Texas Physician House Calls

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Referral source: Integrity Home Care Date: 12/28/13
Agent: Amble Phone: (972) 681-7777 Fax: G72) 681-7779
Home Health Agency: Integrity Home Care Sves.
Patient Information
Patient (Last Name): Banks (First Name): Betty A.
D.O.B. 8 124/49 SSN:452 -92 -5064 M F Phone: (972) 375 -7919
Address: 3622 S. Tyler St City: Dollar Zip: 75224-
Race: Language: Spanish / English / Other:
Alternate Contact: Pocy Relationship: CC Phone: 972-375 - 7919
Medical Reason Referral: Neods PCP
Patient diagnosis:
Is Patient Homebound YES NO Needs Home Health YES NO
How soon does the patient need to be seen?
INSURANCE INFORMATION:
Primary Insurance: Medicare # 452925064A
Secondary: Group #: Effective date:
Copies of Medicare and insurance cards
Referral signature: amb Medell Date: 12/23/13
DEFEDRAL FAY LINE: (072) 675-7210 OFFICE: (072) 675-7212
REFERRAL FAX LINE: (972) 675-7310 OFFICE: (972)675-7313

Coo to Front Office to see Patient.