FAX COVER PAGE

Evergreen Home Health

GROWING STRONGER EVERY DAY, WITH EVERGREEN HOME HEALTH.

Date: 07/27/2026

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: 07/27/2026

Order ID: 1195/270

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

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Orders:
test

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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 07/27/2026