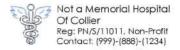
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PICA HEALTH INSURANCE CLAIM FORM						
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A transfer to the property of the second of	INTERNAL PROPERTY OF THE PROPE	VA File #) (SSN or ID)	(SSN) (ID)	11-2234-10190		
2. PATIENT'S NAME (Last Name, First Na	3. PATIENT'S BIRTH DATE MM DD YY	SEX	4. INSURED'S NAME (Last Na	me, First Name, Middle	Initial)	
Doe, John	6. PATIENT RELATIONSHIP		Doe, Jane			
5. PATIENT'S ADDRESS (No., Street)			7. INSURED'S ADDRESS (No., Street) 123 Any Street			
123 Any Street	Self Spouse X Chi	id Other				
Any City	ľ	CA Single Married	X Other	Any City		CA DE
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92127 (85	8) 555-0100	Employed Full-Time Student	Part-Time Student	92127	(858)5	55-0100
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 10. IS PATIENT'S CONDITION RELATED T				11. INSURED'S POLICY GROUP OR FECA NUMBER		
				Any City ZIP CODE Jensel		
a. OTHER INSURED'S POLICY OR GROU	a. EMPLOYMENT? (CURREN	T OR PREVIOUS)	a. INSURED'S DATE OF BIRTH SEX			
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b. OTHER INSURED'S DATE OF BIRTH	SEX	b. AUTO ACCIDENT?	PLACE (State)	b. EMPLOYER'S NAME OR SCHOOL NAME		
M F YES X NO						
c. EMPLOYER'S NAME OR SCHOOL NAM	c. OTHER ACCIDENT?	V No	C. INSURANCE PLAN NAME OR PROGRAM NAME			
d. INSURANCE PLAN NAME OR PROGRA	10d. RESERVED FOR LOCA	X NO	Group Insur of Amer.			
U. INCORNICE PERIODRI	2 002					
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.				13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE authorize		
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment				payment of medical benefits to the undersigned physician or supplier for services described below.		
below.				Jane Doe		
SIGNED		DATE 01-15-2	2021	SIGNEDJA	vievoe	\ +
14. DATE OF CURRENT: MM DD YY INJURY (AC PREGNAN)		DR SIMILAR ILLNESS. DD YY I1 21	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY TO			
17. NAME OF REFERRING PHYSICIAN O	17a. I.D. NUMBER OF REFERRING	G PHYSICIAN	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY			
Self				FROM	TO	
19. RESERVED FOR LOCAL USE				20. OUTSIDE LAB? YES NO	\$ CHARGES	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)				22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.		
1. <u>R11</u> . <u>0</u>		3. LR19.7	.1.	23. PRIOR AUTHORIZATION I	NUMBER	
2 K59 00		, K92 1				
24. A	ВС	D D	E	F G	H I J	K
DATE(S) OF SERVICE From	of of	OCEDURES, SERVICES, OR SUPPLIE (Explain Unusual Circumstances)	DIAGNOSIS CODE	CHARGES OR	Family EMG COB	RESERVED FOR LOCAL USE
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25. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (For govt. claims, see back)				28. TOTAL CHARGE 29. AMOUNT PAID 30. BALANCE DUE		
	X .	X YE	S NO	s 405 .00 s s		
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS 32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WIRE RENDERED (If other than home or office)				33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #		
(I certify that the statements on the reverse apply to this bill and are made a part thereof.) Mateo Jackson PhD 9876 Healthcare Ave				Mateo Jackson PhD 9876 Healthcare Ave (920) 555-0101		
MtJackson 10/11/21 Any Town, CA 92126				Any Town, CA 92126		
OrdineD D/	116			LC HOME	une#	



Physician Hospital Discharge Summary

Provider: Mateo Jackson, Phd

Patient: John Doe Provider's Pt ID: 00988277891 Patient Gender: Male

Attachment Control Number: XA/7B/00338763

Visit (Encounter)

Admitted: 07-Sep-2020 Discharged: 08-Sep-2020

Discharged to: Home with support services

Assessment

Reported Symptoms / History of present illness:

35 yo M c/o stomach problems since 2 montsh ago. Patient reports epigastric abdominal pain non-radiating. Pain is described as gnawing and burning, intermitent lasting 1-2 hours, and gotten progressively worse. Antacids used to alleviate pain but not anymore; nothing exhacerbates pain. Pain unrelated to daytime or to meals. Patient denies constipation or diarrhea. Patient denies blood in stool but constipation or diarrhea. Patient denies blood in stool but have noticed them darker. Patient also reports nausea. Denies recent illness or fever. He also reports fatigue since 2 weeks ago and bloating after eating. Patient ID: NARH-36640 ROS: Negative except for above findings Meds: Motrin once/week. Tums previously. PMHx: Back pain and muscle spasms. No Hx of surgery. NKDA. FHx: Uncle has a bleeding ulcer. Social Hx: Smokes since 15 yo, 1/2-1 PPD. No recent EtOH use. Denies illicit drug use. Works on high elevation construction. Fast food diet. Exercises 3-4 times/week but stopped 2 weeks ago.

stopped 2 weeks ago.

Discharge

Some activity restrictions suggested, full course of **Discharge Studies Summary:**

antibiotics, check back with physican in case of relapse,

strict diet



Attending Provider Notes

Provider: Dr Mateo Jackson, PhD Patient: John Doe

35 yo M c/o stomach problems since last 2 months. Patient reports epigastric abdominal pain non-radiating. Pain is described as gnawing and burning, intermittent lasting 1-2 hours, and gotten progressively worse. Antacids used to alleviate pain but not anymore; nothing exacerbates pain. Pain unrelated to daytime or to meals. Patient denies constipation or diarrhea. Patient denies blood in stool but have noticed them darker. Patient also reports nausea. Denies recent illness or fever. He also reports fatigue in the last 2 weeks ago and bloating after eating.

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NKDA.

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2. Denies illicit drug use. Works on Social Hx: Smokes since 15 yo, 1/2-1 PPI high elevation construction. Fast food diet. Exercises 3-4 times/week but stopped 2 weeks ago.