

## **FAX COVER PAGE**



**Date:** 09/01/2026

**To:**

Michelle York , MD

**From:**

HomeCentris Healthcare LLC  
10 Crossroads Drive, Suite 102  
Owings Mills, MD 21117-8284

**Phone:** 410-321-8448

**Fax:** 410-559-3002

**Subject:**

Form Submission

**Memo:**

Please review the attached document.

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

**HomeCentris Healthcare LLC memo...**

**Patient:** Theresa Mitchell  
DOB: 05/25/1948

**Subject:** Missed visit

**Submitted By:** Raynia Samuel

**Date:** 08/20/2026

**Agency Rep:** Raynia Samuel **Rep Phone:** 410-321-8448

**Memo:**  
**Missed SN visit on:** 08/20/2026 - Spoke with pt who stated she has a doctor's appointment and cannot complete SNV.

**Follow-up  
Action:**

**Follow-up  
Memo:**

This memo is for your records.