Texas Physician House Calls

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Referral source: Bonyl Home	Healthcare	Date: <u>08/</u>	12/2016
Agent: Latarsha Simon	Phone: (<u>214</u>)- <u>350-0075</u>	Fax: (<u>214)-3</u>	50-0095
Home Health Agency: <u>Bonyl Ho</u>	ome Healthcare		
Patient Information			
Patient (Last name): Kir			
D.O.B.: <u>10 /23 /194</u> 8 SSN:	M F Phone:	(<u>214</u>) <u>664-53</u>	365
Address: 535 Buckingham F	Road City:_	Richardson-T	<u>exas</u> Zip: <u>75081</u>
Race :	Language: Spanish / English	n / Other :	
Alternate			
Contact:	Relationship:	Phon	e:()
Patient Email Address:			
Medical Reason for referral:	Patient needs new home hea	Ith agency.	
Patient diagnosis: <u>Hypertension</u> ,	diabetes 2, end-stage renal	disease, and	hyperlipidemia.
Is Patient Homebound? YES/NC	Needs Home Health: YES	/NO	
How soon does the patient need			
INSURANCE INFORMATION:			
Primary insurance: Medicare B	Texas		
Medicare #:467822719A	Med	caid #	
Secondary:	Policy/Group # :	Eff	ective date:
Copies of Medicare and	insurance cards		
Referral signature: 5. Ker	Date: 08	3/12/2016	

Referral Fax line (972) 675 7310 Main: (972) 675 7313 ext 105

All inquiries will be responded in 24 hours during work days, For all electronic inquiries please send secure email to hhsupport@texashousecalls.com. Thank you for your referral.

You can also complete the Referral form online at http://www.texashousecalls.com/request-a-housecall/