

IMPORTANT: Please do not use the 'BACK' button on your browser while completing these forms.

* Required Information

Patient Information

Please provide your full legal name as it appears on your driver's license, state identification card, or health insurance card.

*Name:	JEFFREY	T	BODIN
*Date of Birth:	May	22	1997
*Gender:	Male		
Last 4 SSN (optional):	8989		
Email address:	jeffreybodin713@gmail.com		
*Address 1:	528 Beau Chene Dr		
Address 2:			
*City:	Mandeville		
*State:	Louisiana		
*Zip:	70471		
*Primary Phone (cell preferred):	985-520-4713		
Preferred Pharmacy:	Walgreens - Store #5382		
Address:	4330 HIGHWAY 22, Mandeville LA 70471		
City:	Mandeville		
State:	Louisiana		
Phone Number:	985-272-8989		

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Address:	4330 HIGHWAY 22, Mandeville LA 70471		
City:	Mandeville		
State:	Louisiana		
Phone Number:	985-674-25		

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*Name: JEFFREY T BODIN

*Date of Birth: May 22 1997

*Gender: Male

Insurance Information

I do not have insurance

*Insurance Carrier: Aetna Better Health of Louisiana

*Insurance ID: 5794038645696

Insurance Group Number: 610551

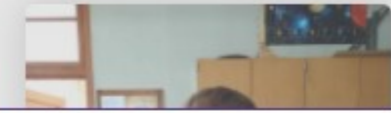
Insurance Phone Number: 855-242-0802

 Upload Insurance Card (front and back):

File types: jpg, jpeg, gif, bmp, png

Select files...

 2020-07-27 aetna - aetna better health id card (1).jpg
159.41 KB



Health Summary

Age 23

Appointments

[Schedule](#)

New Health Conditions for JEFFREY THOMAS BODIN ✕

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 [Fax](#)

[New](#) |
 [Education](#) |
 [Conditions/Procedure](#) |
 [Status](#) |
 [Source](#) |
 [Options](#)

☑ **Active (2 items)**

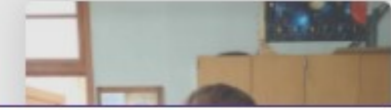
✓	i	Narcolepsy	Active	LSU Healthcare Network	📄
✓	i	Intractable epilepsy without status epileptic...	Active	LSU Healthcare Network	📄

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Click the 'New' button to create a new Journal Entry pertaining to your health. Journal entries are private but can be printed to share with your healthcare provider.

04/15/2020 8:58 am

Billing



Health Summary

Age 23

Appointments

[Schedule](#)

New Prescriptions for JEFFREY THOMAS BODIN

[Collapse All](#) | [Print](#) | [Email](#) | [Fax](#)

[New](#) | [Education](#) | [Medication](#) | [Directions](#) | [Date](#) | [Refills](#) | [Provider](#) | [Source](#) | [Options](#)

Active (1 items)

		Sunosi 75 MG Oral Tablet		11/11/2...			LSU Healthcare Ne...	
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Thank you!

Your health form has been submitted.