

SWO Agreement Copy

Company : HEALTH NET MEDICAID

To : KK Medical Technology

Phone : 010-32322

Fax : 202-22422

Message : WCD Order Need

PATIENT INFORMATION:

Name	DEREK NEWMAN	MRN:	343247873
Patient ID	100186	Date of Birth	11-Apr-1988
Adress	2, Jessary, NJ 1334	Gender	Male
Marital Status	Married	Home Contact	(783) 94356
Race	White	Work Contact	
Religion	Catholic	SSN	111-053-1145

ADMISSION INFORMATION:

Account #	IDS7211276	Patient Type	In-Patient
Admission Date	18/07/2024	Gender	Male
Patient Class	In-Patient	Home Contact	(042) 94334242
Service Type	Hospitalist	Admit Source	Emergency Room
Facility	Gorege Medical facility	Location	M124-0121

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	HEALTH NET MEDICAID
Plan Number	OCS2145323532
Plan Description	OSCAR Health Plan
Plan Provider Contact	(532) 334654
Insured Name	
Contract End	1-Dec-2024

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

Sincerely,

Derak