65439479, Final, 02/04/2025 8:45am)**

Ordering Provider	ANGELA GRASSER, MD	Performing Lab	LABCORP SAN DIEGO (01) LABCORP SAN DIEGO EARLE COLLUM, JR 13112 EVENING CREEK DR SO STE 200 SAN DIEGO, CA 921284108 Account ID: 04307985				
Specimen/Accession ID	11096006CE17661	Specimen Source					
Specimen Coll. Date	02/04/2025 08:45	Result Status	Final				
Specimen Rec. Date	02/04/2025 00:00	Report Status					
Specimen Reported Date	02/06/2025 09:11						

Report	Result	Ref. Range	Units		Status	Lab	Date
CHOLESTEROL, TOTAL	139	100-199	mg/dL	Normal	Final	01	
<b>TRIGLYCERIDES</b>	<b>168</b>	<b>0-149</b>	<b>mg/dL</b>	<b>Above High Normal</b>	<b>Final</b>	<b>01</b>	
HDL CHOLESTEROL	61	>39	mg/dL	Normal	Final	01	
VLDL CHOLESTEROL CAL	28	5-40	mg/dL		Final	01	
LDL CHOL CALC (NIH)	50	0-99	mg/dL		Final	01	
LDL CALC COMMENT:	NP				Cancelled	01	
RESULT NOTE	FASTING YES						

**AVALOS, Jose A (id #158185, dob: 05/13/1964)****CBC, PLATELET, NO DIFFERENTIAL 02/06/2025 (#65439478, Final, 02/04/2025 8:45am)**

Ordering Provider	ANGELA GRASSER, MD		Performing Lab	LABCORP SAN DIEGO (01) LABCORP SAN DIEGO EARLE COLLUM, JR 13112 EVENING CREEK DR SO STE 200 SAN DIEGO, CA 921284108  Account ID: 04307985			
Specimen/Accession ID	11096006CE17661		Specimen Source				
Specimen Coll. Date	02/04/2025 08:45		Result Status	Final			
Specimen Rec. Date	02/04/2025 00:00		Report Status				
Specimen Reported Date	02/06/2025 09:11						

Report	Result	Ref. Range	Units		Status	Lab	Date
WBC	4.9	3.4-10.8	x10E3/uL	Normal	Final	01	
RBC	4.27	4.14-5.80	x10E6/uL	Normal	Final	01	
<b>HEMOGLOBIN</b>	<b>11.7</b>	<b>13.0-17.7</b>	<b>g/dL</b>	<b>Below Low Normal</b>	<b>Final</b>	<b>01</b>	
HEMATOCRIT	37.9	37.5-51.0	%	Normal	Final	01	
MCV	89	79-97	fL	Normal	Final	01	
MCH	27.4	26.6-33.0	pg	Normal	Final	01	
<b>MCHC</b>	<b>30.9</b>	<b>31.5-35.7</b>	<b>g/dL</b>	<b>Below Low Normal</b>	<b>Final</b>	<b>01</b>	
RDW	13.3	11.6-15.4	%		Final	01	
<b>PLATELETS</b>	<b>99</b>	<b>150-450</b>	<b>x10E3/uL</b>	<b>Alert Low</b>	<b>Final</b>	<b>01</b>	
Actual platelet count may be somewhat higher than reported due to aggregation of platelets in this sample.							
HEMATOLOGY COMMENTS:	Note:				Final	01	
Verified by microscopic examination.							
NRBC	NP				Cancelled	01	
RESULT NOTE	FASTING YES						




**AVALOS, Jose A (id #158185, dob: 05/13/1964)****COMP. METABOLIC PANEL (14)-322000-P 02/06/2025 (#65439476, Final, 02/04/2025 8:45am)**

Ordering Provider	ANGELA GRASSER, MD		Performing Lab	LABCORP SAN DIEGO (01) LABCORP SAN DIEGO EARLE COLLUM, JR 13112 EVENING CREEK DR SO STE 200 SAN DIEGO, CA 921284108  Account ID: 04307985			
Specimen/Accession ID	11096006CE17661		Specimen Source				
Specimen Coll. Date	02/04/2025 08:45		Result Status	Final			
Specimen Rec. Date	02/04/2025 00:00		Report Status				
Specimen Reported Date	02/06/2025 09:11						
Report	Result	Ref. Range	Units	⚠	Status	Lab	Date
GLUCOSE	237	70-99	mg/dL	Above High Normal	Final	01	
BUN	77	8-27	mg/dL	Alert High	Final	01	
CREATININE	2.31	0.76-1.27	mg/dL	Above High Normal	Final	01	
EGFR	32	>59	mL/min/1.73	Below Low Normal	Final	01	
BUN/CREATININE RATIO	33	10-24		Above High Normal	Final	01	
SODIUM	137	134-144	mmol/L	Normal	Final	01	
POTASSIUM	4.8	3.5-5.2	mmol/L	Normal	Final	01	
CHLORIDE	103	96-106	mmol/L	Normal	Final	01	
CARBON DIOXIDE, TOTAL	23	20-29	mmol/L	Normal	Final	01	
CALCIUM	9.3	8.6-10.2	mg/dL	Normal	Final	01	
PROTEIN, TOTAL	4.9	6.0-8.5	g/dL	Below Low Normal	Final	01	
ALBUMIN	3.2	3.8-4.9	g/dL	Below Low Normal	Final	01	
GLOBULIN, TOTAL	1.7	1.5-4.5	g/dL		Final	01	
BILIRUBIN, TOTAL	0.3	0.0-1.2	mg/dL	Normal	Final	01	
ALKALINE PHOSPHATASE	102	44-121	IU/L	Normal	Final	01	
AST (SGOT)	14	0-40	IU/L	Normal	Final	01	
ALT (SGPT)	12	0-44	IU/L	Normal	Final	01	
RESULT NOTE	FASTING YES						



**AVALOS, Jose A (id #158185, dob: 05/13/1964)****TSH+FREE T4-224576-P 02/06/2025 (#65439474, Final, 02/04/2025 8:45am)**

Ordering Provider	ANGELA GRASSER, MD		Performing Lab	LABCORP SAN DIEGO (01) LABCORP SAN DIEGO EARLE COLLUM, JR 13112 EVENING CREEK DR SO STE 200 SAN DIEGO, CA 921284108  Account ID: 04307985			
Specimen/Accession ID	11096006CE17661		Specimen Source				
Specimen Coll. Date	02/04/2025 08:45		Result Status	Final			
Specimen Rec. Date	02/04/2025 00:00		Report Status				
Specimen Reported Date	02/06/2025 09:11						
Report	Result	Ref. Range	Units		Status	Lab	Date
TSH	1.870	0.450-4.500	uIU/mL	Normal	Final	01	
T4, FREE(DIRECT)	1.26	0.82-1.77	ng/dL	Normal	Final	01	
RESULT NOTE	FASTING YES						

## JOSE A AVALOS

## Overview

This patient is eligible as of today, Mar 18, 2025

Please be aware that the PCP address location displayed in the provider portal may not be accurate. To ensure correct assignment details, always check the member's ID card for the most up-to-date information. Do not deny care based on the portal's details alone.

## Patient Information

**Name** JOSE A AVALOS  
**Gender** M  
**Birthdate** May 13, 1964  
**Age** 60 years old  
**Member #** 99699666E  
**Address** 220 S MADERA AVE SPC 98  
 KERNAN, CA 93630  
**County** Fresno County, California  
**Redetermination Date** 09/01/2025  
**Group ID** MCAL16  
**Primary Lang** Spanish  
**Product** Calviva

## Eligibility History

Start Date	End Date	Product Name
Jan 1, 2024	Ongoing	MCE Non Dual
May 1, 2023	Dec 31, 2023	MCE Non Dual

[more](#)

## PCP Information

**Name** UPN - UNITED HEALTH CENTERS - KERNAN  
**Physician ID** FRZ4  
**Address** 517 S MADERA AVE,  
 KERNAN,CA 936301523  
**Phone Number** 5596466618

[View PCP History](#)

## PPG Information

**Name** UNITED PHYSICIANS NETWORK  
**PPG ID** FRZ1  
**Address** 7475 N PALM AVE SUITE 101,  
 FRESNO,CA 937115763

[View PPG History](#)

## Provider Subgroup

**Name**

Give Feedback

3/18/25, 10:26 AM

Medi-Cal Provider Tools

## UNITED PHYSICIANS NETWORK

Provider ID MFRZ4

Address 7475 N PALM AVE SUITE 101  
FRESNO, CA 937115763

Phone Number

## Capitated Hospital

Capitated Hospital Information is not available

EPSDTCare Gaps

No colorectal cancer screen.

Allergies

None On File

[View Clinical Information](#)

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