

Medical Update for Test Fax DOB: 09/09/1960

Date Order Created: 09/09/2025

Order ID: 1184/152

Agency Assigned Id: Faxtest02

Certification Period: 08/18/2025 to 10/16/2025

*Devotion Home Health Care, LLC MED8891
11201 N Tatum Blvd, Suite 300
Phoenix, AZ 85028-6039
PHONE 480-415-4423 FAX*

Orders:
Sample 487 test ocr

*Test Physician
310, NATARAJAPURAM 4TH EAST STREET*

*310, NATARAJAPURAM 4TH EAST STREET, HI
Tele:999-999-9999 FAX: 12072219995*

Physician Signature_____ Date _____

Staff Signature: Electronically Signed by Team MHCB, Date 09/17/2025