	✓	Text	Undo	Darlo.	Save	: ;
	LINGE!	rext	Ondo	Redo		
٠,		1	14.5			٠
		1 1				
						ぱて
	Th.					
	TANDE!	RE (See roverse for HP	PATIENT INFORM As Authorization for Using an	ki Disclosion Protected	Houth information)	AX comple ligned form 875-48
	MATIENT BURNETHISTORDOG LOCAL	West	>	al www.consellernoman.c	(SEPERGE PLANE	
PATESOT BENOTHANDON	MITERITAD TRACT AND ASSESSED.	170 hr	4 / 6	70	CONTRACT CON	r i Zuex
薯	TADITEST	```\~``\\ _ ``	THE THE	12 TO 27	Care or electric description	7/4-5
	EMAL ALICHENA		помо внож		一点をうこう	- 961
	Melia S.O.	Mel sestment	Phone Email	AGT '	Per mare to della	i ii
A.	RIMER SERVE CONTROL	na a din Bad	PROTO Email	>(MARIAGENICY CONTACT PHONE NUM	JEE 2
	PREACHBONG SATURES NAME	را ما		<u> </u>	D-SOUNTY	1
PRESCRIBING PROVIDES INC		<u> </u>	<u>~```````````````</u>	J		₹ <u>></u>
晉		<u> </u>	CT/W	<u>, -3" €00 L</u>		253
記記	BAGUP PRODUCE NAME	<u></u>	OTHER DUMINE		(33) 184.	
	- PRINTER INC.					
	* PRIMARY INSURANCE	esenia atiboquo on	provide a copy of the	front and back	of your insurance card)	•
	CLAIMS MALINS ATRIFFT ADDAMUS				MICHIGAN DIRECTOR	
Ş	спу		3 Valu	51° 0000	YAK NUMBEA	
1	деогь игиван	POLICYNUMBER	MP11.A		МАН туре прос. имо. етс.)	
2	TYALIGY HOLDERYS NAME IT OF FERENCE TH	 			Роскоу носымена развусие инетида	₩ 0 0/2774
CALL	NELPHONERP TO PARTIENT			AT-111-11-11	POLEN HOLDOWN BOOML BECUREY	
	Belf Spouse Parent	Guardian	/×xonour		PM-13-FRA HANG	
SIRANCE RECORDA (CHECK ALL TRAT APPLY)	# SECONDARY INSURAN	ICE (to expedite ples	se provide a copy of	the front and be	ek of your insulance or	rd) #
Ě	CLAND A RUNKARI HIGH JUGININER				FHONE NUMBER	
	UAY		67/06	2P COL	FOR MUMBER	
ZE S	Charles of principles	Preservacione a			PLAN TOPE (PPG, HING, FIRE)	
Ħ	POLICY VIOLENTING AND IN CHIPPENET IN	AN ARROYD (FIRST), IMBBDD, IDSBY)			POLICY HOLIOPPIA CHTT OF BRITISH	2007444
	Rijarosani Fronstian				FOLICY ROLLINGS SOCIAL (MCLIANO)	
	Soft Spouse Parent	Gundlen extest	ни фирм		EMPLOYHEN MANE	
SAA lan o	ment of Insurance Benefite and J pure Catellinedical Information is confident		A to to	element without your consci	nt. Meny Institution cultivity reducts conti	eni kvYormation
nui Print	ana anii i i shiintan kai aran iina ii i makantali bahahatalah k	Letter bronce Amri Aumen Karve	AN CARLELLING PRINCES SERVICE TO LE	en majored or respectivel to	yer in the presence company to band/or your	leonimenta reo
	is my insustruce company(s), moles contracts disclore masses injusts on my behalf. I unite		CIOCITICAL CONTINUES ANY INTONIVITION	minima for the planters of	K Imalificate management and/or for an	contacts of the
UETUGO (ocymeni M. Maid Chesh to the beyond for	THE COMMONTAL COMMON TO MAY MANAGED IN THE COMMON AND ADDRESS OF THE COMMON AND ADDRESS OF THE COMMON AND ADDRESS OF THE COMMON ADDR	ice company on my behalf, and fit	y nationice company to by	y bevoller difectly to Tandem Diabetes i	Cure. Should d
	our of pocket expense prior to any stapment within i intermetal prior that I have received a part again to the allegated APAA Authorizati ad you are standard by their pense and that if					
	nd you are signing on their behalf my high if d sowices. You further acknowledge that Tand					i one liki falisi Reqe for Tonos
Α	UANTHAN PRINCE POR	42	/ .	, . energy mile trial year age	Igate can recover	
4 .	h/1904//4		1/44/3			2
L	um ambarun Ceca, inc. an nama mancapa, 1 igus flo	refu Stroni - Sen D'Opo, Calibraia 92:	AT - WWW TERRORENIEW TO THE COMPANY	mar Bupmort (877) Afrit-Addir	ARIM DECOT	Projet Fo
7.5	and the second				W. 1	
715 tend		1.		. "		
715 7246						
1.1						
115 tend						
718 2000						
1718 Tands				:		
718 Tands				:		
718 Track						٠
715 tend			1 //2			(<u>P</u>

111

Encounter Date: 06/07/2022

UPSTATE

University Health System

Patient Inform	nation								
Patient Name		-	Legal Sex DOB				N 80100000 80100000000		
Wilkosz, Matthe	ew M	Male	1/27/2		1007				
Patient Demo	graphics								
Address	·		Phone						
116 Birchwood			315-525 - 96	-	-				
WHITESBORO 1	NY 13492		315-525-96	317 (N	Mobile)				
Guarantor Info	ormation								
Guarantor	11 8 1 8 1 801001001 100100100100	Address						1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	
PCP Information	on								
Primary Care Pr		Phone							
Taryn W Rio, M	D		315-798-15	43					
Primary Cover	age								
					Sponsor		Group		
Payer	Plan	Plan Address	Flan Phone	e	Code		Number	Group Name	
	EXCELLUS HMO PPO	PO BOX 21146 EAGAN, MN 55121-0146	800-920-8	889	uu ii V		00122614		
Primary Subsc	riber								
Subscriber ID	Subscrib	Subscriber Name			Subs	Subscriber Address			
VYK201848395		MILHAMWILKOSZ,MELISSA			5A	116 Birchwood Lane WHITESBORO, NY 13492			
Patient Contac	its								
		Mobile			Designat	ed	Emergency	Permission to	
Contact Name Relationshi		Phone	Home Ph	one	Caregive	r?	Contact?	Discuss?	
MilhamWilkosz, Melissa	Mother	315-525- 9617				Yes		Yes	
Patient Contac	ts								
No. ma. a.	B -1-41					_		Preferred	
Name MilhamWilkosz	Relatio		Home		ork		Mobile	Language	

Melissa