

Schedule Wachman ASP

**Antelope Valley Medical Center**

1600 West Avenue J  
Lancaster, CA 93534-2814

(661) 949-5000

**Patient Information**

**Patient Name:** HELENA, EVER O  
**Home Address:** 44609 4TH ST E  
LANCASTER, CA 93535-3003  
**Home Phone:**  
**Mobile Phone:** (661) 522-1617  
**Work Phone:**

**Sex:** Male  
**DOB:** 11/10/1944  
**Age:** 80 Years **Marital:** Married  
**Religion:** Catholic  
**Language:** Spanish

**Guarantor Name:** HELENA, EVER O  
**Patient's Reltn:** Self  
**Billing Address:** 44609 4TH ST E  
LANCASTER, CA 93535-3003  
**Home Phone:**  
**Mobile Phone:** (661) 522-1617  
**Work Phone:**

**Employer Name:** Retired

**Contact Information**

**Emergency Contact**

**Contact Name:** HELENA, ANGELA  
**Patient's Reltn:** Spouse  
**Sex:** Female  
**Home Phone:**  
**Mobile Phone:** (661) 609-8495  
**Work Phone:**

**Next of Kin**

**Contact Name:** ARROYO, YESNIA  
**Patient's Reltn:** Father  
**Sex:** Female  
**Home Phone:** (626) 825-3619  
**Mobile Phone:**  
**Work Phone:**

**Primary Insurance**

**Subscriber Name:** HELENA, EVER O  
**Patient's Reltn:** Self  
**Sex:** Male  
**DOB:** 11/10/1944  
**Age:** 80 Years  
**Employer Name:** Retired  
**Employer Phone:**  
**Financial Class:** Medicare HMO  
**Group Name:**

**Insurance Name:** Kaiser Senior  
**Claim Address:** PO Box 7004  
Downey, CA 90242-7004  
**Insurance Phone:**  
**Policy Number:** 000021131055  
**Group Number:**  
**Authorization Number:**  
**Authorization Phone:**  
**Authorization Contact:** *MRN# 0231TF4UH18*

**Subscriber Name:** HELENA, EVER O  
**Patient's Reltn:** Self  
**Sex:** Male  
**DOB:** 11/10/1944  
**Age:** 80 Years  
**Employer Name:** Retired  
**Employer Phone:**  
**Financial Class:** Medi-Cal HMO  
**Group Name:**

**Insurance Name:** Kaiser MCal  
**Claim Address:** PO Box 7004  
Downey, CA 90242-7004  
**Insurance Phone:**  
**Policy Number:** 000021131055  
**Group Number:** 95305081A  
**Authorization Number:**  
**Authorization Phone:**  
**Authorization Contact:**

**Reg Dt/Tm:** 06/19/2025 08:52  
**Est Dt of Arrival:**  
**Inpt Adm Dt/Tm:**  
**Disch Dt/Tm:**  
**Observation Dt/Tm:**  
**Reason for Visit:** HIP LEG PAIN

**Patient Type:** Emergency  
**Med Service:** Emergency Medicine  
**Location:** Emergency Department  
**Room/Bed:** W40/A  
**Isolation:**

**Advance Directive:**  
**ADM Phy:**  
**ATT Phy:** Kehrli, NP, Diane L  
**PCP:** Kaiser, Lancaster  
**Refer Phy:**  
**Disease Alert:**

HELENA, EVER O  
MRN: 00835119



Male / 80 Years  
FIN: 1837831980

