

MRTXT3C01
MRTX

Mission Regional Medical Center
900 S Bryan Rd, Mission, TX 78572
956-323-9000

REIMBURSED
DRG

ADMISSION / REGISTRATION

Patient LEMEN, DEBORAH A	Unit Number M000494521	Account # V00101699450	Reimb 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*	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	
PREVIOUS INPATIENT D/C DATE: 01/05/24 Readmit Days: 529 Previous Visit Principle Diagnosis: ENCNTR SCREEN M						

PATIENT

SSN/TIN@ DOB AGE SEX MS RELIGION VIP CONFIDENTIAL
460-94-8362 10/04/1949 75 F M PB N
E-Mail: 1016burgoon@gmail.com
Race Ethnicity Pref Language Maiden/Other Names
WHITE NOT HISPANIC ENG
Address: 2014 PALMER DR
MISSION, TX 78572
Home Phone: (620)474-5454
Alt: 2014 PALMER DR
Alt: MISSION, TX 78572
Other Phone:

PATIENT EMPLOYER

Employer Name: RETIRED
Address:
Work Number:
Occupation: RETIRED

GUARANTOR

Name: LEMEN, DEBORAH A
Address: 2014 PALMER DR
MISSION, TX 78572
Home Phone: (620)474-5454
Relationship to Patient: SP

GTR SSN/TIN@
460-94-8362

GUARANTOR EMPLOYER

Employer Name: RETIRED
Address: 2014 PALMER DR
Work Phone:
Occupation: RETIRED

PERSON TO NOTIFY

Relationship to Patient: 01 HUSBAND
Name: LEMEN, TOM
Address: MISSION, TX 78572
Hm Phone: (620)708-5199 WK Phone:

NEXT OF KIN

Relationship to Patient: 01 HUSBAND
Name: LEMEN, TOM
Address: MISSION, TX 78572
Phone: (620)708-5199 WK Phone:

INSURANCE #1

Name: MEDICARE PART A & B (BOTH)
Address:
PART A UNIT
DALLAS, TX 75266-0030
Phone:

SUBSCRIBER DEMOGRAPHICS

Insured: LEMEN, DEBORAH A
Rel to Subcr: 18 SELF / SAME AS PATIENT
Policy #: 6VD9MA7MU46
Coverage:
Group#: -

AUTHORIZATION

Auth#1:
Auth#2:
Medical GRP/IPA:

INSURANCE #2

Name: BLUE CROSS OF TEXAS
Address:
PO BOX 660044
DALLAS, TX 75266-0044
Phone:

SUBSCRIBER DEMOGRAPHICS

Insured: LEMEN, DEBORAH A
Rel to Subcr: 18 SELF / SAME AS PATIENT
Policy #: ZGM862044703
Coverage:
Group#: TST202-

Auth#3:
Auth#4:
Medical GRP/IPA:

Code Status/Advance Directive

Does the patient have an advance directive on file? N
Advance Directive Info Given: N

RXM eScript Consent: Email Provided: Info Shared: N

Blood Product:
Organ Donor: N

VACCINES RECEIVED RECEIVED DATE EBOLA CONTACT?

*****INFECTION CONTROL NOTIFICATION*****
PRIMARY ISOLATION ISOLATION DESCR:

Accident Occurrence: Date & Time:
11 DATE ONSET-SYMPTOMS/ILLNESS 06/17/25
Details:
Condition:



6-17-25 HCP 2

ESIGNATURE

Printed: 06/17/25

Flu Pain

new med given

U72 Flu