

Texas Physician House Calls

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Date:

3-9-15

Referral source:

Corinth Home Health

Agent:

Gindy

Phone: (214) 998-7935

Fax: (940) 279-1034

Home Health Agency:

Corinth Home Health

Patient Information

Patient (Last name):

Davis

(First Name):

Byron

(Middle Initial)

D.O.B.: 6/1/1957 SSN: 454-23-9207 M F Phone: (469) 335-7220

Address:

2710 Jeffries Apt #121 City: Dallas

Zip: 75216

Race:

Language: Spanish / English / Other: English

Alternate

Contact:

Relationship:

Phone: ( )

Patient Email Address:

Medical Reason for referral:

HTN

OSTEOARTHRITIS

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 #: 454239707A

Medicaid #

Secondary:

Policy/Group #:

Effective date:

Copies of Medicare and Insurance cards

Referral signature:

*[Signature]*

Date:

03/9/15

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/>