

**Debra Smith: Patient Information**  
Patient Record Number:5970

**Texas Physician House Calls (H)**  
2925 Skyway Circle North, Irving, TX, USA, 75038-3510  
www.texashousecalls.com, Phone:(972) 675-7313, Fax:(972) 675-7310,  
Email:hhsupport@texashousecalls.com

**Name:** Debra Smith  
**External ID:** 5970  
**DOB:** 1962-06-11  
**Sex:** Female  
**S.S.:** 450-25-1115  
**User Defined:** 469-709-8284  
**genericval1:** lives with Thomas, Andrew  
**Patient Drive Folder:**  
[https://drive.google.com/drive/u/0/folders/0B1v8FHBd\\_SfCflpRTGImaHp4NFhQd1AzRHJ5NTNPcTlxX2RRc3dlQnJndzQwSmo1OEhMc3c](https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCflpRTGImaHp4NFhQd1AzRHJ5NTNPcTlxX2RRc3dlQnJndzQwSmo1OEhMc3c)

**Address:** 2269 Aspen Dr  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75227  
**Country:** USA  
**Emergency Phone:** 469-709-8284  
**Home Phone:** 214-845-1309  
**Mobile Phone:** 214-381-8848  
**Street Address:** 2269 Aspen Dr  
**Apt/Suite/Other:** House

## Family History:

**Last Recorded On:** 11-10-2016.  
**Father:** Unknown..  
**Mother:** Unknown..  
**Siblings:** Unknown..  
**Offspring:** Unknown..

## Social History:

**Last Recorded On:** 11-10-2016.  
**Tobacco:** No smoking. **Status:** Never  
**Alcohol:** No alcohol. **Status:** Never  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Nutrition History:** Regular.  
**Developmental History:** Well.

## Insurance:

**Medicare B Texas (SMTX0)**

**Priority** : Primary  
**Start Date** : 2008-03-01  
**Relationship to Insured** : Self  
**Type** : N/A  
**Payer** : Medicare B Texas (SMTX0)  
**Priority** : Primary  
**Start Date** : 2010-01-01  
**Relationship to Insured** : Self  
**Type** : N/A  
**Payer** : Medicare B Texas (SMTX0)  
**Priority** : Secondary  
**Start Date** : 2015-06-01  
**Relationship to Insured** : Self  
**Type** : N/A  
**Payer** : Molina Healthcare of Texas (Z1161)

**Copay** :  
**Insured ID Number** : 450251115A  
**Group Number** :  
**Employer Name** : Debra Smith  
**Copay** :  
**Insured ID Number** : 450251115A  
**Group Number** :  
**Employer Name** : Debra Smith  
**Copay** :  
**Insured ID Number** : 520947195  
**Group Number** :  
**Employer Name** : Debra Smith

## **Immunizations:**

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