

PATIENT REGISTRATION RECORD

PATIENT ID: 100001
 PATIENT NAME: EMMIT HUBBLE JR

DOB: 4/2/1911 SEX: M SOC SEC#: 111-11-1111
 MEDICAL CHART #: DENTAL CHART #:
 PRIMARY FACILITY: A PREF MD PROVIDER: NEW PREF DT PROVIDER: DOD
 REFERRED BY PROV: SCHOOL BASED: Yes
 MAILING ADDRESS: 5142 MANSFIELD VIEW CT AUSTIN TX 78732
 TELEPHONE: (H) (111)222-3333 (W) (444)555-6666 (C) (830)285-1574 E-MAIL: emmit.hubble@yahoo.com
 CONTACT METHOD: 1 - Mailing Address CENSUS TRACT: CT12345 COUNTY/PARISH: TRAVIS

MARITAL STATUS: 1 - Married
 RACE: 6 - White ETHNICITY: 2 - Non-Hispanic/Latino PRIMARY LANG: EN INTERPRETER NEEDED: No
 HOMELESS/TYPE: Yes - 3 Doubling Up
 SCHOOL YEARS: 0 MIGRANT/SEASONAL FW: 2 - Seasonal Farmworker US CITIZEN?: Yes VETERAN?: Yes STUDENT?: Yes

GUARDIAN NAME: CONNIE PARMITER HUBBLE
 GUARDIAN ADDRESS: 3324234 NORTH STREET AUSTIN TX 78333
 GUARDIAN TELEPHONE: (245)235-4222

PATIENT INCOME/YR: 3000 FAMILY INCOME/YR: 10000
 # OF FAMILY MEMBERS: 4 SFS % PAY: 0
 INFO VERIFIED BY: ECH22 DATE INFO VERIFIED: 05/04/11
 PRIM INS SOURCE: 6 Other Public Insurance (CHIP)
 % OF POV LEVEL: 1 - 100% and below

SEND BILL TO: 1 - Patient
 MED INFO RELEASE CODE: I SEND STATEMENTS: Yes HCQR UNINSURED?: Yes

EMPLOYER: TEL:
 EMPLOYER ADDRESS:
 EMERGENCY CONTACT:

TEL: RELATION:

INS	CODE	SQ	SUBSCRIBER NAME (FIRST, MIDDLE, LAST)		MEMBER ID	GROUP#	EFF DATE	IN EFF	REL
#1	BCBSFD	M1	CONNIE	P	12345678	666444	03/03/03	Yes	01
#2	BC	M2	CONNIE	P	123456789012345	222	04/04/04	Yes	01
#3	BCBSFD	M3	3	X	3333333333333333	333	05/05/05	Yes	01
#4	MC	D1	4	Y	444444444444444	444	06/06/06	Yes	G8
#5	BCBSFD	D2	5	X	555555555555555	555	07/07/07	Yes	53

NOTE TO PASS: Dont make appt for mornings
 TRANSPORTATION: needs a bus to pick him up/steep driveway