SEX

SSN

PATIENT

Jean Baccus

DOB 04/09/1928 90 yrs AGE

Female **PRN** IB48405 **FACILITY**

Sohail Parekh, M.D.

T (972) 329-3500 F (972) 329-3513

1601 N. Beltline Rd.

Suite B

Mesquite, TX 75149

ENCOUNTER

NOTE TYPE SOAP Note

SEEN BY Sohail Parekh M.D.

DATE 04/23/2018 **AGE AT DOS** 90 yrs

Not signed

Patient identifying details and demographics

Jean

Dr.

FIRST NAME MIDDLE NAME LAST NAME

Baccus 462-30-8319 SEX DATE OF BIRTH DATE OF DEATH

PRN

Female 04/09/1928

JB48405

ETHNICITY RACE

PREF. LANGUAGE

English White

STATUS Active patient

CONTACT INFORMATION

ADDRESS LINE 1

ADDRESS LINE 2

1200 Woodcrest

CONTACT BY **EMAIL**

HOME PHONE

Email

bjbaccus2007@yah

oo.com

972-289-7961

CITY Mesquite **STATE** TX

ZIP CODE 75149

MOBILE PHONE **OFFICE PHONE**

214-684-4638

OFFICE EXTENSION

FAMILY INFORMATION

NEXT OF KIN

RELATION TO PATIENT

PHONE ADDRESS PATIENT'S MOTHER'S MAIDEN

NAME

Insurance

PRIMARY PAYER

PAYER PRIORITY TYPE

AARP MEDICARE COMPLETE **Primary** Private

RELATIONSHIP TO INSURED Self 01/01/2012 START DATE **END DATE** 12/31/9999 **INSURED ID NUMBER GROUP NUMBER EMPLOYER NAME**

INSURANCE PAYMENT TYPE PAYMENT TYPE COPAY AMOUNT

Copay Fixed 5.00 Active

004337601

HCFAU5

PAYMENT INFORMATION

PAYMENT PREFERENCE

PATIENT'S RELATIONSHIP TO

GUARANTOR

GUARANTOR NAME GUARANTOR ADDRESS **Primary Insurance**

1200 Woodcrest Dr.

Mesquite, TX 75149

Self

Jean Baccus

DATE OF BIRTH SEX

STATUS

SOCIAL SECURITY NUMBER PRIMARY PHONE NUMBER

04/09/1928 Female 462-30-8319

972-289-7961

SECONDARY PHONE NUMBER

Assessment

HTN

OBESITY (BMI-)

SEIZURE DISORDER

HYPERLIPIDEMIA

DM TYPE II REQUIRING INSULIN NEUROPATHY STABLE

4/25/2018	Encounter - Office Visit Date of service: 04/23/18 Patient: Jean Baccus DOB: 04/09/1928 PRN: JB48405
CHF DIASTOLIC CH HYPOTHYROIDISM CAD	
99213	
G0444	
3045F	
3075F	
3078F	
G8427	
99490	