



MedStar Health

Patient: **YOSHIMOTO, AYAE**

MRN:

FIN: R-50804262-20250104

DOB/Age/Sex: 10/26/1994 31 years

Date of Service: 1/1/1901

Attending Provider:

Female

Patient Viewable Documents

DOCUMENT NAME:

MedStar eVisit

PERFORM INFORMATION:

RESULT STATUS:

Auth (Verified)

SERVICE DATE/TIME:

1/4/2025 00:00 EST

SIGN INFORMATION:

5222d20e-71e8-44a9-b897-75bf7736d643.PDF

Please Click On Link to see attachment

Report Request ID:

825627619

Print Date/Time:

11/26/2025 06:10

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EST

This report is confidential medical information. The unauthorized disclosure of this information may subject you to civil and criminal penalties.

Continuity of Care Document (American Well)

Patient	Ayae Yoshimoto	Sex	Female
Date of birth	October 26, 1994		
Contact info	30 Ridge Square NW 621 Washington, DC 20016, US Tel: +1-415-605-9076	Patient IDs	2601564604250 e97a7d0a-8c4f-46da-88ef-e6500f0aa9e3
Document Id	5222d20e-71e8-44a9-b897-75bf7736d643		
Document Created:	January 4, 2025, 17:20:17 -0000		
Author			
Contact info			
Information recipient:	Leslie McJilton		
Contact info	110 Irving Street NW Washington DC, DC 20010, US Tel: +1-888-805-4551		
Legal authenticator	Leslie McJilton of MedStar eVisit at January 4, 2025, 17:20:17 -0000		
Contact info	110 Irving Street NW Washington DC, DC 20010, US Tel: +1-888-805-4551		
Document maintained by	MedStar eVisit 12.16.28.00.1728595941_10Oct24.660598a3fdc31143e9071e15e9cf7a5384b945d6		
Contact info			

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Purpose : Automated Visit Summary

Automated visit summary for transfer of data out of MedStar eVisit

Social History

Social History	Observation	Date
Gender identity	Female	Jan 4, 2025 05:20:17 PM GMT

Allergies and Adverse Reactions

Type	Date	Code	Description	Source
Allergy	Jan 4, 2025 05:01:25 PM GMT	900590 (DAM_AGCSP - Allergen 2008)	No Known Drug Allergies	Ayae Yoshimoto

Problems

Type	Date	Code	Description	Status	Source

Procedures

Type	Date	Code	Description	Source
Procedure	Jan 4, 2025	99213 (CPT-4 2008)	OFFICE O/P EST LOW 20-29 MIN	Leslie McJilton

Medications

Medication	Date	Status	Form	Strength	Quantity	SIG	Patient Instructions	Fulfillment Instructions	Refills	Source
Nikki (28)		Active								Ayae Yoshimoto

Encounters

Online Conversation
Date: Jan 4, 2025 05:03:48 PM GMT
Type: Mobile
Status: Completed
Practitioner: Leslie McJilton
Practitioner NPI: 1104150838
Reason(s) for the Visit: *Chest pain, unspecified*
Source: Leslie McJilton
Patient Location: DC
(Topic) Massing periods
(Topic) Chest pain/Trouble breathing

Triage Questions.

MedStar Medical Group is a participant in most major health insurance plans. As such, when you use MedStar eVisit, we will bill your insurance company. You are responsible for any copay, coinsurance, or deductible as you would for any in-person primary care visit.

Please note: If you do ask us to bill insurance, your copay, coinsurance, or deductible may be less than our self-pay rate but may also be more.

If you prefer not to have this submitted to your insurance, we offer a self-pay rate of \$79.

Answer []

If you would like interpretative services (including ASL), please provide your preferred language and your mobile number and/or email address to receive an alternate video link. Before the visit, review the guide at evisitinterpreter.medstartelehealth.org.

Answer []

MedStar eVisit is only available to patients in Maryland, Washington DC, or Virginia. You must be physically present in one of these states during the time of your Telehealth encounter. If you are currently traveling or live outside of Maryland, DC, or Virginia and are seeking care, we suggest finding telemedicine providers in your state or proceed to in person care.

Answer []

Please note that patients with repeat infections will likely be referred to in person care for further evaluation.

Answer []

Your telehealth provider may identify a need for further in-person assessment or testing (for example strep) which the provider will discuss with you and facilitate as part of your care.

Answer []

Please note that eVisit providers are unable to fill chronic medications/controlled substances or repeat prescription refills. Some medications may require an in person evaluation (for example oral steroids and antibiotics).

Answer []

Please add your initials to confirm that you have read all statements above.

Answer []

Conversation Transcript. [Notification] You are connected with Leslie McJilton, Physician Assistant.

[Notification] Ayae Yoshimoto is located in District of Columbia.

[Notification] Ayae Yoshimoto has shared health history...

Provider Notes: Refer for In-Person EvalMode of Communication: Two-way secure video connectionChief Complaint: Chest painHPI:30 y/o without PMH who presents via telehealth with c/o severe left side chest pain. Pt reports she last had pain similar pain back in September she had similar chest pain and she was worked up and they never found a reason. She reports she had an ultrasound which was normal. She tells me the pain has worsened for her especially when she lays down. Today she reports the pain is 4/10. She tells me she recently took a trip to Iceland and came back about 6d ago. Denies f/c, cp/sob, n/v/d, HA, dizziness, weakness, numbness.

Allergies: NKDAMeds: BCPPCP: does not have LMP (if applicable): Missed last 2 periods, took 2 at home pregnancy tests, both negative. Most recently -1 week ago.PE:Gen - W/N/WD, no acute distress, responds normally to environment

HENT ? MMM, speech clearEye - Conjunctiva non-injected, EOMIPulm - no resp distress, no accessory muscle use, talks in full sentences w/o effort

Neuro: alert and oriented, cranial nerves grossly intact, full strength and ROM

Skin ? No diaphoresis

Psych - mood normal, normal thought process & content

ASSESSMENT/PLAN:Shared decision making, patient agrees to seek in person evaluation and care for CHEST PAIN from the Emergency Department immediately following our call. We discussed the limitations of telemedicine and the need for an in-person physical exam and provider assessment to assist in determining an accurate diagnosis and implementing an optimal treatment plan. The patient voiced agreement with this plan to seek in person treatment and has decision making capacity. The patient understands that any delay in seeking in person evaluation could lead to delay in diagnosis, worsening infection, prolonged and possibly complicated recovery and permanent disability. Education was provided to the patient and all questions were answered.Prearrival placed: yesMode of transportation: private vehicle CARE INSTRUCTIONS:Please go to the nearest location where you were seen in MedStar visit and referred in for further evaluation. Medstar Health locations have been notified you were seen on e-visit and referred in. MedStar Health Emergency Department GEORGETOWN3800 Reservoir Rd NW , Washington, DC 20007 If you are rapidly worsening in any way, please go to your nearest emergency department immediately or call 911. This could include, but is not limited to repeated vomiting, confusion, trouble walking or talking, trouble breathing, chest pains, coughing up blood, severe headaches, neck pain/stiffness, passing out, or any new or worsening symptoms or concerns.

Seek medical evaluation immediately in an Emergency Room if you develop loss of control of your bladder or bowels, back pain with unexplained fever, chest pains, abdominal pain or vomiting, trouble breathing, numbness/tingling on the inside of your upper thighs, weakness of the legs/giving way/falling, or any other new or significant concerns. You can reserve a spot in line at our MHUC clinics and locate a primary care provider or specialist by going to the website: <https://www.medstarhealth.org/> If you have any immediate concerns with work notes, prescriptions, or any questions or concerns, please call the Telehealth Operations and Support Center at 888-805-4551 or send an email to TeleHealthSupport@medstar.org. Please do not send a secure message for any time-sensitive issues as these messages are not regularly checked. Thank you for using MedStar eVisit. We look forward to speaking with you and look forward to seeing you again for any future medical needs. Best regards, Leslie McJilton, PA-C ATTESTATION: This encounter was performed via a live, two-way, HIPAA secure video. The quality of the video and audio were adequate for the collection of history and performance of a video enabled exam

Release Statements

Ayae Yoshimoto has accepted the following liability release statements:

TERMS OF USE**Privacy Policy**

The prescriptions were sent to the following pharmacy:

CVS/pharmacy #5674

3700 NEWARK ST., NW

Washington, DC 20016

Phone: (202) 966-0320 Fax: (202) 363-4087

Email:

Insurance

Type	Start Date	End Date	Identification Numbers	Payment Provider	Source
Primary Health Insurance			<ul style="list-style-type: none"> Subscriber ID: 904150909 Relationship-to-Subscriber Code: Self 	Aetna	Ayae Yoshimoto
Guarantor				Ayae Yoshimoto	Ayae Yoshimoto

Plan Of Care

Description	Recommendation	Status	Source

For those who are either uninsured or underinsured, and meet hardship criteria, financial resources are available. Please check the Financial Resources Page at https://www.medstarhealth.org/financial-assistance-policy	Reminder		CustomPracticeDSS_2
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