

**Zula Clewis: Patient Information**  
Patient Record Number:5987

**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:** Zula Clewis  
**External ID:** 5987  
**DOB:** 1925-09-19  
**Sex:** Female  
**S.S.:** 449-40-3608  
**Marital Status:** Widowed  
**Patient Drive Folder:** [https://drive.google.com/drive/u/0/folders/0B1v8FHBd\\_SfCdVIPs29sbWltOGM](https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCdVIPs29sbWltOGM)

**Address:** 4820 Clear Creek Rd  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75232  
**Country:** USA  
**Home Phone:** 214-372-4474  
**Mobile Phone:** 469-867-8687  
**Street Address:** 4820 Clear Creek Rd  
**Apt/Suite/Other:** House

## Family History:

**Last Recorded On:** 07-25-2016.  
**Father:** Unknown.  
**Mother:** Unknown.  
**Siblings:** Unknown.  
**Offspring:** Six children..

## Social History:

**Last Recorded On:** 07-25-2016.  
**Tobacco:** Never smoker No smoking. **Status:** Never  
**Alcohol:** No alcohol **Status:** Never  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Nutrition History:** Regular.  
**Developmental History:** Education level is 2 years college..  
**Other History:** Influenza November 2015..

## Insurance:

### Medicare B Texas (SMTX0)

**Priority :** Primary  
**Start Date :** 1990-09-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)  
**Priority :** Secondary  
**Start Date :** 2015-07-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Aetna (60054)

**Copay :**  
**Insured ID Number :** 449403608A  
**Group Number :**  
**Employer Name :** Zula Clewis  
**Copay :**  
**Insured ID Number :** 449403608  
**Group Number :**  
**Employer Name :** Zula Clewis

**Immunizations:**

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