

Optimal Health of Southern Oregon

Req/Control #: 98054.4186.1

Phone: (541) 507-1948 Fax: (541) 916-4719

Account #: 98054	Pt ID: 2955	Alt ID: 2955
Optimal Health of Southern Oregon	Pt Name: Greenway TestPatient2	DOB: 1/1/1990
1600 NW 6th Street Suite So	Address: 321 Anywhere St	Sex: Female
		Race: Caucasian/White
Grants Pass, OR 975261094	Carrollton, GA 30117	Age: 27
(541) 507-1948	Pt Phone: (404) 222-2222	SS#: xxx-xx-0002
Physician: Cathey, Jeremy APNP	Name: Greenway TestPatient2	
NPI: 1417491424	Address: 321 Anywhere St	DOB: 1/1/1990
Prov. #: 201702886NP		SS#: xxx-xx0002
Phys. ID:	Carrollton, GA 30117	Relationship: Self
	RP Phone: (404) 222-2222	Employer:

Primary Company: AETNA

Primary Plan: AETNA

Company ID: 1010

Address: PO Box 14586

Lexington, KY 40512-4586

Policy #: 123456

Group #:

Insured: TestPatient2, Greenway

Ins. Relationship: Self

Worker's Comp: No

Secondary No Secondary Company

Secondary Plan:

Company ID:

Address:

Policy #:

Group #:

Insured:

Ins. Relationship:

Worker's Comp:

APPROVED BJMCC 11/07/2017

CODE	ORDER DESCRIPTION	DIAGNOSIS	PRIORITY	CLINICAL COMMENTS
84450	AST	K75.0	R	

Authorization – Please Sign and Date

I hereby authorize the release of medical information related to the services described herein and authorize payment directly to the Rendering Provider. I agree to assume responsibility for payment of charges for services that are not covered by my healthcare insurer.

Cathey, Jeremy APNP

11/7/2017 7:39:43 AM

Patient Signature

Date