

# Bonyl Healthcare Services, Inc.

Date: <b>JULY 23, 2015</b>	
Send to: <b>TX PHYSICIAN HOUSE CALLS</b>	From: <b>AQUEELAH JOHNSON</b>
Attention: <b>TX PHYSICIAN HOUSE CALLS</b>	Phone: <b>214.350.0075</b>
Fax Number: <b>972.675.7310</b>	Fax Number: <b>214.350.0095</b>
	Number of Pages (including cover sheet): <b>2</b>
<input type="checkbox"/> Urgent <input checked="" type="checkbox"/> Reply ASAP <input type="checkbox"/> Please Comment <input checked="" type="checkbox"/> Please Review <input checked="" type="checkbox"/> For Your Information	
Comments: <u>RE: BERTHA GREEN REFERRAL FORM</u> <u>PLEASE SCHEDULE THIS PATIENT FOR A HOME VISIT.</u> <u>YOUR COOPERATION IS GREATLY APPRECIATED.</u> _____	

## ***Fax Cover***

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**Bonyl Healthcare Services, Inc.**

2351 W. Northwest Hwy. Ste 2135 Dallas, TX 75220

214.350.0075 Fax 214.350.0095

## Texas Physician House Calls

**Sumana Ketha M.D.**

*Board certified in Internal Medicine*

2925 Skyway circle North,

Irving, Texas 75038

HHSUPPORT@TEXASHOUSECALLS.com

Referral source: Bonyl Healthcare Services Date: 7-23-15

Agent: Igweloh Johnson Phone: 214 350 0075 Fax: 214 350 0095

Home Health Agency: Bonyl Healthcare Services

**Patient Information**

Patient (Last name): Green (First Name): Bertha (Middle Initial):

D.O.B.: 3/9/50 SSN: 452-92-9033 M ☒ F ☐ Phone: 214 975-3990

Address: 3928 Kingsford Ave City: Dallas Zip: 75227

Race: BLK Language: Spanish / ☒ English ☐ Other:

Alternate Contact: Serrail Patrick Relationship: niece Phone: 469 328-6558

Patient Email Address:

Medical Reason for referral: need a new PCP for home health

Patient diagnosis: Diabetes - Polyneuropathy - CHF

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

Medicare #: 452-92-9033-A

Medicaid #:

Secondary:  Policy/Group #:  Effective date:

- Copies of Medicare and insurance cards

Referral signature: Johnson Date: 7/23/15

**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](mailto:hhsupport@texashousecalls.com). Thank you for your referral.

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