

Primary Provider: Dr. Sawey Harhash, MD

Patient Demographics

First Name	Justine	Country	UNITED STATES
Nick Name		Street Address	40 Pointe Circle South
Middle Name		Zip Code	11727
Last Name	Carter	City	Coram
Suffix		State	NY
Home #		Emerg Cont Name	
Cell #	(631) 896-6397	Emerg Cont Phone	
Work #		Emerg Cont Relation	
Work # Extension		Resp Party Name	
Email	justinecarter23@gmail.com	Resp Party DOB	
Social Security #		Resp Party Relation	
Date of birth	1999-08-23	Resp Party Phone	
Sex	Female	Resp Party Email	
Race			
Ethnicity			
Marital Status			
Preferred Language			
Student Status			
Referred By			

Primary Insurance

First
Middle
Last
Suffix
Date of Birth
SSN
Relation
Insurer
Payer ID
ID #
Group #
Plan Name
Claim Office

Secondary Insurance

First *name of insured
Middle
Last
Suffix
Date of Birth
Social Security #
Relation
Insurer
Payer ID
ID #
Group #
Plan Name
Claim Office

Tertiary Insurance

First
Middle
Last
Suffix
Date of Birth
SSN
Relation
Insurer
Payer ID
ID #
Group #
Plan Name
Claim Office

Auto Accident Insurance

First
Middle
Last
Suffix
Date of Birth
Social Security #
Auto Accident Insurance Company
Case #
Mailing Address
Zip Code
City
State
Date of Accident
State of Accident Occurrence

Travelers Insurance
IIK2968
P.O. box 430
14240
Buffalo
NY
2021-05-04
NY

Worker's Compensation

Worker Comp. Provider
Mailing Address
Zip Code
City
State
Date of Accident
Worker Comp. W.C.B.
Worker Comp. Case #
State of Accident Occurrence

Durable Medical Equipment

Dme insurance company
Dme insurance payer id
Dme insurance plan name
Dme insurance plan type
Dme insurance id number
Dme insurance group number
Dme insurance notes

Custom Demographics

2nd accident