

Pathology

Sent Results Reviewed Reviewed By: Date:

Insurance Policy <aaa, aaa >

General

Insurance Company: Gallagher Benefit Administrators

Insurance Location: Gallagher Benefit Administrators1

Policy Number: 12345 Group Number:

Name Of Insured: aaa aaa Ins Phone:

Insurance type not a PPO Network:

Verified By: Other Network:

PBM Number: pbnum 1 PBM: Curascripts

- Office Coverage
 - 1st Call
 - Academic
 - Academic Lecture

Patient Appointment Change By:[] Created By:[] Sched By:[] PatId: <0>

General

SSN: 000-00-5878 Last Name: aaa First Name: aaa Mid Init:

Date of Birth: 06/06/1990 Primary Prov: BEB Prim Loc: Morristown

Type: Primary Nurse: ABB Gender: Female Male

Ref Pat: Donor: OBGYN: Ethnicity: Unknown

Infer. Pt: VIP: VIP Com: HIPAA Docs: PatToPract: Prog Note:

Contact

Addr Line 1: 1 One Way Home: (111) 111-1111

Addr Line 2: Ste 17 Business: () -

City: Morristown St: NJ Zip: 10101 Rx Phone: () -

Country: USA Cell: (101) 011-0101

Email: boonser@marj.com Ref Cat: Seminar

Ref To Prov: Refs: Ref By:

Schedule Info

DOFY: 10/16/2009 Sched By: MRA Patient Status: Seen

TDFV: 07:03 am Date Sched: 10/16/2009 Reason Canceled: N/A

Sched Doc: Paul Bergh, M.D. Intake Status: To be Sent Med Records Recvd: Comment:

Insurance

Ins Company	Policy Num	Insured Name	Prim	Pmt Type	Amt	Comment
Gallagher BenefitA	12345	Self	<input checked="" type="checkbox"/>	Self Pay		
Oxford Referral		Self	<input type="checkbox"/>	Self Pay		
Devon		Self	<input type="checkbox"/>	Self Pay		

Appt Loc: Morristown Visit Reason: Duration: 1 Hour

Desc:

Appt Type: N/P

Patient References

Category	Entity	Ref Date	RefTo
Word of Mouth		4/20/2011 11:1	
FPC/MSKCC		10/5/2010 4:0	

Delete Edit Add Cancel Ok