2025/03/18 10:31:18 1 /19

United Health Centers UHCSJ-250317-457454



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

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

COMMENT:

Confidentiality Notice

This facsimile transmission contains confidential information, some or all of which may be protected health information as defined by the federal Health Insurance Portability & Accountability Act (HIPAA) Privacy Rule. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient, you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender by telephone at (559)646-7048 to arrange the return or destruction of the information and all copies.



UHCSJ-250317-457454 United Health Centers

Phone: (888) 293-6383

P.O. Box 8350 La Verne, CA 91750

AUTHORIZATION REQUEST FORM (ARF)

IROUTINE 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 ***

PROVIDER: Authorization does not guarantee payment, E	LIGIBILITY must be verified at the time services are
rendered.	
Patient Name: AVALOS JOSE	M F D.O.B. 05/13/1964 Age: 60
Last First	
	ERMAN ZIP: 93630 Phone: (559) 421-8861
	(if applicable):
Requesting Provider:	Servicing Provider (Physician, Facility, Vendor): CARDIOVASCULAR CONSULTANTS HEART
Grasser, Angela	[55]
Provider NPI# <u>1285853697</u>	Provider NPI#:
Provider TIN#: <u>941732538</u>	Provider TIN#:
Address: Phone: _(800) 492-4227_	Address: 729 N MEDICAL CTR DRIMOSTE 123
Fax: (844) 742-3430	CLOVIS, CA 93611 Fax:
Office Contact:	Office Contact:
LIZETH VILLALBA	
Diagnosis: Chest pain, unspecified	ICD-10: R07.9
AUTHORIZAT	ION REQUEST
URGENT REQUEST Fax to (888)-320-3851. ***Definition: "Urgent" is ON	
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patient's life or health, jeopardize patient's ability to regain maximum function, or requests are addressed within 72 hours.*** Please sign attesting this request is University of MO/ON Stongtons.	
requests are addressed within 72 hours.*** Please sign attesting this request is U	rgent.
requests are addressed within 72 hours.*** Please sign attesting this request is Ut ** MD/RN Signature	rgent.
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requests are addressed within 72 hours.*** Please sign attesting this request is University MD/RN Signature Impatient Facility Outpatient Request SNF	Medical Services/Items [S3] Part B Drugs Admission Date: Ig with the appropriate CPT/HCPCS Ing Medical Records) CODE (CPT or HCPCS) UNITS (REQUIRED) 1 X 99214 ELOW THIS LINE Authorization Number #:

Revised 04272022



United Health Centers UHCSJ-250317-457454

Kevin J. Boran, MD, FACC / W. Edward Hanks, MD / Donald W. Gregory, MD, FACC Rohit Sundrani, MD, FACC / Michael W. Gen, MD, FACC / Chandra Palaniswamy, MD, FACC, FHRS

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

Today's Date 03/17/2025	CVC Faxed:
REFERRING PHYSICIAN Grasser, Angela	Date
PHONE (800) 492-4227 FAX (844) 742-3430	Patient Notified
PATIENT INFORMATION:	Left Message On Machine Unable To Reach Patient Left Message With Family
New Patient Established Patient	Date:
Patient Name AVALOS, JOSE A	114975
Home Phone (559) 421-8861 Cell (559) 421-8861	_ Wak
Address 220 S Madera Ave Sp 98 City KEF	RMAN Zp 93630
Date of Birth 05/13/1964 Social Security Number	Annial Annia
Insurance Carrier NEUEHEALTH - UNITED PHYSICIANS NEWWORK - HEA	ALTH 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] Consultation: Treadmilt: 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:	
First Available: Dr. Hanks: Or. Gregory: X Dr. Boran: Dr. Sundrani:	[L7] Dr. Gen: Dr. Palaniswamy:
PCP TO CONTACT PATIENT CVC TO CONTACT PATIENT	
*************	*******
To be completed by CVC Stafe	(1)
APPT. DATEAPPT.	TIME
SPECIAL INSTRUCTIONS: Please bring your insurance card, medications	s. and co-pav!
SCHEDULED BY	<u>** ** ***</u>

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

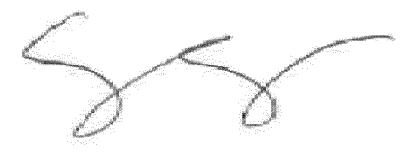
Referral Order Information

Diagnosis	Chest pain ICD-10: R07.9: Chest pain, unspecified
Order Name	Orders included: 1
	Chest pain ICD-10: R07.9: Chest pain, unspecified CARDIOLOGIST REFERRAL Schedule Within: provider's discretion Reason for Referral: dr gregory fu on cp
Notes	

Patient Information

Patient Name	AVALOS, JOSE A
SSN	99999999
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



Admin Documents



Name JOSE A AVALOS CIN# 99699666E

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

Effective date with PCP: 05/01/23

Office Copay: 50

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

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

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

₹x 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

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-stribilization 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 membersable by CalViva Health without prior authorization.

This card is for identification only, it does not verify eligiblely.

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

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

Clinical Encounter Summaries Encounter Date: 03/17/2025

Patient

Name Appt. Date/Time 03/17/2025 02:15PM AVALOS, JOSE (60yo, M) ID# 158185 DOB 05/13/1964 Service Dept. Kerman-Madera

Provider ANGELA GRASSER, MD

Insurance Med Primary: NEUEHEALTH - UNITED PHYSICIANS NETWORK - HEALTH NET (MEDICAID

REPLACEMENT - HMO) Insurance #: 99699666É

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 Wt: 162 lbs 6 oz With BMI: 29.1 03/17/2025 02:53

(159 cm) 03/17/2025 clothes (73.65 kg)

02:51 pm 03/17/2025 02:53 pm

T: 98.4 F° temporal BP: 124/69 sitting R arm O2Sat: 100% Room Air at

pm

om

Rest 03/17/2025 02:52

artery (36.89 C) 03/17/2025 02:53 pm 03/17/2025 02:53 pm

Pulse: 79 bpm 03/17/2025 RR: 18 03/17/2025 02:52 Pain Scale: 0 03/17/2025 02:52 pm

pm

02:53 pm

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

NKDA

Allergies

none per pt ccasillas MA

Medications

Reviewed Medications

acetaminophen 325 mg tablet 01/03/23 filled

take 1 tablet by mouth three times a day

Admelog SoloStar U-100 Insulin lispro 100 unit/mL subcutaneous pen 01/13/25 filled

inject 12 units subcutaneously three times a day with meals

Aspercreme (lidocaine HCL) 4 % topical 11/14/24 prescribed

2 gm tid to rib

aspirin 81 mg tablet, delayed release 02/27/25 filled

take 1 tablet by mouth once daily

atorvastatin 80 mg tablet 03/11/25 filled

take 1 tablet by mouth every NIGHT

######################################		
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 (REFE PRESCRIPTION NOTES).	11/06/23 R TO	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

Vaccine Type	Date	Amt	Route	Site	NDO	C Lot#	Mfr.	Exp.	VIS	VIS	Vaccinate
	Lauren and the same of the sam			lomace and a second				Date	<u> </u>	Given	
COVID-19	ugiraniasi virilirin mastu tasita	i ognision constant i	nnigt skindeks trivinier/ksninne/kseinrackthiete/raintereen	igi enidaria i ridali e da aniventa i tend	agrainaire inc	origina in control control control control	ngiri khiladir esik kanindak erindak erindak erinda khiladir erindak erindak	y wawini wani wan	rajasanoministravani	vojianska pišvi Koninin aksautovia	ilgykeentivi Summi kaikka ji enimtee
COVID-19, mRNA, LNP-S, bivalent booster, PF, 30 mcg/0.3 mL dose (Pfizer-BioNTech)	12/22/22	1	Intramuscular	**************************************	-	GJ6738	Pfizer, Inc	Lacron Denny Propagation	wenneed to construct the second		X0771007777744437777
COVID-19, mRNA, LNP-S, PF, 30 mcg/0.3 mL dose, tris- sucrose (Pfizer-BioNTech)	04/14/22	2100000000000	ar Alton Parisonni (1900)			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				The second second	031B21A	457				
Diphtheria, Tetanus, Pertussis											
Tdap	10/14/20								STOCKED WOODS	CONTRACTOR CONTRACTOR	
Tdap	10/13/20	1		-		-					
Tdap	09/09/20	1	Intramuscular			BR352	GlaxoSmithKline				
Tdap	02/08/17	1	Intramuscular			T975M	GlaxoSmithKline				
Hepatitis A											
Нер А-Нер В	11/10/20	1	Intramuscular			DK23D	GlaxoSmithKline				
Hepatitis B											
Нер А-Нер В	11/10/20	1	Intramuscular		Lancoure	DK23D	GlaxoSmithKline				
Influenza											
influenza, injectable, quadrivalent, preservative free	12/22/22	1	Intramuscular	A STATE OF THE STA	, veninina	UJ943AB	Sanofi Pasteur		220020000000000000000000000000000000000		L
influenza, injectable, quadrivalent, preservative free	08/20/21	1	Intramuscular		ļ.	2X295	GlaxoSmithKline				
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influenza, injectable, quadrivalent	09/27/18		Intramuscular	Shoulder, Left	VI-CO-CO-CO-CO-CO-CO-CO-CO-CO-CO-CO-CO-CO-	UI983AA	Sanofi Pasteur	06/30/1	9 08/07/2015	09/27/18	Flores, MA, Almadelia
influenza, injectable, quadrivalent	09/27/18	. Comment	O THE STREET STREET	**************************************	alyx-m-rm-m	UI983AA	STATE COLUMN TANDERS AND STATE OF THE STATE	PARTIE AND ADDRESS OF THE PARTIES AND ADDRESS OF	X	Continuarana	
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influenza, seasonal, injectable, preservative free	10/06/16	1	Intramuscular	YAYADRIDADRIDADAYAN	*(v,,,,,,,,,,,	U1625AA	Sanofi Pasteur	A REPAYA SEPRIFICACION	NI DAN KUNYANSAYA KUNYA KUNYA PEDA	I GOTTY PROTEIN A CONTRACTOR OF THE CONTRACTOR O	NYTHANYARANNANYANTTARI
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pneumococcal polysaccharide PPV23	09/09/20	1	Intramuscular		ingodinenintasid.	TO10293	Merck and Co., Inc.			ngent in	
pneumococcal polysaccharide PPV23	02/01/18	1	Intramuscular	THE PARTY NAMED OF THE PARTY OF		N019837	Merck and Co., Inc.				
pneumococcal polysaccharide PPV23	11/21/14	1	Intramuscular			K006680	Merck and Co., Inc.		e de la companya de l		
Zoster									Contraction of the contraction o		
zoster recombinant	06/14/21	1	Intramuscular			44DX9	GlaxoSmithKline				
zoster recombinant	11/10/20	1	Intramuscular	S. C.	1	7XY2P	GlaxoSmithKline	1	-		-

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

- Cerébrovascular accident Onset: 04/03/2018 Problém 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

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) noo

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

ROS as noted in the HPI

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 madera for dm

• 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. Oty: (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

ср

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			ning Lab	LABCORP SAN LABCORP SAN EARLE COLLU 13112 EVENING SAN DIEGO, C.	I DIEGO ` ´ M, JR G CREEK DR SO A 921284108	IEGO ` JR CREEK DR SO STE 200 121284108			
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Specimen Rec. Date	02/04/2025 00:00		Report	Report Status						
Specimen Reported Date	02/06/202	02/06/2025 09:11								
Report	Result	Ref. Range	Units	Δ		Status	Lab	Date		
HEMOGLOBIN A1C	10.6	4.8-5.6	%	Above Hig	h Normal	Final	01	MAC DAY GASTESI BARRAY RESPECT BARRAY (SAS) MAG		
	Prediabetes: 5.7 - 6.4 Diabetes: >6.4 Glycemic control for adults with diabetes: <7.0									
RESULT NOTE	FASTING	FASTING YES								

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

less than 50% from the untreated baseline. Examples include

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
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INTERPRETATION	Note			ora i i anti-retta e ci ming di un retta e caracteria de c			Final	02	Salmed Course) grad Course to Sala & Sala e Govern Sala e Course (Sala e Course)	
	CARDIOVASCULAR REPORT: Current available clinical information suggests the patient's risk is at least HIGH. Your patient has laboratory results that suggest the presence of two CFD risk equivalents (diabetes and chronic kidney disease). One additional major risk factor is present (age over 45). Traulin resistance, obesity, excessive alcohol use, smoking, liver disease, and certain medications can cause secondary dyslipidemia. Consider evaluation if clinically indicated. Therapeutic lifestyle charges are always valuable to achieve optimal blood lipid status (diet, exercise, weight management).									
	and clinic personal c hypertersi prevention the level	GEMENT patient risk coal judgment. Additionally historical and family historical modify a patient risk of patient risk results in an ar a	ditional risk f y of premature ient's goals of of therapy sho . MODERATE inte	factors such CFD, smokin f therapy. I buld be adju ensity stati	as g, and n CVD sted to n therapy					

(daily doses): atorvastatin 10-20 mg, roskvastatin 5-10 mg, sinvastatir 20-40 mg, pravastatir 40-80 mg, lovastatir 40 mg. RIGH 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 resuvastatin 20 mg.

LOW RISK ASSESSMENT AND TREATMENT SUGGESTIONS

LDL-C is optimal, was 71 and new is 50 mc/dL. Nor-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-EDL Cholesterol is optimal, was 94 and now is 78 mg/dL.

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

FIGE RISK ASSESSMENT AND TREATMENT SUGGESTIONS

LDL-C is optimal, was 71 and new is 50 mg/dL. Nor-FDL Cholesterol is optimal, was 94 and now is 78 mg/dL.

Continue statin if in use. Consider measurement of LDL particle rumber or Apo B to adjudicate need for further LDL lowering therapy. If statur carrot be tolerated or increased, alternatives include use of an intestinal agent (ezetimibe or bile acid sequestrant), riacir, and/or fish cil.

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 Multiscciety guideline on the management of blood cholesterol: a report of the American College of Cardiology/American Feart Association Task Force on Clinical Practice Guidelines. J Am Coll Cardiol 2019; 73: e285-350; Contois et al. Clin Chem 2009; 55(3):407-419; Brunzell et al. Diabetes Care 2008; 31(4):811-82.

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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 GRAS	SSER, MD	Performing	Lab	LABCORP SAN LABCORP SAN EARLE COLLU 13112 EVENIN SAN DIEGO, C. Account ID: 043	I DIEGO M, JR G CREEK DR SO ST A 921284108	E 200		
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CHOLESTEROL, TOTAL	139	100-199	mg/dL	mg/dL Normal		Final	01	194400 154000 1270 00000 CC C11945 0000	
TRIGLYCERIDES	168	0-149	mg/dL	Above	High Normal	Final	01		
HDL CHOLESTEROL	61	>39	mg/dL	mg/dL Normal		Final	01	50.000 1.000.000000000000000000000000000	
VLDL CHOLESTEROL CAL	28	5-40	mg/dL	value from a fundamental interest value (a rest value (a fundamental value) (a rest value) (a rest value (a rest value) (a res		Final	01	vectors (revision) et Glé considérées d'action	
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CBC, PLATELET, NO DIFFERENTIAL 02/06/2025 (#65439478, Final, 02/04/2025 8:45am)

Ordering Provider	ANGELA GRA	SSER, MD	Performing La	ab	LABCORP SAN LABCORP SAN EARLE COLLUM 13112 EVENING SAN DIEGO, CA Account ID: 0430	DIEGO ` I, JR CREEK DR SO ST 921284108	E 200	
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HEMOGLOBIN	11.7	13.0-17.7	g/dL	Below I	Low Normal	Final	01	OMA estiviseta sians ventreo suidee
HEMATOCRIT	37.9	37.5-51.0		Normal	nenokronnessesieren om in 2 i vierk 1 Streen neueronnen i 1 Still (frankesse 1 i S	Final	01	PATE CONTRACTOR STREET
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MCHC	30.9	31,5-35.7	g/dL	Below I	Low Normal	Final	01	eke Careachiosoerie (Vanada Bioce
RDW	13.3	11.6-15.4	%	ricalista za funcarirani i Valerira di nova constiti An	enaccionaria il ill'accessione e naul'a considera come s'estre avvanda a conscovi	Final	01	oods ard reasonands revenues and
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COMP. METABOLIC PANEL (14)-322000-P 02/06/2025 (#65439476, Final, 02/04/2025 8:45am)

Ordering Provider	ANGELA GRAS	SSER, MD	Performing Lab		LABCORP SAN DIEGG LABCORP SAN DIEGG EARLE COLLUM, JR 13112 EVENING CRE SAN DIEGO, CA 9212 Account ID: 04307985	D` EK DR SO STE	200	
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GLUCOSE	237	70-99	mg/dL	Abo	ove High Normal	Final	01	****
BUN	ricanal Arianis i isani vi viriranandi viring Virinasirinin i Arama i industriani s 77	8-27	mg/dL	Ale	rt High	Final	01	send (visconocominocovins) w and visc
CREATININE	2.31	0.76-1.27	mg/dL	Above High Normal		Final	01	Cross Committee State Committee Comm
EGFR	32	>59	mL/min/1.73	Below Low Normal		Final	01	
BUN/CREATININE RATIO	33	10-24	i ravio control () visiti e e e control i i e e e e e e e e e e e e e e e e e	Abo	ove High Normal	Final	01	
SODIUM	137	134-144	mmol/L	Nor	mal	Final	01	
POTASSIUM	4.8	3.5-5.2	mmol/L	Nor	mal	Final	01	
CHLORIDE	103	96-106	mmol/L	Nor	mal	Final	01	
CARBON DIOXIDE, TOTAL	23	20-29	mmol/L	Nor	mal	Final	01	
CALCIUM	9.3	8.6-10.2	mg/dL	Nor	mal	Final	01	
PROTEIN, TOTAL	4.9	6.0-8.5	g/dL	Bel	ow Low Normal	Final	01	
ALBUMIN	3.2	3.8-4.9	g/dL	Bel	ow 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	Nor	mal	Final	01	
ALKALINE PHOSPHATASE	102	44-121	IU/L	Nor	mal	Final	01	
AST (SGOT)	14	0-40	IU/L	Nor	mal	Final	01	A STATE OF THE STA
ALT (SGPT)	12	0-44	IU/L	Normal		Final	01	
RESULT NOTE	FASTING	S YES				A CONTROL OF THE CONT	3100	

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	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			00	
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T4,FREE(DIRECT)	1.26	0.82-1.77	ng/dL	Normal	Final	01	eck je i dad je i dobije posoboda majoče i poveoda dobije v sazavače v jeseci v seconomobije i Ark	
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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

KERMAN, CA 93630

County Fresno County, California

Redetermination 09/01/2025

Date

Group ID MCAL16

Primary Lang Spanish

Product Calviva

Eligibility History

PCP Information

Name UPN - UNITED HEALTH

CENTERS - KERMAN

Physician ID FRZ4

Address 517 S MADERA AVE.

KERMAN,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

Start Date	End Date	Product Name
Jan 1, 2024	Ongoing	MCE Non Dual
	,	MCE Non Dual
more		3

View PPG History

Provider Subgroup

Name

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

EPSDT

Care Gaps

No colorectal cancer screen.

<u>Allergies</u>

None On File

View Clinical Information