

SWO Agreement Copy

Company : BCBS MEDICAID EXCELLUS

To : KK Medical Technology

Phone : 010-32322

Fax : 202-22422

Message : WCD Order Need

PATIENT INFORMATION:

Name	JALEN N HENRY	MRN:	3331123
Patient ID	100378	Date of Birth	13-Mar-1970
Adress	2, Californai, FL 11224	Gender	Female
Marital Status	Married	Home Contact	(783) 93223
Race	White	Work Contact	
Religion	Catholic	SSN	120-113-1341

ADMISSION INFORMATION:

Account #	IDS322212	Patient Type	In-Patient
Admission Date	12/07/2024	Gender	Male
Patient Class	In-Patient	Home Contact	(042) 9423242
Service Type	Hospitalist	Admit Source	Emergency Room
Facility	West Jack Medical facility	Location	JW04-0364

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	BCBS MEDICAID EXCELLUS
Plan Number	OCS2145323532
Plan Description	OSCAR Health Plan
Plan Provider Contact	(532) 3232224
Insured Name	
Contract End	31-Dec-2025

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

Sincerely,

Jackie