

MRTXT3C01
MRTXMission Regional Medical Center
900 S Bryan Rd Mission, TX 78572
956-323-9000REIMBURSED
DRG

ADMISSION / REGISTRATION

Patient
LEMIN, DEBORAH AUnit Number
M000494521Account #
V00101699450Reimb Type/Payor Type
DRG / MC

Admit/Serv DT 06/17/25	Time 1319	Disch Date Time	Room/Bed 311/A	Location T3 MEDICAL	Service(s) MEDICAL/TELEMET	Pat Type ADM IN
Arrival Mode AM	Source EDM	Priority 1 EMERGENCY	Primary Care Physician JOHNSON, JERE MATTHEW M	Office Phone (956)584-3353	Family Physician JOHNSON, JERE MATTHEW M	Family Dr Phone (956)584-3353
Reason for Visit INTRACTABLE LOW BACK PAIN	Admit Comments HYPOTHYROIDISM THORACIC SCOLIOSIS				Admitted by R00485	
Emergency Physician TIJERINA, OSCAR B. MD *ER* PREVIOUS INPATIENT D/C DATE:01/05/24	Office Phone (956)972-0093	Attending/Referring Physician CALDERON, SHEILA F. MD	Office Phone (956)213-5172	Admitting Physician CALDERON, SHEILA F. MD	Office Phone (956)213-5172	

PATIENT	PATIENT EMPLOYER
SSN/TIN# 460-94-8362	DOB 10/04/1949
E-Mail: 1016burgoon@gmail.com	AGE 75
Race WHITE	SEX F
Address: 2014 PALMER DR MISSION, TX 78572	MS M
Home Phone:(620)474-5454	RELIGION PB
	VIP CONFIDENTIAL N
	Pref Language ENG
	Maiden/Other Names
	Alt:2014 PALMER DR
	Alt:MISSION ,TX 78572
	Other Phone:

GUARANTOR	GTR SSN/TIN#	GUARANTOR EMPLOYER
Name: LEMEN,DEBORAH A	460-94-8362	Employer Name:RETIRED
Address: 2014 PALMER DR MISSION, TX 78572		Address:
Home Phone:(620)474-5454		Work Number:
Relationship to Patient: SP		Occupation:RETIRED

PERSON TO NOTIFY	NEXT OF KIN
Relationship to Patient: 01 HUSBAND Name: LEMEN,TOM	Relationship to Patient:01 HUSBAND Name:LEMIN,TOM
Address: MISSION,TX 78572	Address:MISSION,TX 78572
Hm Phone: (620)708-5199	Phone:(620)708-5199 WK Phone:

INSURANCE #1 MEDICARE PART A & B (BOTH)	SUBSCRIBER DEMOGRAPHICS	AUTHORIZATION
Name: MEDICARE PART A & B (BOTH)	Insured: LEMEN,DEBORAH A	Auth#1:
Address: PART A UNIT DALLAS , TX 75266-0030	Rel to Subcr: 18 SELF / SAME AS PATIENT Policy #: 6VD9MA7MU46 Coverage: Group#: -	Auth#2:
Phone:		Medical GRP/IPA:

INSURANCE # 2 BLUE CROSS OF TEXAS	SUBSCRIBER DEMOGRAPHICS	AUTHORIZATION
Name: BLUE CROSS OF TEXAS	Insured: LEMEN,DEBORAH A	Auth#3:
Address: PO BOX 660044 DALLAS , TX 75266-0044	Rel to Subcr: 18 SELF / SAME AS PATIENT Policy #: ZGM862044703 Coverage: Group#: TST202-	Auth#4:
Phone:		Medical GRP/IPA:

Code Status/Advance Directive	RXM eScript Consent: Email Provided: Info Shared:N
Does the patient have an advance directive on file? N Advance Directive Info Given:N	Blood Product: Organ Donor:N
VACCINES RECEIVED RECEIVED DATE EBOLA CONTACT?	Accident Occurrence: 11 DATE ONSET-SYMPTOMS/ILLNESS
*****INFECTION CONTROL NOTIFICATION***** PRIMARY ISOLATION ISOLATION DESCRI:	Date & Time: 06/17/25 Details: Condition:



6-17-25

HCO

2

ESIGNATURE

Printed: 06/17/25

back pain

new wiz back
v72 FWD