

WE CARE ADULT DAY CENTER

ADMISSION INFORMATION SHEET

PATIENT: Aaron Nealey DATE: 7/1/14

Address: 3434 Jioqa
Telephone: 972-225-1222

Social Security No. 465-75-0301

Medicare No. _____

Medicaid Number: 506 508 613

Date of Birth: 10/25/1985

Diagnosis: Schizophrenia

Allergies: N/A

PHYSICIAN Dr. Sumana Kothu M.D.

Address: 2925 Skyway Pkwy North Irving TX 75038

Telephone: 972-675-7313

Fax Number: 972-675-7310

PHARMACY: _____

Address: _____

Telephone: _____

HOSPITAL PREFERENCE: Paricland

EMERGENCY CONTACT PERSON/S:

Name: Shamela Relationship _____

Address: _____

Telephone: (Home) (214) 859-2897 Work _____

Name: Veronica Relationship _____

Address: _____

Telephone: (Home) 972-225-1222 Work _____

Your Texas Benefits Health and Human Services Commission		STAR+PLUS
Medicaid ID Card Member Name: AARON BERNARD NEALEY Member ID (Medicaid ID): 506508673 Issuer ID (S08040): 610256 RxBN: 008019 RXPON: SHP RXGRP: 18011		Medical plan / Plan medical: SUPERIOR HEALTHPLAN 866-516-4501
Date card sent: 11/23/12		

Your Texas Benefits Health and Human Services Commission		STAR+PLUS
Medicaid ID Card Member Name: AARON BERNARD NEALEY Member ID (Medicaid ID): 506508673 Issuer ID (S08040): 610256 RxBN: 004336 RXPON: ADV RXGRP: RX0826		Medical plan / Plan medical: MOLINA HEALTHCARE 866-449-0849
Date card sent: 08/20/12		