



## Patient Detail

TestUser, TestUser 1

**Sex:** Male

**DOB:** 04/09/2019

**Home Address:**

Uday Park

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New Delhi, ZZ 667788

☎ (653) 746-5437

☎ (364) 534-5734

New@yui.com

**Referral Source:**

Other

**Required Level of Care:**

Infusion

**Payers:**

1: uaeryy

**Plan ID:** gayusg

**Policy #:** gayusg

**Group #:** yhaergf

**Subscriber:** uwehu wehguw

2: LIC

**Plan ID:** LIC3

**Policy #:** LIC3

**Group #:** LIC India

**Subscriber:** `hgdfh wjherg

**MRN:** c2cd6387-263d-4999-b6cb-2a4a51f892e7

**Account #:** daec9976-5595-4ccf-af07-5f112598b25f

**Location:** Delhi

**Notify Date:** 04/12/2019

**Admit Type:** Emergency

**Admit Date:** 04/18/2019

**Actual Discharge Date:**

**Patient Class:** EMERGENCY

**Chief Complaint:**

Chief1

**Diagnoses:**

Primary: Brain Injury(Code: D15)

Secondary: Angina(Code: D9)

**Employer:** Curaspan

**Marital Status:** MARRIED

**Religion:** Hindu

**Race:** Middle Eastern

**Language:** Hindi

**H:** 5'10" **W:** 78

**Key Services Requested**

## Care Team

**PhyFirsTName PhyLastName**

Primary Physician

**PhyFirsTName1 PhyLastName1**

Attending Physician

**KIn1 KInLast**

Next of Kin

☎ (556) 657-7878

**6457645753**

Contact

☎ (235) 435-3456

## Team Assignments

**Team3**

AkUser3 Tom 04/12/2019 1:18 PM

**Team4**

Incomplete

**Providers**

Provider Name	Provider Status	Hospital Status
Ak_Asian_Faridabad	Received: 04/12/2019 03:47 AM	Notified 04/12/2019 03:46 AM

Documents

Document	Date		Added By	Last Read
pdf.pdf	04/12/2019 03:36 AM	<div>New</div>	AkUser3 Tom	-

## Internal Notes for TestUser, TestUser 1