

Patient Summary

DOB	Gender	MemberUniQID
19500701	M	90000408867
19890701	M	70000248017
19571001	F	50000135810
19620501	M	90002317718
19620501	M	90002317718
19620501	M	90002317718
19620501	M	90002317718

Name98710902, Member

Phone000-100-0001

GenderM

Targeted Conditions Verification

If any of these conditions exist and impacted the treatment you provided to the patient,

Doctor	Plan	Doctor Phone
NULL	94248KS023000100	NULL

Targeted Conditions Verification

If any of these conditions exist and impacted the treatment you provided to the patient,

Patient	Group	Preferred Language
98710902, Member	NULL	NULL

Name98710953, Member

Phone000-100-0001

GenderM

Targeted Conditions Verification

If any of these conditions exist and impacted the treatment you provided to the patient,

Doctor	Plan	Doctor Phone
NULL	94248KS023000100	NULL

Targeted Conditions Verification

If any of these conditions exist and impacted the treatment you provided to the patient,

Patient	Group	Preferred Language
98710953, Member	NULL	NULL

Name98711151, Member

Phone000-100-0001

GenderF

Targeted Conditions Verification

If any of these conditions exist and impacted the treatment you provided to the patient,

Doctor	Plan	Doctor Phone
EMILY ROBB	94248KS023000100	816-554-1918

Targeted Conditions Verification

If any of these conditions exist and impacted the treatment you provided to the patient,

Patient	Group	Preferred Language
98711151, Member	LEES SUMMIT	NULL

Name98714000, Member

Phone000-100-0001

GenderM

Targeted Conditions Verification

If any of these conditions exist and impacted the treatment you provided to the patient,

Doctor	Plan	Doctor Phone
NULL	34762MO017000201	NULL

Targeted Conditions Verification

If any of these conditions exist and impacted the treatment you provided to the patient,

Patient	Group	Preferred Language
98714000, Member	NULL	NULL

Name98714000, Member

Phone000-100-0001

GenderM

Targeted Conditions Verification

If any of these conditions exist and impacted the treatment you provided to the patient,

Doctor	Plan	Doctor Phone
NULL	34762MO017000201	NULL

Targeted Conditions Verification

If any of these conditions exist and impacted the treatment you provided to the patient,

Patient	Group	Preferred Language
98714000, Member	NULL	NULL

Name98714000, Member1

Phone000-100-0001

GenderM

Targeted Conditions Verification

If any of these conditions exist and impacted the treatment you provided to the patient,

Doctor	Plan	Doctor Phone
NULL	34762MO017000201	NULL

Targeted Conditions Verification

If any of these conditions exist and impacted the treatment you provided to the patient,

Patient	Group	Preferred Language
98714000, Member1	NULL	NULL

Name98714000, Member2

Phone000-100-0001

GenderM

Targeted Conditions Verification

If any of these conditions exist and impacted the treatment you provided to the patient,

Doctor	Plan	Doctor Phone
NULL	34762MO017000201	NULL

Targeted Conditions Verification

If any of these conditions exist and impacted the treatment you provided to the patient,

Patient	Group	Preferred Language
98714000, Member2	NULL	NULL