State of California

Benefits Identification Card

ID No. 22222222A2

SMITH DAVID

M 08 03 1994 Issue Date 04 27 95

```
NXT   THIS CLNT 1799541                          **CONFIDENTIAL**  REPT UNIT 0900E
      NEXT CLNT 1799541
DATE: 04-25-02   TIME: 12:34:19 CLIENT IDENTIFICATION SCREEN
LAST SMITH                              FIRST DAVID          M
AKA/MAID: LAST                                 FIRST                  M
SEX M  ETHNICITY 99 BIRTHDATE 01151989 AGE 013 DATE OF DEATH
MOTHER MAID LAST NAME                                                SSN 999999999
XREF-ID         XREFIDS
ADDR: ST NO 154   DIRECT E  NAME MAIN            TYPE ST      APT
     CITY LOS ANGELES     STATE CA ZIP       COUNTY 19
HOME PHONE 323 - 7591586 BUS PHONE     -         ENG Y PRI LANG 01
HANDICAP 00    EDUC LVL: CLNT    VETERAN N   APR 1

EMRG NAME MARGARET SMITH                  RELAT MOTHER          PH     -
EMERG ADDR:ST SAME                   CITY                  STATE    ZIP 00000
UMDAP DATE:          RPT UNIT:
FAM INC 000000000 SOI    DPNDT 00  ANNL LIAB MISSING
AMNESTY N  AMNESTY NUMBER           FINANCE RESP   COUNTY:   S-D/MEDI-CAL: Y
CLIENT/FAM:    MEDICARE:    CHAMPUS:    INSURANCE/THIRD PARTY:    HMO/PHP:
MEDICARE NUM:                UNKNOWN:                  STAFF ADDING RECD  E049401
SFPR/CoorID:         Name L:                       F            Ph     -
Prov Num:      Name:                                 Lv:      CyclDt

MESSAGE:                                                  OTHERIA  CUTNO  TEST
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NXT   THIS EPI2 1799541,7300A001            * CONFIDENTIAL *  REPT UNIT 0900E
      NEXT EPI2 1799541,7300A001
DATE: 04-25-02 TIME: 13:01:47     EPISODE INFORMATION CONTINUED
                                                   CLNT LAST NAME SMITH
         ******* MEDI-CAL ELIGIBILITY AND DENIAL INFORMATION *******
  ELIG


                    ********** MEDI-CAL NUMBER **********  COUNTY FIN. RES  19
     ID NUMBER    EFF DT       ID NUMBER    EFF DT        ID NUMBER    EFF DT
1. 22222222A      012002 2.                       3.
4.                       5.                       6.


RESPONS PARTY:  EMER CT   NAME                                PH
ADDR:  ST                      CITY                       STATE    ZIP

MESSAGE:                                                  OTHERIA  CUTNO  TEST
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