

### **SWO Agreement Copy**

Company : UHC COMMERCIAL

To : KK Medical Technology

Phone : 010-32322

Fax : 202-22422

Message : WCD Order Need

#### **PATIENT INFORMATION:**

Name	PANAYIOTIS IOANNOU	MRN:	33134311
Patient ID	100252	Date of Birth	13-Mar-1968
Adress	2, Texas, Tx 1324	Gender	Male
Marital Status	Married	Home Contact	(783) 93223
Race	White	Work Contact	
Religion	Catholic	SSN	120-053-1045

#### **ADMISSION INFORMATION:**

Account #	IDS772276	Patient Type	In-Patient
Admission Date	11/06/2024	Gender	Male
Patient Class	In-Patient	Home Contact	(042) 9421142
Service Type	Hospitalist	Admit Source	Emergency Room
Facility	Gorege Medical facility	Location	M104-0114

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	UHC COMMERCIAL
Plan Number	OCS2145323532
Plan Description	OSCAR Health Plan
Plan Provider Contact	(532) 32312344
Insured Name	
Contract End	1-Nov-2024

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

Sincerely,

Panyan