

SWO Agreement Copy

Company : BCBS COMMERICAL
To : KK Medical Technology
Phone : 010-32322
Fax : 202-22422

Message : WCD Order Need

PATIENT INFORMATION:

Name	HORNER JACKIE	MRN:	3431143
Patient ID	100118	Date of Birth	19-Mar-1980
Adress	9442, Mami, FL 3224	Gender	Male
Marital Status	Married	Home Contact	(783) 93223
Race	White	Work Contact	
Religion	Catholic	SSN	130-113-1331

ADMISSION INFORMATION:

Account #	IDS3241112	Patient Type	In-Patient
Admission Date	12/06/2024	Gender	Male
Patient Class	In-Patient	Home Contact	(042) 93242
Service Type	Hospitalist	Admit Source	Emergency Room
Facility	West Jack Medical facility	Location	JW04-0343

Primary Diagnosis	SOB
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Admitting Physician	Jessai
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Attending Physician	David
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Referring Physician	John
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FINANCIAL INFORMATION:

Finance Class	EXCEL BCBS COMMERICAL
Plan Number	OCS214524242
Plan Description	OSCAR Health Plan
Plan Provider Contact	(532) 323223
Insured Name	
Contract End	31-Dec-2025

I hereby acknowledge above details are correct to the best of my knowledge.

Sincerely,

HORNER JACKIE