

Patient SAVANNA ROSE WHITAKER - D00047364633

Other Names

Med Rec Number MR00118661

Reg Status

DIS IN

WHITAKER, SAVANNA LYNN

EMR Number T00120434

Soc Sec Num

606-06-9743

Birthdate 03/24/1998

Age 27 Birth Sex F

VIP

VIP Comment

## Patient Address

1809 S 14TH ST

CHICKASHA, OK 73018

United States

E-Mail WHITAKER.SAVANNA@YAHOO.COM

Conf Comm Address

Phone Number

Phone Type

760-223-1258

Cell Phone

Marital Status Single

Religion

Affiliation

Language English

Interpreter Needed

Education Level

Citizenship

Place of Birth

Country of Origin

In School

Registered Voter

Veteran Status

Organ Donor

Marketing Comm

Privacy Notice Date 08/07/25

## Physical Handicaps

Ethnicity / Additional Ethnicities

Non Hispanic or Latino

Race / Additional Races

White

## Personal Contacts

Person to Notify

Relationship Significant Other

SMITH, JOSHUA

1809 S 14TH ST

CHICKASHA, OK 73018

United States

Phone Number

Phone Type

760-223-1337

Cell Phone

## Guarantor

## Guarantor Employer

GN00183317

Relationship Self

WHITAKER, SAVANNA ROSE

1809 S 14TH ST

CHICKASHA, OK 73018

United States

Email WHITAKER.SAVANNA@YAHOO.COM

Phone Number

Phone Type

760-223-1258 Cell Phone

## Financial Class

Financial Class Medicaid

Standard Insurance Order

Medicare Part B Order

Medicare Part D Order

OKLAHOMA COMPLETE HEALTH

SELF PAY

## Insurances

Name	OKLAHOMA COMPLETE HEALTH	Coverage Plan	
Policy Number	B37282665	Group Name	
Address	PO BOX 8001	Group Number	
	ATTN CLAIM DEPARTMENT	Employment Status	
City, State, Zip	FARMINGTON, MO 63640-8001	Employer Name	
Country		Location	
Phone	833-752-1664	Copay	Deductible
Fax		Eligibility Status	Sent
Email			Coinsurance
			Status Date 08/07/25

Release Info Yes

Exp Info Date

Assign Benefits Yes

Subscriber WHITAKER, SAVANNA ROSE

Birth Sex F

Pat Rel to Subs Self

Soc Sec Num 606-06-9743

Address 1809 S 14TH ST

Marital Status Single

Race White

City, State, Zip CHICKASHA, OK 73018

Citizenship United States

Country United States

Language English

Email WHITAKER.SAVANNA@YAHOO.COM

Birthdate 03/24/1998

Phone Number Phone Type

760-223-1258 Cell Phone

Occurrence Codes	Date	Time	Accident State
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DSI	11 - Onset of Symptom-OP Ther	08/07/25	
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## Physicians

## Other Physicians/Association

Primary Care Nair, Sabin

None, Physician

Admitting Cornejo, Juan Adrian

Palmer, Jacob O

Attending Cornejo, Juan Adrian

Family

Emergency

Reg Date/Time 08/07/25 05:30

Discharge Date/Time 08/09/25 12:42

Requested Accom Private

Discharge Disposition Home/Assisted Living - 01

Room Rate Accom P

Room/Bed 107-01

Service Obstetrics

Location Birth Center

Admit Priority Elective

Admit Source Physician Referral

Newborn Admit Src

Entry Code

Duncan Regional Hospital	Account Inquiry	Page: 3		
		Date: 08/11/25 16:32		
		McIntyre, Karen		
Facility Directory				
Clergy Visit				
Adm Legal Status				
Confidential				
Conf Comment				
Admit Comment				
Dis Comment				
Reason for Visit	INTRAUTERINE PREGNANCY			
Last Hospitalization	From Date:	Thru Date:		
ICD10 Codes				
Admit Diagnosis	Z37.9	Outcome of delivery, unspecified		
Reason for Visit Diagnoses				
Eff Date	Code	Name	Alt	Source
08/07/25	Z37.9	Outcome of delivery, unspecified	No	OM
Diagnosis Codes				
Eff Date	Num	Code	Name	POA
08/07/25 -	1	Z37.9	Outcome of delivery, unspecifi	E
Procedure Codes				
Num	Code	Name	Date	Surgeon/Assisting



