

FAX COVER PAGE



Evergreen Home Health

GROWING STRONGER EVERY DAY, WITH EVERGREEN HOME HEALTH.

Date: 07/23/2026

To:

Test Physician , MD

From:

Evergreen Home Health

403 W Main Street Suite A1

Gaylord, MI 49735-1887

Phone: 989-214-1114

Fax: 989-364-4464

Subject:

Form Submission

Memo:

Please review the attached document.

URGENT: Please review and respond to this fax transmission promptly.

Medical Update for Test Patient 4 DOB: 07/16/1952

Date Order Created: 07/23/2026

Order ID: 1195/233

Agency Assigned Id: 1232341345345

Certification Period: 07/21/2026 to 09/18/2026

*Evergreen Home Health IQ00000001285673
403 W Main Street Suite A1
Gaylord, MI 49735-1887
PHONE 989-214-1114 FAX*

Orders:
test

*Test Physician
310, NATARAJAPURAM 4TH EAST STREET

310, NATARAJAPURAM 4TH EAST STREET, HI 628502
Tele:999-999-9999 FAX: 112072219995*

Physician Signature_____ Date _____

Staff Signature: Electronically Signed by LUBELAN, SAMANTHA Date 07/23/2026