

### **SWO Agreement Copy**

Company : MEDICAID CALIFORNIA

To : KK Medical Technology

Phone : 010-32322

Fax : 202-22422

Message : WCD Order Need

#### **PATIENT INFORMATION:**

Name	LATRICIA RUSSELL	MRN:	341117822
Patient ID	100052	Date of Birth	01-May-1998
Adress	123, Jessary, MA1334	Gender	Male
Marital Status	Married	Home Contact	(783) 93426
Race	White	Work Contact	
Religion	Catholic	SSN	551-043-1345

#### **ADMISSION INFORMATION:**

Account #	IDS7245736	Patient Type	In-Patient
Admission Date	18/07/2024	Gender	Male
Patient Class	In-Patient	Home Contact	(042) 94432452
Service Type	Hospitalist	Admit Source	Emergency Room
Facility	Gorege Medical facility	Location	M144-1111

Primary Diagnosis	SOB
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Admitting Physician	David Wanner
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Attending Physician	Christan
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Referring Physician	Miller
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FINANCIAL INFORMATION:

Finance Class	MEDICAID CALIFORNIA
Plan Number	OCS1434684
Plan Description	OSCAR Health Plan
Plan Provider Contact	(532) 3342364
Insured Name	
Contract End	2-Feb-2025

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

Sincerely,

Lateria