

CLENDANIEL, SUSAN (78114)
WellSky ID: 9608-002-899

Unison Health Services
(626) 280-5575
2200 S FREMONT AVE STE 202
ALHAMBRA CA, 91803

Patient Information

Medicare #	Medicaid #	SSN	Date of Birth (Age)	Gender
9DM5V76UR91			02/13/1942 (83)	Female
Address		Phone	Triage Code	Referral Date
455 E Angelino Ave Burbank CA 91501-3077		(818) 972-2405 (503) 679-7607		01/01/2026
		Email Address	Language	
			English	

Insurance

Primary Insurance	Secondary Insurance	Tertiary Insurance
OPTUM MEDICARE Policy Number: H75360087		

Allergies

Current Episode: 01/02/2026 - 03/02/2026

Primary Diagnosis:

Secondary Diagnosis:

Primary Clinician	Primary Aide	Case Manager
RACHEL MOUALLEM		MICHELLE AGRAVANTE

Frequencies:

Start of Care: 01/02/2026

Emergency Contact: AMY

Address	Phone	Relationship
	(818) 419-3321	DAUGHTER

Primary Physician: DAN DARDASHTI

Address	Phone	Facsimile	State ID
12626 RIVERSIDE DR STE 506 VALLEY VILLAGE CA 91607-3420	(818) 508-9190	(818) 455-8048	Not Entered

NPI	Contact
1275537524	

Pharmacy:

Phone: Not Entered

Comments

NONE