

Texas Physician House Calls

Sumana Ketha M.D.

Board certified in Internal Medicine

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Referral source: MedGlobal Home Health Date: 8/6/15
 Agent: MedGlobal Phone: 972 222 3870 Fax: 972 222 3871
 Home Health Agency: MedGlobal

Patient Information

Patient (Last name): Lara (First Name): Bernardina (Middle Initial) _____
 D.O.B.: 5/18/43 SSN: 145-92 3870 M/F M Phone: 214 687 7827
 Address: 2511 Picadilly Blvd City: Mesquite Zip: 75149
 Race: Hispanic Language: Spanish / English / Other: _____

Alternate Contact: Veronica Relationship: daughter in law Phone: 469 579 7479

Patient Email Address: _____

Medical Reason for referral: Patient needs dr per nurse for i to rec med treatment.
 Patient diagnosis: 438.22

Is Patient Homebound? YES / NO Needs Home Health: YES / NO

How soon does the patient need to be seen? ASAP

INSURANCE INFORMATION:

Primary insurance: ~~Medicare~~ Care Improvement Plus

Medicare #: _____

Medical # _____

Secondary: _____ Policy/Group #: 100094291 Effective date: 7/1/15

- Copies of Medicare and insurance cards

Referral signature: [Signature] Date: 8/7/15

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/>

Eligibility Response

Response Generated: 7/30/2015 10:29:22 am CT

Your Request

Payer	Medicare (HETS)	Last Name	LARA
Provider ID (NPI)	1477598878 - Med Global Home Health Care Inc	First Name	BERNARDINA
Service Dates	7/20/2014 - 11/20/2015	Middle Name/Init	
Member ID	627073201B	DOB	5/18/1943

Patient Demographics

Address 2037 HOLCOMB RD, DALLAS, TX 75217-1950
Gender

Eligibility Summary

Eligible Date Medicare Part A: 5/1/2008 Eligible Date Medicare Part B: 5/1/2008

Medicare Part D

Enrollment: 7/1/2015 Contract / Plan #: H0084 004
Plan Name: CARE IMPROVEMENT PLUS OF TEXAS INSURANCE COMPANY
Address: 351 West Camden Street Suite 100, Baltimore, MD 21201-2473
Telephone: (877) 842-3210

Medicare Part D

Enrollment: 9/1/2010 - 8/31/2014 Contract / Plan #: H4590 012
Plan Name: UNITEDHEALTHCARE BENEFITS OF TEXAS, INC.
Address: 8200 IH-10 SUITE 1000, SAN ANTONIO, TX 78230
Telephone: (877) 842-3210

Medicare Advantage

Enrollment: 7/1/2015 Contract / Plan #: H0084 004
Plan Name: CARE IMPROVEMENT PLUS OF TEXAS INSURANCE COMPANY
Message: MCO Bill Option Code - C)
Address: 351 West Camden Street Suite 100, Baltimore, MD 21201-2473
Telephone: (877) 842-3210

State / Year Medicare Advantage			
Enrollment:	9/1/2010 - 6/31/2014	Contract / Plan #:	H4590 012
Plan Name:	UNITEDHEALTHCARE BENEFITS OF TEXAS, INC.		
Message:	MCO Bill Option Code - C)		
Address:	8200 IH-10 SUITE 1000, SAN ANTONIO, TX 78230		
Telephone:	(877) 842-3210		

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[Edit Display](#) [Show All](#) [Hide All](#)**Home Health Certification**[Hide](#)

No Home Health Certification information available

Home Health Care[Hide](#)

No Home Health Episodes found within the requested service dates

Calendar Year 2015:

Base Deductible: \$0.00

Calendar Year 2014:

Base Deductible: \$0.00

Co-Insurance:

0 % for Calendar Year 2015

0 % for Calendar Year 2014

Hospice[Hide](#)

No Hospice Periods found within the requested service dates

Calendar Year 2015:

Base Deductible: \$0.00

Calendar Year 2014:

Base Deductible: \$0.00

Total # of Occurrences:

0

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