

Elizabeth Clint: Patient Information
Patient Record Number:6304

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: Elizabeth Clint
External ID: 6304
DOB: 1954-03-08
Sex: Female
S.S.: 528-84-9707

Address: 971 E Sanford St
City: Arlington
State: Texas
Postal Code: 76011
Country: USA
Home Phone: 682-251-5682
Street Address: 971 E Sanford St
Apt/Suite/Other: APT#3304, Gate Code:1122

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 1999-08-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2016-09-01
Relationship to Insured :
Type : N/A
Payer : Medicaid Texas (SKTX0)

Copay :
Insured ID Number : 528849707A
Group Number :
Employer Name : Elizabeth Clint
Copay :
Insured ID Number : 512317213
Group Number :
Employer Name :

Immunizations:

Medical Problem:

| Description | Status | Start Date | End Date |
|---|--------|------------|----------|
| Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A | Active | 2016-10-13 | |
| Type 2 diabetes mellitus with hyperglycemia (ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) Unknown or N/A | Active | 2016-09-09 | |
| Type 1 diabetes mellitus with diabetic polyneuropathy (ICD10:E10.42 Type 1 diabetes mellitus with diabetic polyneuropathy) Unknown or N/A | Active | 2016-09-09 | |
| Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A | Active | 2016-09-09 | |
| Chronic obstructive pulmonary disease with (acute) exacerbation (ICD10:J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation) Unknown or N/A | Active | 2016-09-09 | |

