

Micheal Anderson: Patient Information
Patient Record Number:6136

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: Micheal Anderson
External ID: 6136
DOB: 1957-11-01
Sex: Male
S.S.: 457211446
User Defined: 214-576-6979

Address: 3946 West Kiest Boulevard
City: Dallas
State: Texas
Postal Code: 75233
Country: USA
Home Phone: 469-510-3058
Work Phone: 469-254-5614
Mobile Phone: 214-576-6979
Street Address: 3946 West Kiest Boulevard
Apt/Suite/Other: House

Family History:

Last Recorded On: 11-03-2016.
Father: Unknown..
Mother: Unknown..
Siblings: Unknown..
Offspring: Unknown..

Social History:

Last Recorded On: 11-03-2016.
Tobacco: No smoking. **Status:** Never
Alcohol: No alcohol use. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular.
Developmental History: Well.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 1996-11-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2015-07-01
Relationship to Insured : Self
Type : N/A
Payer : Superior Health Plan Texas (39188)

Copay :
Insured ID Number : 457211446A
Group Number :
Employer Name : Micheal Anderson
Copay :
Insured ID Number : 511228263
Group Number :
Employer Name : Micheal Anderson

Immunizations:

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