

Address	ARISTACARE AT NORWOOD, PLAINFIELD, NJ 07060
Adm Diagnosis	Bowel perforation (HCC) [K63.1]
Admit Source	Transfer from SNF , ICF
Admitting Provider	Rajesh T Patel, DO
Attending Provider	Rajesh T Patel, DO
CSN	5062331636
City	PLAINFIELD, NJ 07060
Contact Name	GEORGEANN, GEIS
DOB	4/16/1947 (72 yrs)
Date of birth	4/16/1947
Doctor_ID	pm@gmail.com
ENCOUNTER	2/6/2020
Ethnicity	Unknown / Unavailable
Guarantor	111238757
Guarantor Employer	
Guarantor Sex	Female
HAR	80800288426
Home Phone	908-769-1400
Hospital Service	MED (MEDICINE)
Hospital_ID	1
Language	ENGLISH
Legal Guardian?	
MRN	104254968
MS	Widowed
Name	LAPINE, GRACE
PCP	Rajesh T Patel, DO
Patient	LAPINE, GRACE
Patient Class	Inpatient
Patient Sex	Female
Primary Claim Address	PO BOX 31362 HEALTHCARE SALT LAKE CITY, UT 84131- 0362
Primary Eff From - Eff To	/1/2020
Primary Group Number	68092
Primary Insurance Company	UNITED HEALTHCARE (Ht
Primary Insurance Type	NDEMNITY
Primary Patient Relation to Subscriber	elf

Primary Payor Name	UNITED HEALTHCARE (Ht
Primary Phone	
Primary Plan	AARP/MEDICARECOMPLETE
Primary Sub DOB	04/16/1947
Primary Subscriber ID	942058441
Primary Subscriber Name	LAPINE,GRACE
Printed	February 25, 2020
Race	UNKNOWN/UNA VAILABLE
Relation	Self
Relationship To Patient	
Religion	NONE
Room/Bed	2503/01
Secondary Claim Address	
Secondary Eff From - Eff To	
Secondary Insurance Company	
Secondary Payor Name	
Secondary Phone	
Secondary Plan	
Secondary Sub DOB	
Secondary Subscriber ID	
Secondary Subscriber Name	
Status	UNKNOWN
Tertiary Claim Address	
Tertiary Eff From - Eff To	
Tertiary Insurance Company	Printed by VARSHNEY
Tertiary Insurance Type	
Tertiary Patient Relation to Subscriber	
Tertiary Payor Name	Printed by VARSHNEY
Tertiary Phone	ITA 043672 at 2/25
Tertiary Plan	13 P
Tertiary Sub DOB	
Tertiary Subscriber ID	
Tertiary Subscriber Name	
Unit	JFK 2EAST
Work Phone	

