

Case Study 1-4

Katlyn Tiger

ARNOLD YOUNG MD 21 PROVIDER STREET INJURY NY 12347 101 2027754	Patient Number: 1-4																																										
EIN: 111234632 NPI: 0123456789																																											
PATIENT INFORMATION: Name: TIGER, KATLYN Address: 2 JUNGLE ROAD City: NOWHERE State: NY Zip/4: 12346-1234 Telephone: 101 1112222 Gender: M F x Status: Single x Married Other Date of Birth: 01 03 1954 Employer: JOHN LION CPA Student: FT PT School: Work Related? Y N x Auto Accident? Y N x State: Other Accident: Y N x Date of Accident:	INSURANCE INFORMATION: Primary Insurance Primary Insurance Name: BLUECROSS BLUESHIELD Address: PO BOX 1121 City: MEDICAL State: PA Zip/4: 12357-1121 Plan ID#: ZJW334444 Group #: W310 Primary Policyholder: TIGER, KATLYN Address: 2 JUNGLE ROAD City: NOWHERE State: NY Zip/4: 12346-1234 Policyholder Date of Birth: 01 03 1954 Pt Relationship to Insured: Self x Spouse Child Other Employer/School Name: JOHN LION CPA Secondary Insurance Secondary Insurance Name: Address: City: State: Zip/4: Plan ID#: Group #: Primary Policyholder: Address: City: State: Zip/4: Policyholder Date of Birth: Pt Relationship to Insured: Self Spouse Child Other Employer/School Name:																																										
ENCOUNTER INFORMATION: Place of Service: 22																																											
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Special Notes: CARE RENDERED AT GOODMEDICINE HOSPITAL, 1 PROVIDER STREET, ANYWHERE, NY 12345, NPI: 1123456789. ADMISSION 2/28/YYYYY DISCHARGE 3/1/YYYYY																																											