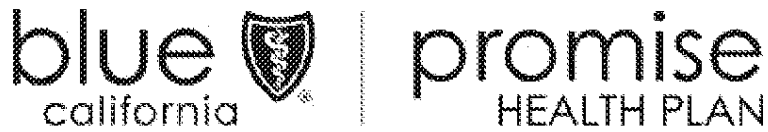


# FAX

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MEMBER'S NAME: MICAELA VAZQUEZ

DATE OF BIRTH: 03/12/1952

MEMBER NUMBER: 90679703500

HEALTH PLAN EFFECTIVE DATE: 01/01/20

TERMINATION DATE:

PROVIDER NAME: IRMA LOPEZ

PROVIDER NUMBER: IP0C00003600

EFFECTIVE DATE WITH PROVIDER: 08/01/19

PHYSICIAN GROUP NAME: ALPHA CARE MEDICAL GROUP,  
incorporated

EFFECTIVE DATE WITH PHYSICIAN 08/01/19

PLAN NAME: Blue Shield of California Promise Health Plan Medicare

DATE OF REQUEST 09/18/20

The member identified above is eligible as of the date of this confirmation. This is not to be construed as confirmation that the member will be eligible for coverage on any future date. The provider should confirm eligibility on the date the services are actually rendered, if that date is different than today's date.

This fax/email was requested at 2:08 PM, Pacific time on 09/18/2020