

Alice Williams: Patient Information
Patient Record Number:2401

Texas Physician House Calls (H)
2925 Skyway Circle North, Irving, TX, USA, 75038-3510
www.texas-housecalls.com, Phone:(972) 675-7313, Fax:(972) 675-7310,
Email:hhsupport@texas-housecalls.com

Name: Alice Williams
External ID: 2401
DOB: 1946-01-20
Sex: Female
S.S.: 459-74-0071
Marital Status: Widowed
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5UmV4bGJsd3JvQkk>

Address: 3409 Spring Ave
City: Dallas
State: Texas
Postal Code: 75215
Country: USA
Emergency Contact: Barbara
Emergency Phone: 214-586-4860
Home Phone: 214-382-7560
Mobile Phone: 214-382-7560
Street Address: 3409 Spring Ave
Apt/Suite/Other: 101

Past Medical History:

Last Recorded On: 11-03-2016.
Risk Factors: GERD.

Family History:

Last Recorded On: 11-03-2016.
Father: Unknown..
Mother: Stomach cancer..
Siblings: Sister had questionable cancer..
Offspring: Patient has 6 children. Son had colon cancer.

Primary Family Med Conditions:

Last Recorded On: 11-03-2016.
Risk Factors: None.

Social History:

Last Recorded On: 11-03-2016.
Tobacco: Former smoker No smoking **Status:** Quit
Alcohol: No alcohol **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular diet..
Developmental History: Education level is 7th grade..
Other History: Declined flu shot Eye exam 2011 .

Tests and Exams:

Last Recorded On: 11-03-2016.

HbA, C Hemoglobin (if DM every 3 mo) Abnormal Done on 07/22/2014 at Evolution Health Laboratory Services, ordered by Dr. Sumana Ketha.

CBC Complete Blood Count (3 months) Abnormal Done on 07/22/2014 at Evolution Health Laboratory Services, ordered by Dr. Sumana Ketha.

CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 07/22/2014 at Evolution Health Laboratory Services, ordered by Dr. Sumana Ketha.

LIPIDS (once year unless chol meds) Normal Done on 07/22/2014 at Evolution Health Laboratory Services, ordered by Dr. Sumana Ketha.

Mammogram (>40yrs, Yearly) N/A Done in 2012.

Sigmoid/Colonoscopy N/A Done in 2012.

Insurance:

XL Health / Care Improvement Plus (77082)

Priority : Primary

Start Date : 2010-01-01

Relationship to Insured : Self

Type : N/A

Payer : XL Health / Care Improvement Plus (77082)

Priority : Primary

Start Date : 2014-08-01

Relationship to Insured : Self

Type : N/A

Payer : XL Health / Care Improvement Plus (77082)

Priority : Primary

Start Date : 2015-08-01

Relationship to Insured : Self

Type : N/A

Payer : Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 2015-12-01

Relationship to Insured : Self

Type : N/A

Payer : XL Health / Care Improvement Plus (77082)

Priority : Primary

Start Date : 2016-01-01

Relationship to Insured : Self

Type : N/A

Payer : United Health Care (87726)

Priority : Secondary

Start Date : 2013-12-01

Relationship to Insured : Self

Type : N/A

Payer : Medicaid Texas (SKTX0)

Copay :

Insured ID Number : 100593241

Group Number :

Employer Name : Alice Williams

Copay :

Insured ID Number : 100593241

Group Number :

Employer Name : Alice Williams

Copay :

Insured ID Number : 459740071A

Group Number :

Employer Name : Alice Williams

Copay :

Insured ID Number : 100593241

Group Number :

Employer Name : Alice Williams

Copay :

Insured ID Number : 946067638

Group Number :

Employer Name : Alice Williams

Copay :

Insured ID Number : 507417894

Group Number :

Employer Name : Alice Williams

Immunizations: