FAX COVER SHEET

MUNSON HEALTHCARE

PLEASE DELIVER TO:	Evergree Home Care	**DATE:**	3/4/2026 4:23:00 PM
RECIPIENT'S PHONE:		**FAX:**	866-4107843
SENDER:		**DEPT:**	
SENDER'S PHONE:		**FAX:**	
SUBJECT:			

The following document(s) are transmitted for delivery to the above named individual and consist of 5 page(s), including the cover sheet.

NOTES:

If you have any questions, please contact the above sender.

1105 Sixth Street
Traverse City, Michigan
49684-2386
(231) 935-5000

MUNSON HEALTHCARE

MHC Kidney and Hypertension Specialists Traverse City

3537 W Front St Suite A
Traverse City, MI 49684-7942
Phone: (231) 935-0338 Fax: (231) 935-3421

Name: KAUSKA, EDWARD O

10180 PUROLL RD
ELMIRA, MI 497309305

Phone: (231) 546-2074

BirthDate: 7/27/1951
Gender: Male
Primary Care: Muntin NP,Ashlyn

Insurance Information

INSURANCE INFORMATION FOR SELECTED ACCOUNT#

Account Number:	4003842405
Financial Class:	MEDICARE

COB 1

Insurance Plan Name:	Medicare Part A and B Coverage
Insurance Plan Address:	WPS GHA CLAIMS DEPT PO BOX 8604 MADISON, WI 537088604
Insurance Plan Phone:	(800) 633-4227
Subscriber Name:	KAUSKA, EDWARD O
Patient's Relationship to Subscriber:	SELF
Subscriber Social Security Number:	***-**-9943
Subscriber Date of Birth:	July 27, 1951
Group Number:	
Contract/Policy Number:	3X90A99FV14

COB 2

Insurance Plan Name:	Medicaid of MI
Insurance Plan Address:	PO BOX 30043 LANSING, MI 48909
Insurance Plan Phone:	(866) 762-2237
Subscriber Name:	KAUSKA, EDWARD O
Patient's Relationship to Subscriber:	SELF
Subscriber Social Security Number:	***-**-9943
Subscriber Date of Birth:	July 27, 1951
Group Number:	
Contract/Policy Number:	0018083774

GUARANTOR INFORMATION

Guarantor Name:	KAUSKA, EDWARD O
Guarantor's Relationship to Patient:	SELF
Guarantor Phone:	(231) 546-2074
Guarantor Address:	10180 PUROLL RD
Guarantor Address:	ELMIRA, MI 497309305

ACTIVATE IN FUTURE ORDERS

MHC Kidney and Hypertension Specialists Traverse City

Name: KAUSKA, EDWARD O MRN: 10242669

DOB: 7/27/1951

Diagnosis

Diagnosis: **Metabolic acidosis**	
Diagnosis Date: 3/3/2026	**Status:** Active
Code: E87.20 (ICD-10-CM)	

Diagnosis: **Hyperparathyroidism**	
Diagnosis Date: 3/3/2026	**Status:** Active
Code: E21.3 (ICD-10-CM)	

Diagnosis: **Hypertension**	
Diagnosis Date: 3/3/2026	**Status:** Active
Code: I10 (ICD-10-CM)	

Diagnosis: **Anemia of chronic disease**	
Diagnosis Date: 3/3/2026	**Status:** Active
Code: D63.8 (ICD-10-CM)	

Diagnosis: **CKD (chronic kidney disease) stage 4,GFR 15-29 ml/min**	
Diagnosis Date: 3/3/2026	**Status:** Active
Code: N18.4 (ICD-10-CM)	

Laboratory Orders

Order: **Renal Function Panel**	
Diagnosis: CKD (chronic kidney disease) stage 4, GFR 15-29 ml/min; Code: N18.4 Diagnosis: Anemia of chronic disease; Code: D63.8 Diagnosis: Hypertension; Code: I10 Diagnosis: Hyperparathyroidism; Code: E21.3 Diagnosis: Metabolic acidosis; Code: E87.20	
Ordering Physician: Fowler NP,Jill M	
Order Details: Blood, Collect Routine, 3/3/26, ONCE, Order for future visit, No, CKD (chronic kidney disease) stage 4, GFR 15-29 ml/min | Anemia of chronic disease | Hypertension | Hyperparathyroidism | Metabolic acidosis	
Comment:	
Action: Order	Date/Time: 3/3/2026 14:42 EST
Electronically Signed By: Fowler NP,Jill M	

Order: **CBC w/Diff**	
Diagnosis: CKD (chronic kidney disease) stage 4, GFR 15-29 ml/min; Code: N18.4 Diagnosis: Anemia of chronic disease; Code: D63.8 Diagnosis: Hypertension; Code: I10 Diagnosis: Hyperparathyroidism; Code: E21.3 Diagnosis: Metabolic acidosis; Code: E87.20	
Ordering Physician: Fowler NP,Jill M	
Order Details: Blood, Collect Routine, 3/3/26, ONCE, Order for future visit, No, CKD (chronic kidney disease) stage 4, GFR 15-29 ml/min | Anemia of chronic disease | Hypertension | Hyperparathyroidism | Metabolic acidosis	
Comment:	
Action: Order	Date/Time: 3/3/2026 14:42 EST
Electronically Signed By: Fowler NP,Jill M	

ACTIVATE IN FUTURE ORDERS

MHC Kidney and Hypertension Specialists Traverse City

Name: KAUSKA, EDWARD O MRN: 10242669

DOB: 7/27/1951

Laboratory Orders

Order: **Urinalysis with Microscopic**	
Diagnosis: CKD (chronic kidney disease) stage 4, GFR 15-29 ml/min; Code: N18.4 Diagnosis: Anemia of chronic disease; Code: D63.8 Diagnosis: Hypertension; Code: I10 Diagnosis: Hyperparathyroidism; Code: E21.3 Diagnosis: Metabolic acidosis; Code: E87.20	
Ordering Physician: Fowler NP,Jill M	
Order Details: Urine, Collect Routine, 3/3/26, ONCE, Order for future visit, CKD (chronic kidney disease) stage 4, GFR 15-29 ml/min | Anemia of chronic disease | Hypertension | Hyperparathyroidism | Metabolic acidosis	
Comment:	
Action: Order	Date/Time: 3/3/2026 14:42 EST
Electronically Signed By: Fowler NP,Jill M	

Order: **Albumin/Creatinine Ratio Urine**	
Diagnosis: CKD (chronic kidney disease) stage 4, GFR 15-29 ml/min; Code: N18.4 Diagnosis: Anemia of chronic disease; Code: D63.8 Diagnosis: Hypertension; Code: I10 Diagnosis: Hyperparathyroidism; Code: E21.3 Diagnosis: Metabolic acidosis; Code: E87.20	
Ordering Physician: Fowler NP,Jill M	
Order Details: Urine, Collect Routine, 3/3/26, ONCE, Order for future visit, CKD (chronic kidney disease) stage 4, GFR 15-29 ml/min | Anemia of chronic disease | Hypertension | Hyperparathyroidism | Metabolic acidosis	
Comment:	
Action: Order	Date/Time: 3/3/2026 14:42 EST
Electronically Signed By: Fowler NP,Jill M	

Order: **Protein/Creatinine Ratio Urine**	
Diagnosis: CKD (chronic kidney disease) stage 4, GFR 15-29 ml/min; Code: N18.4 Diagnosis: Anemia of chronic disease; Code: D63.8 Diagnosis: Hypertension; Code: I10 Diagnosis: Hyperparathyroidism; Code: E21.3 Diagnosis: Metabolic acidosis; Code: E87.20	
Ordering Physician: Fowler NP,Jill M	
Order Details: Urine, Collect Routine, 3/3/26, ONCE, Order for future visit, CKD (chronic kidney disease) stage 4, GFR 15-29 ml/min | Anemia of chronic disease | Hypertension | Hyperparathyroidism | Metabolic acidosis	
Comment:	
Action: Order	Date/Time: 3/3/2026 14:42 EST
Electronically Signed By: Fowler NP,Jill M	

ACTIVATE IN FUTURE ORDERS

MHC Kidney and Hypertension Specialists Traverse City

Name: KAUSKA, EDWARD O MRN: 10242669

DOB: 7/27/1951

Laboratory Orders

Order: **PTH -Intact**	
Diagnosis: CKD (chronic kidney disease) stage 4, GFR 15-29 ml/min; Code: N18.4 Diagnosis: Anemia of chronic disease; Code: D63.8 Diagnosis: Hypertension; Code: I10 Diagnosis: Hyperparathyroidism; Code: E21.3 Diagnosis: Metabolic acidosis; Code: E87.20	
Ordering Physician: Fowler NP,Jill M	
Order Details: Blood, Collect Routine, 3/3/26, ONCE, Order for future visit, No, CKD (chronic kidney disease) stage 4, GFR 15-29 ml/min | Anemia of chronic disease | Hypertension | Hyperparathyroidism | Metabolic acidosis	
Comment:	
Action: Order	Date/Time: 3/3/2026 14:42 EST
Electronically Signed By: Fowler NP,Jill M	

ACTIVATE IN FUTURE ORDERS