

PATIENT REGISTRATION

Name: Benavidez, Ysidro

A Suffix:

ID number: 466663966

Date of Birth: 01/31/1944

Address: 1911 SW 19TH STREET

Sex: M Marital: M
Home: (210) 435-8720
Bus: () 000-0000
Fax: () 000-0000
Cell: (210) 382-2617

SAN ANTONIO
TX, 78207, USA

Email:

Greeting:

Primary Provider: LAD
Default Practice/Clinic: 1

Usual Provider: LAD

Status: A

SSN: 466-66-3966

HOH name:
HOH ID number:

Occupation:
School:

Financial Information

Account #:466663966
Belongs to more than one Account: No

Account Type: INS

Guarantor:Ysidro Benavidez

ID#: 466663966

1st Insurance Carrier: UN00 UNITED HEALTHCARE
Plan: TRS-CARE MEDICARE
Account Plan: TRS-CARE MEDICARE
Group Number: 15725
Insurance ID: 931474466

2nd Insurance Carrier:
Plan:
Account Plan:
Group Number:
Insurance ID:

3rd Insurance Carrier:
Plan:
Account Plan:
Group Number:
Insurance ID:

4th Insurance Carrier:
Plan:
Account Plan:
Group Number:
Insurance ID: