Dianne Gipson: Patient Information

Patient Record Number: 2287

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

Name: Dianne Gipson External ID: 2287 **DOB**: 1946-04-25 Sex: Female S.S.: 450-74-2889 Marital Status: Single

Patient Drive Folder: https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5Y18xam5tVjZwNW8

Address: 12245 Galva Sreet

City: Dallas State: Texas Postal Code: 75243 Country: USA

Mobile Phone: 214-407-3129 Street Address: 12245 Galva Sreet

Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 07-14-2016.

Risk Factors: Degenerative Joint Disease, Gout.

Additional Medical History: CHF, obesity, bronchitis and edema...

Family History:

Last Recorded On: 07-14-2016. Mother: Mother has hypertension..

Offspring: Has one son..

Primary Family Med Conditions:

Last Recorded On: 07-14-2016. Chronic Conditions: Hypertension.

Social History:

Last Recorded On: 07-14-2016.

Tobacco: Never smoker No smoking. Status: Never

Alcohol: No alcohol abuse. Status: Never

Recreational Drugs: No drug abuse. Status: Never

Work Status: Disabled.

Other History: Patient uses cane..

Tests and Exams:

Last Recorded On: 07-14-2016.

HbA, C Hemoglobin (if DM every 3 mo) Abnormal Done on 05/05/2014, at MetroStat Diagnostic

Services ordered by Dr. Sumana Ketha

CBC Complete Blood Count (3 months) Abnormal Done on 05/05/2014, at MetroStat Diagnostic

Services ordered by Dr. Sumana Ketha

CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 05/05/2014, at MetroStat

Diagnostic Services ordered by Dr. Sumana Ketha

LIPIDS (once year unless chol meds) Normal Done on 05/05/2014, at MetroStat Diagnostic Services ordered by Dr. Sumana Ketha

Insurance:

Medicare B Texas (SMTX0)

Priority: Primary Start Date: 2011-04-01 Relationship to Insured: Self

Type: N/A

Payer: Medicare B Texas (SMTX0)

Priority: Primary Start Date: 2015-08-01 Relationship to Insured: Self

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)

Priority: Primary Start Date: 2015-11-04 Relationship to Insured: Self

Type: N/A

Payer: Medicare B Texas (SMTX0)

Priority : Secondary Start Date : 2013-07-09 Relationship to Insured : Self

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)

Priority: Secondary Start Date: 2015-01-01 Relationship to Insured: Self

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)

Priority: Secondary Start Date: 2015-09-02 Relationship to Insured: Self

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)

Copay :

Insured ID Number: 450742689B

Group Number:

Employer Name: Dianne Gipson

Copay:

Insured ID Number: 500000043738

Group Number :

Employer Name: Dianne Gipson

Copay:

Insured ID Number: 450742689B

Group Number:

Employer Name: Dianne Gipson Copay: Insured ID Number: 508837632

Group Number :

Employer Name : Dianne Gipson

Copay:

Insured ID Number: 508837632

Group Number:

Employer Name: Dianne Gipson

Copay:

Insured ID Number: 508837632

Group Number :

Employer Name: Dianne Gipson

Immunizations:

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