

Clinical Summary (October 30, 2025, 1:53:29PM -0400)

Patient	Legal: Emma Emma THOMPSON Date of Birth: November 14, 1965 Gender: Female Patient-ID: E1453920 (1.2.840.114350.1.13.419.2.7.5.737384.0)
Documentation Of	Care provision, Date/Time: from November 14, 1965 to October 30, 2025, Performer: Legal: Sarah JOHNSON DO
Author	Epic - Version 11.3, Organization: Melbourne Health Network, Authored On: October 30, 2025, 1:53:29PM -0400

Allergies

Active Allergy	Reactions	Criticality	Noted Date	Comments
Morphine	Itching		11/29/2022	

Medications

Medication	Sig	Dispense Quantity	Refills	Last Filled	Start Date	End Date	Status
ferrous sulfate 325 (65 FE) MG EC tablet	Take by mouth				03/13/2015		Active
Cyanocobalamin (VITAMIN B-12) 3000 MCG SUBL	Place under the tongue						Active
doxycycline hyclate (VIBRAMYCIN) 100 mg capsule	Take 100 mg by mouth every 12 (twelve) hours						Active
labetalol (NORMODYNE) 200 mg tablet	Take 200 mg by mouth Three times a day				05/23/2022		Active
pantoprazole (PROTONIX) 40 mg tablet Indications: Colitis	Take 1 tablet (40 mg total) by mouth 2 (two) times a day before meals	60 tablet			12/06/2022		Active

Active Problems

Problem	Noted Date	Diagnosed Date
Dental caries	12/02/2022	
Assessment & Plan (12/07/2022 2:44 PM EST): Formatting of this note might be different from the original. • Concerns for dental caries causing her symptoms. • Continue clindamycin to complete course • Prn analgesia. Avoid Tylenol		
Assessment & Plan (12/06/2022 4:36 PM EST): Formatting of this note might be different from the original. • Concerns for dental caries causing her symptoms. • Continue clindamycin to complete course • Prn analgesia. Avoid Tylenol		
Assessment & Plan (12/05/2022 4:34 PM EST): Formatting of this note might be different from the original. • Concerns for dental abscess/dental carie causing her symptoms. • Continue clindamycin		
Assessment & Plan (12/04/2022 6:06 PM EST):		

Problem	Noted Date	Diagnosed Date
Formatting of this note might be different from the original. · Concerns for dental abscess/dental carie causing her symptoms. · Started clindamycin and can continue oxycodone		
Assessment & Plan (12/03/2022 1:03 PM EST): Formatting of this note might be different from the original. · Concerns for dental abscess/dental carie causing her symptoms. · Will start clindamycin and can continue oxycodone		
Assessment & Plan (12/02/2022 10:50 AM EST): Formatting of this note might be different from the original. Continues to complain and focus on her toothache that she was taking the tylenol at home for. She is already on IV diluadid but is still complaining of pain. I will add roxicodone. I told her when she leaves the hospital, she needs to see a dentist ASAP, but she unfortunately needs to stay in the hospital until her liver and kidneys are better. We do not have dentistry nor oral surgery here.		
Hypokalemia	12/01/2022	
Assessment & Plan (12/07/2022 2:43 PM EST): Formatting of this note is different from the original. · Repleted Results from last 7 days Lab Units 12/06/22 0600 12/05/22 0659 12/04/22 0641 12/03/22 1504 12/02/22 0447 12/01/22 0643 11/30/22 1549 POTASSIUM mmol/L 4.0 4.1 3.9 4.6 3.2* 2.8* 3.1*		
Assessment & Plan (12/04/2022 6:04 PM EST): Formatting of this note is different from the original. · Repleted Results from last 7 days Lab Units 12/04/22 0641 12/03/22 1504 12/02/22 0447 12/01/22 0643 11/30/22 1549 11/30/22 1249 11/29/22 0754 POTASSIUM mmol/L 3.9 4.6 3.2* 2.8* 3.1* 3.1* 4.0		
Assessment & Plan (12/03/2022 1:03 PM EST): Formatting of this note is different from the original. · Continue to replete Results from last 7 days Lab Units 12/02/22 0447 12/01/22 0643 11/30/22 1549 11/30/22 1249 11/29/22 0754 POTASSIUM mmol/L 3.2* 2.8* 3.1* 3.1* 4.0		
Assessment & Plan (12/01/2022 10:34 AM EST):		

Problem	Noted Date	Diagnosed Date
Formatting of this note might be different from the original. Potassium is 2.8 Will attempt repletion via IV Trend BMP		
Hypertension	11/29/2022	
Assessment & Plan (12/07/2022 2:43 PM EST): Formatting of this note might be different from the original. • Patient reports she is no longer on lisinopril. • Continue amlodipine, labetalol		
Assessment & Plan (12/06/2022 4:34 PM EST): Formatting of this note might be different from the original. • Patient reports she is no longer on lisinopril. • Continue amlodipine, labetalol with hold parameters		
Assessment & Plan (12/05/2022 4:32 PM EST): Formatting of this note might be different from the original. • Holding lisinopril. Started on amlodipine		
Assessment & Plan (12/04/2022 6:04 PM EST): Formatting of this note might be different from the original. • Holding lisinopril. Started on amlodipine		
Assessment & Plan (12/03/2022 1:06 PM EST): Formatting of this note might be different from the original. • Holding lisinopril. Started on amlodipine		
Assessment & Plan (12/01/2022 10:30 AM EST): Formatting of this note might be different from the original. Presented to the hospital with elevated blood pressure, unable to take medications due to nausea/vomiting • Hold lisinopril at this time given AKI • Will add p.r.n. Hydralazine this time		
Assessment & Plan (11/30/2022 4:34 PM EST): Formatting of this note might be different from the original. Presented to the hospital with elevated blood pressure, unable to take medications due to nausea/vomiting • Hold lisinopril at this time given AKI • Will add p.r.n. Hydralazine this time		
Assessment & Plan (11/29/2022 3:30 PM EST): Formatting of this note might be different from the original. Presented to the hospital with elevated blood pressure, unable to take medications due to nausea/vomiting • Hold lisinopril at this time given AKI • Will add p.r.n. Hydralazine this time		
Accidental acetaminophen overdose	11/29/2022	
Assessment & Plan (12/07/2022 2:43 PM EST): Formatting of this note might be different from the original. • Patient was taking approximately 6000 mg of acetaminophen daily for several days for toothache • Was on n-acetylcysteine which has been subsequently discontinued by Toxicology • Seen by psychiatry. No evidence of intentional overdose		
Assessment & Plan (12/06/2022 4:34 PM EST): Formatting of this note might be different from the original. • Patient was taking approximately 6000 mg of acetaminophen daily for several days for toothache • Was on n-acetylcysteine which has been subsequently discontinued by Toxicology • Seen by psychiatry. No evidence of intentional overdose		

Problem	Noted Date	Diagnosed Date
<p>Assessment & Plan (12/05/2022 4:32 PM EST):</p> <p>Formatting of this note might be different from the original.</p> <ul style="list-style-type: none"> • Patient was taking approximately 6000 mg of acetaminophen daily for several days for toothache • Was on n-acetylcysteine which has been subsequently discontinued by Toxicology • Seen by psychiatry. No evidence of intentional overdose 		
<p>Assessment & Plan (12/04/2022 6:04 PM EST):</p> <p>Formatting of this note might be different from the original.</p> <ul style="list-style-type: none"> • Patient was taking approximately 6000 mg of acetaminophen daily for several days for toothache • Was on n-acetylcysteine which has been subsequently discontinued by Toxicology • Seen by psychiatry. No evidence of intentional overdose 		
<p>Assessment & Plan (12/03/2022 1:03 PM EST):</p> <p>Formatting of this note might be different from the original.</p> <ul style="list-style-type: none"> • Patient was taking approximately 6000 mg of acetaminophen daily for several days for toothache • Was on n-acetylcysteine which has been subsequently discontinued by Toxicology • Seen by psychiatry. No evidence of intentional overdose 		
<p>Assessment & Plan (12/02/2022 10:47 AM EST):</p> <p>Formatting of this note might be different from the original.</p> <p>Patient presenting to the emergency department with generalized abdominal pain, nausea/vomiting for approximately 1 day. Currently mentating appropriately.</p> <ul style="list-style-type: none"> • Reports taking approximately 6000 mg of acetaminophen every day for the last 3-4 days for a severe toothache • LFTs continue to trend down. • Appreciate tox and renal help. 		
<p>Assessment & Plan (12/01/2022 10:32 AM EST):</p> <p>Formatting of this note might be different from the original.</p> <p>Patient presenting to the emergency department with generalized abdominal pain, nausea/vomiting for approximately 1 day. Currently mentating appropriately.</p> <ul style="list-style-type: none"> • Reports taking approximately 6000 mg of acetaminophen every day for the last 3-4 days for a severe toothache • AST 3700 • ALT 6900 • Total bili 2.19 • INR 1.66 • Acetaminophen level less than 2 • Toxicology consulted, initiated on NAC while in the ED, will continue at this time • Patient is not a candidate for liver transplant at this time • Monitor LFTs and INR Q 8 • Continue NAC until LFTs clearly peak and downtrend twice 		
<p>Assessment & Plan (11/30/2022 4:33 PM EST):</p> <p>Formatting of this note might be different from the original.</p> <p>Patient presenting to the emergency department with generalized abdominal pain, nausea/vomiting for approximately 1 day. Currently mentating appropriately.</p> <ul style="list-style-type: none"> • Reports taking approximately 6000 mg of acetaminophen every day for the last 3-4 days for a severe toothache • AST 18,000 • ALT 1270 • INR 2.05 • Acetaminophen level less than 2 • Toxicology consulted, initiated on NAC while in the ED, will continue at this time • Patient is not a candidate for liver transplant at this time • Monitor LFTs and INR Q 8 • Continue NAC until LFTs clearly peak and downtrend twice 		
<p>Assessment & Plan (11/29/2022 3:36 PM EST):</p> <p>Formatting of this note might be different from the original.</p> <p>Patient presenting to the emergency department with generalized abdominal pain, nausea/vomiting for approximately 1 day. Currently mentating appropriately.</p> <ul style="list-style-type: none"> • Reports taking approximately 6000 mg of acetaminophen every day for the last 3-4 days for a severe toothache • AST 15,820 • ALT 9990 • INR 2.17 • Acetaminophen level less than 2 		

Problem	Noted Date	Diagnosed Date
<ul style="list-style-type: none"> · Toxicology consulted, initiated on NAC while in the ED, will continue at this time · Patient is not a candidate for liver transplant at this time · Monitor LFTs and INR Q 8 · Continue NAC until LFTs clearly peak and downtrend twice · GI consult 		
Transaminitis	11/29/2022	
<p>Assessment & Plan (12/07/2022 2:46 PM EST):</p> <p>Formatting of this note might be different from the original. In setting of Tylenol overdose INR stable, no encephalopathy · Follow-up CMP as an outpatient</p>		
<p>Assessment & Plan (12/06/2022 4:35 PM EST):</p> <p>Formatting of this note might be different from the original. In setting of Tylenol overdose LFTs peaked at AST 3700 , ALT 6900 INR stable, no encephalopathy · Follow-up CMP as an outpatient</p>		
<p>Assessment & Plan (12/01/2022 10:31 AM EST):</p> <p>Formatting of this note might be different from the original. AST 3700 , ALT 6900 · See assessment and plan under accidental acetaminophen overdose</p>		
<p>Assessment & Plan (11/30/2022 4:35 PM EST):</p> <p>Formatting of this note might be different from the original. AST 17200, ALT 1270 · See assessment and plan under accidental acetaminophen overdose</p>		
<p>Assessment & Plan (11/29/2022 3:31 PM EST):</p> <p>Formatting of this note might be different from the original. AST 15,820, ALT 9990 · See assessment and plan under accidental acetaminophen overdose</p>		
AKI (acute kidney injury)	11/29/2022	
<p>Assessment & Plan (12/07/2022 2:43 PM EST):</p> <p>Formatting of this note might be different from the original. AKI suspected to be pre renal, Tylenol toxicity, prior use of ACE-inhibitor Improved with IV fluids Nephrology signed off as renal function nearing baseline Encourage oral hydration Repeat function in 1 week</p>		
<p>Assessment & Plan (12/06/2022 4:35 PM EST):</p> <p>Formatting of this note might be different from the original. AKI suspected to be pre renal, Tylenol toxicity, prior use of ACE-inhibitor Improved with IV fluids Nephrology signed off as renal function nearing baseline Encourage oral hydration Repeat function in 1 week</p>		
<p>Assessment & Plan (12/05/2022 4:33 PM EST):</p> <p>Formatting of this note might be different from the original. AKI suspected to be pre renal, Tylenol toxicity, prior use of ACE-inhibitor Hold ACE-inhibitor IV fluid trial Appreciate nephrology recommendations Trend BMP</p>		
<p>Assessment & Plan (12/04/2022 6:04 PM EST):</p>		

Problem	Noted Date	Diagnosed Date
<p>Formatting of this note is different from the original.</p> <ul style="list-style-type: none"> · Kidney injury secondary to tylenol toxicity/liver failure. · Nephrology following <p>Results from last 7 days Lab Units 12/04/22 0641 12/03/22 1504 12/02/22 0447 12/01/22 0643 11/30/22 1549 11/30/22 1249 11/29/22 0754 BUN mg/dL 29* 26* 27* 32* 43* 50* 50* CREATININE mg/dL 2.14* 2.59* 2.27* 2.43* 2.62* 2.72* 2.60* EGFR ml/min/1.73sq m 24 19 23 21 19 18 19</p>		
<p>Assessment & Plan (12/03/2022 1:03 PM EST):</p> <p>Formatting of this note is different from the original.</p> <ul style="list-style-type: none"> · Kidney injury secondary to tylenol toxicity/liver failure. · Nephrology following <p>Results from last 7 days Lab Units 12/02/22 0447 12/01/22 0643 11/30/22 1549 11/30/22 1249 11/29/22 0754 BUN mg/dL 27* 32* 43* 50* 50* CREATININE mg/dL 2.27* 2.43* 2.62* 2.72* 2.60* EGFR ml/min/1.73sq m 23 21 19 18 19</p>		
<p>Assessment & Plan (12/02/2022 10:48 AM EST):</p> <p>Formatting of this note might be different from the original.</p> <ul style="list-style-type: none"> · Continues to improve · Likely associated with the tylenol toxicity and liver failure · Appreciate renal help 		
<p>Assessment & Plan (12/01/2022 10:28 AM EST):</p> <p>Formatting of this note might be different from the original.</p> <p>With creatinine elevated at 2.8</p> <ul style="list-style-type: none"> · Unknown baseline however suspect elevation secondary to acetaminophen toxicity · Urinary retention protocol · Avoid hypotension, nephrotoxins · Not improving with IVF, nephrology consulted awaiting recommendations · BMP in a.m. 		
<p>Assessment & Plan (11/30/2022 4:35 PM EST):</p> <p>Formatting of this note might be different from the original.</p> <p>With creatinine elevated at 2.6</p> <ul style="list-style-type: none"> · Unknown baseline however suspect elevation secondary to acetaminophen toxicity · Urinary retention protocol · Avoid hypotension, nephrotoxins · BMP in a.m. 		
<p>Assessment & Plan (11/29/2022 3:29 PM EST):</p> <p>Formatting of this note might be different from the original.</p> <p>With creatinine elevated at 2.60</p> <ul style="list-style-type: none"> · Unknown baseline however suspect elevation secondary to acetaminophen toxicity · Urinary retention protocol · Avoid hypotension, nephrotoxins · BMP in a.m. 		
Liver injury	11/29/2022	
<p>Assessment & Plan (12/07/2022 2:43 PM EST):</p>		

Problem	Noted Date	Diagnosed Date
<p>Formatting of this note might be different from the original.</p> <ul style="list-style-type: none"> · Acute liver failure secondary to Tylenol toxicity · Initially on NAC but discontinued by toxicology · GI following, have signed off · LFTs improved significantly · Recommend outpatient follow-up repeat hep B serologies · Follow-up CMP in 1 week 		
<p>Assessment & Plan (12/06/2022 4:32 PM EST):</p> <p>Formatting of this note might be different from the original.</p> <ul style="list-style-type: none"> · Acute liver failure secondary to Tylenol toxicity · Initially on NAC but discontinued by toxicology · GI following, have signed off · LFTs improved significantly · Recommend outpatient follow-up repeat hep B serologies · Follow-up CMP in 1 week 		
<p>Assessment & Plan (12/05/2022 4:34 PM EST):</p> <p>Formatting of this note might be different from the original.</p> <ul style="list-style-type: none"> · Acute liver failure initially thought secondary to solely from Tylenol toxicity but also found to IgM hepatitis-B core antibody positive · Initially on NAC but discontinued by toxicology · GI following · LFTs improving · Recommend outpatient follow-up hep B serologies · Additional serologies pending 		
<p>Assessment & Plan (12/04/2022 6:04 PM EST):</p> <p>Formatting of this note is different from the original.</p> <ul style="list-style-type: none"> · Acute liver failure initially thought secondary to solely from Tylenol toxicity but also found to IgM hepatitis-B core antibody positive · GI following. Hepatitis-B not active · Slowly improving. <p>Results from last 7 days Lab Units 12/02/22 0447 12/01/22 0643 11/30/22 1549 11/30/22 0408 11/29/22 2034 11/29/22 1212 INR 1.30* 1.66* 2.05* 2.21* 2.40* 2.17*</p> <p>Results from last 7 days Lab Units 12/04/22 0641 12/03/22 1504 12/02/22 0447 12/01/22 0643 11/30/22 1549 11/30/22 0408 11/29/22 2034 11/29/22 0754 AST U/L 106* 195* 770* 3,724* 8,900* 18,200* 19,180* 15,820* ALT U/L 1,445* 2,273* 3,679* 6,933* 9,420* 12,700* 12,280* 9,990* TOTAL BILIRUBIN mg/dL 0.69 1.15* 2.13* 2.19* 1.81* 1.02* 1.06* 1.29*</p>		
<p>Assessment & Plan (12/03/2022 1:04 PM EST):</p> <p>Formatting of this note is different from the original.</p> <ul style="list-style-type: none"> · Acute liver failure initially thought secondary to solely from Tylenol toxicity but also found to IgM hepatitis-B core antibody positive · Following up on further hepatitis studies. GI following. · Slowly improving. <p>Results from last 7 days Lab Units 12/02/22 0447 12/01/22 0643 11/30/22 1549 11/30/22 0408 11/29/22 2034 11/29/22</p>		

Problem	Noted Date	Diagnosed Date
1212 INR 1.30* 1.66* 2.05* 2.21* 2.40* 2.17* Results from last 7 days Lab Units 12/02/22 0447 12/01/22 0643 11/30/22 1549 11/30/22 0408 11/29/22 2034 11/29/22 0754 AST U/L 770* 3,724* 8,900* 18,200* 19,180* 15,820* ALT U/L 3,679* 6,933* 9,420* 12,700* 12,280* 9,990* TOTAL BILIRUBIN mg/dL 2.13* 2.19* 1.81* 1.02* 1.06* 1.29*		
Assessment & Plan (12/02/2022 10:47 AM EST): Formatting of this note might be different from the original. • INR elevated at 1.66 • liver failure in the setting of acetaminophen toxicity and patient was positive for hep B core IgM, pending hep B DNA, GI believes he was in acute hepatitis-B flare up in addition to the acetaminophen toxicity • Acute hepatic failure- a/e/b coagulopathy, RUQ tenderness, and significantly elevated LFTs • Requiring an AC, IVF, GI consult, and possible liver transplant		
Assessment & Plan (12/01/2022 10:30 AM EST): Formatting of this note might be different from the original. • INR elevated at 1.66 • liver failure in the setting of acetaminophen toxicity and patient was positive for hep B core IgM, pending hep B DNA, GI believes he was in acute hepatitis-B flare up in addition to the acetaminophen toxicity • Acute hepatic failure- a/e/b coagulopathy, RUQ tenderness, and significantly elevated LFTs • Requiring an AC, IVF, GI consult, and possible liver transplant		
Assessment & Plan (11/30/2022 4:37 PM EST): Formatting of this note might be different from the original. INR elevated at 2.07 liver failure in the setting of acetaminophen toxicity Acute hepatic failure- a/e/b coagulopathy, RUQ tenderness, and significantly elevated LFTs Requiring an AC, IVF, GI consult, and possible liver transplant		
Assessment & Plan (11/29/2022 3:30 PM EST): Formatting of this note might be different from the original. INR elevated at 2.17 • Secondary to liver failure in the setting of acetaminophen toxicity		
Intraabdominal fluid collection	11/08/2017	

Social History

Tobacco Use	Types	Packs/Day	Years Used	Date		
Smoking Tobacco: Never						
Smokeless Tobacco: Never						
Tobacco Cessation: Counseling Given: Not Answered						
Alcohol Use	Standard Drinks/Week	Comments				
Never	0 (1 standard drink = 0.6 oz pure alcohol)					
Pregnant	Comments					
No						
Sex and Gender Information		Value	Date Recorded			
Sex Assigned at Birth		Not on file	09/28/2015 11:48 PM EDT			
Legal Sex		Female				
Gender Identity		Not on file				
Sexual Orientation		Not on file				

Last Filed Vital Signs

Vital Sign	Reading	Time Taken	Comments
Blood Pressure	113/61	12/07/2022 7:30 AM EST	
Pulse	80	12/07/2022 7:30 AM EST	
Temperature	36.4 °C (97.6 °F)	12/07/2022 7:30 AM EST	
Respiratory Rate	18	12/07/2022 7:30 AM EST	
Oxygen Saturation	99%	12/07/2022 7:30 AM EST	
Inhaled Oxygen Concentration	-	-	
Weight	73.3 kg (161 lb 9.6 oz)	11/29/2022 3:16 PM EST	
Height	156.2 cm (5' 1.5")	11/29/2022 3:16 PM EST	
Body Mass Index	30.04	11/29/2022 3:16 PM EST	

Plan of Treatment

Not on file

Results

Not on file

[1]. from Last 3 Months

Insurance

• Guarantor: Thompson, Emma

Account Type	Relation to Patient	Date of Birth	Phone	Billing Address
Personal/Family	Self	11/14/1965	000-000-0000 (Home)	123 Collins Street Melbourne VIC 18102

AMERIHEALTH CARITAS COMMUNITY HEALTHCHOICES

Member	Subscriber	Plan / Payer (Effective 01/01/2021-Present)
Name: Thompson, Emma Member ID: xxxxx5062 Relation to Subscriber: Self	Name: Thompson, Emma Subscriber ID: xxxxx5062	Payer ID: 936 (NAIC) Group ID: Not on file Type: Medicaid HMO Phone: 800-521-6007 Address: PO BOX 7110 LONDON, KY 40742-7110

AETNA MC REP

Member	Subscriber	Plan / Payer (Effective 01/01/2022-Present)
Name: Thompson, Emma Member ID: xxxxxxx5900 Relation to Subscriber: Self	Name: Thompson, Emma Subscriber ID: xxxxxxx5900	Payer ID: 1 (NAIC) Group ID: 000003-PA Type: Medicare HMO Address: PO BOX 981106 EL PASO, TX 79998-1106

• Guarantor: Thompson, Emma

Account Type	Relation to Patient	Date of Birth	Phone	Billing Address
Personal/Family	Self	11/14/1965	000-000-0000 (Home)	123 Collins Street Melbourne VIC 18102

AMERIHEALTH CARITAS COMMUNITY HEALTHCHOICES

Member	Subscriber	Plan / Payer (Effective 01/01/2021-Present)
Name: Thompson, Emma Member ID: xxxxx5062 Relation to Subscriber: Self	Name: Thompson, Emma Subscriber ID: xxxxx5062	Payer ID: 936 (NAIC) Group ID: Not on file Type: Medicaid HMO Phone: 800-521-6007 Address:

Member	Subscriber	Plan / Payer (Effective 01/01/2021-Present)
		PO BOX 7110
		LONDON, KY 40742-7110

AETNA MC REP

Member	Subscriber	Plan / Payer (Effective 01/01/2022-Present)
Name: Thompson, Emma Member ID: xxxxxxxx5900 Relation to Subscriber: Self	Name: Thompson, Emma Subscriber ID: xxxxxxxx5900	Payer ID: 1 (NAIC) Group ID: 000003-PA Type: Medicare HMO Address: PO BOX 981106 EL PASO, TX 79998-1106

• **Guarantor: Thompson, Emma**

Account Type	Relation to Patient	Date of Birth	Phone	Billing Address
Personal/Family	Self	11/14/1965	000-000-0000 (Home)	123 Collins Street Melbourne VIC 18102

AMERIHEALTH CARITAS COMMUNITY HEALTHCHOICES

Member	Subscriber	Plan / Payer (Effective 01/01/2021-Present)
Name: Thompson, Emma Member ID: xxxxxx5062 Relation to Subscriber: Self	Name: Thompson, Emma Subscriber ID: xxxxxx5062	Payer ID: 936 (NAIC) Group ID: Not on file Type: Medicaid HMO Phone: 800-521-6007 Address: PO BOX 7110 LONDON, KY 40742-7110

AETNA MC REP

Member	Subscriber	Plan / Payer (Effective 01/01/2022-Present)
Name: Thompson, Emma Member ID: xxxxxxxx5900 Relation to Subscriber: Self	Name: Thompson, Emma Subscriber ID: xxxxxxxx5900	Payer ID: 1 (NAIC) Group ID: 000003-PA Type: Medicare HMO Address: PO BOX 981106 EL PASO, TX 79998-1106

• **Guarantor: Thompson, Emma**

Account Type	Relation to Patient	Date of Birth	Phone	Billing Address
Personal/Family	Self	11/14/1965	000-000-0000 (Home)	123 Collins Street Melbourne VIC 18102

AMERIHEALTH CARITAS COMMUNITY HEALTHCHOICES

Member	Subscriber	Plan / Payer (Effective 01/01/2021-Present)
Name: Thompson, Emma Member ID: xxxxxx5062 Relation to Subscriber: Self	Name: Thompson, Emma Subscriber ID: xxxxxx5062	Payer ID: 936 (NAIC) Group ID: Not on file Type: Medicaid HMO Phone: 800-521-6007 Address: PO BOX 7110 LONDON, KY 40742-7110

AETNA MC REP

Member	Subscriber	Plan / Payer (Effective 01/01/2022-Present)
Name: Thompson, Emma Member ID: xxxxxxxx5900	Name: Thompson, Emma Subscriber ID: xxxxxxxx5900	Payer ID: 1 (NAIC) Group ID: 000003-PA

Member	Subscriber	Plan / Payer (Effective 01/01/2022-Present)
Relation to Subscriber: Self		Type: Medicare HMO Address: PO BOX 981106 EL PASO, TX 79998-1106

• **Guarantor: Thompson, Emma**

Account Type	Relation to Patient	Date of Birth	Phone	Billing Address
Personal/Family	Self	11/14/1965	000-000-0000 (Home)	123 Collins Street Melbourne VIC 18102

AETNA MC REP

Member	Subscriber	Plan / Payer (Effective 01/01/2022-Present)
Name: Thompson, Emma Member ID: xxxxxxxx5900 Relation to Subscriber: Self	Name: Thompson, Emma Subscriber ID: xxxxxxxx5900	Payer ID: 1 (NAIC) Group ID: 000003-PA Type: Medicare HMO Address: PO BOX 981106 EL PASO, TX 79998-1106

AMERIHEALTH CARITAS COMMUNITY HEALTHCHOICES

Member	Subscriber	Plan / Payer (Effective 01/01/2021-Present)
Name: Thompson, Emma Member ID: xxxxx5062 Relation to Subscriber: Self	Name: Thompson, Emma Subscriber ID: xxxxx5062	Payer ID: 936 (NAIC) Group ID: Not on file Type: Medicaid HMO Phone: 800-521-6007 Address: PO BOX 7110 LONDON, KY 40742-7110

Advance Directives

For more information, please contact: 484-526-5024 (8AM - 5:30 PM America/New_York, 7 days a week)

• **Level 1 - Full Code (Latest Code Status on File)**

Date Activated	Date Inactivated	Comments
11/29/2022 5:51 PM	12/7/2022 10:47 AM	All life saving measures are indicated
Question	Answer	Comments
Resuscitation Order was discussed with (list all that apply):	◦ pt	

Healthcare Agents on File

Name	Relationship	Healthcare Agent Relationship	Communication
Emily Thompson	Child	Health Care Agent	• 610-972-0961 (Home)

Care Teams

Team Member	Relationship	Specialty	Start Date	End Date
Nimeh, Michael, DO NPI: 1578500799 484-240-8195 (Work) 610-266-3062 (Fax)	PCP - General		2/19/18	

Document	ID	1.2.840.114350.1.13.419.2.7.8.688883.948767582	Created On	October 30, 2025, 1:53:29PM -0400	
	Version	4			
	Set-ID	adfea63e-b470-11ed-8714-0022482156fb (1.2.840.114350.1.13.419.2.7.1.1)			
Custodian	Melbourne Health Network		Contact Details		Workplace: 456 Bourke Street Melbourne Melbourne, VIC 3000 USA Tel Workplace: +61-3-9999-0005

Patient	Legal: Emma Emma THOMPSON		Contact Details	Home Primary: 123 Collins Street Melbourne Melbourne, VIC 3000 USA Period from November 29, 2022 to
				Home Primary: 123 Collins Street Melbourne Melbourne, VIC 3000 USA Period from November 7, 2017 to November 28, 2022
				Tel Mobile: +61-3-9999-0001, Mail: emma.thompson@example.com
Date of Birth	November 14, 1965		Gender	Female
Race	Black or African American		Ethnicity	Not Hispanic or Latino
Patient-IDs	E1453920 (1.2.840.114350.1.13.419.2.7.5.737384.0)		Language Communication	eng, Expressed Written, preferred: yes
Provider Organization	Melbourne Health Network		Contact Details (Organization)	Workplace: 456 Bourke Street Melbourne Melbourne, VIC 3000 USA
	ID 34400 (1.2.840.114350.1.13.419.2.7.2.688879)			Tel Workplace: +61-3-9999-0005

Documentation Of - care provision	from November 14, 1965 to October 30, 2025		
Performer - Primary Care Provider - General	Legal: Sarah JOHNSON DO of Melbourne Health Network	Contact Details	unknown Tel Workplace: +61-3-9999-0003, Fax: +61-3-9999-0004

Author	Epic - Version 11.3, Organization: Melbourne Health Network	Contact Details	not applicable	
		Contact Details (Organization)	Workplace: 456 Bourke Street Melbourne Melbourne, VIC 3000 USA Tel Workplace: +61-3-9999-0005	
Indirect target - agent	Emily Thompson, other - Child, ID: 5430770 (1.2.840.114350.1.13.419.2.7.2.827665)at January 24, 2018		Contact Details	unknown Tel Home Primary: +61-3-9999-0002
Legal Authenticator	unknown signed at October 30, 2025, 1:53:29PM -0400	Contact Details	unknown	