

**Basic Demographics**

Name	MRN	SSN	Sex	Date of Birth
Anderson, David R	8451266928	xxx-xx-9999	Male	8/7/1956 (67 yrs)
Ethnic Group	Marital Status	Patient Status	Sex assigned at birth	Gender identity
Not Hispanic or Latino	Married	Alive	Male	Male

**Contact Information**

Address	Phone	E-mail Address
1206 MALATESTA AVE	610-494-0960 (Home)	wbcdanderson@gmail.com
UPPER CHICHESTER PA 19061-3630	610-329-5215 (Mobile) *Preferred*	

**Additional Info**

Preferred Language	Interpreter Needed
English	No

**PCP and Center**

Primary Care Provider	Phone	Center
Michael Aaron Krafchick, DO	610-579-3444	HUP

**Pharmacy Preferences**

Pharmacy
WALMART PHARMACY 3252 19061 BOOTHWYN, PA 605 CONCHESTER HWY 610-494-6384 610-494-7534

**Employment Information**

Status
Retired

**Administrative**

Signature on File	Date Filed
No	None on file
Power of Attorney	Date Asked
No	None on file
Advance Directive	Date Asked
No	None on file

**Patient Contacts**

Name	Relation	Home	Work	Mobile	Preferred Language
Anderson, Mariellen	Spouse	000-000-0000		610-505-1191	
Anderson, Tim	Child			610-505-5038	English
					Interpreter needed? No

**Active Insurance as of 10/24/2023****MEDICARE - MEDICARE PART A & B**

Payor	Plan	Insurance Group	Employer/Plan Group
MEDICARE	MEDICARE PART A & B		
Payor Plan Address	Payor Plan Phone Number	Payor Plan Fax Number	Effective Dates
P O BOX 890413	402-351-2860		8/1/2021 - None Entered
CAMP HILL PA 17089			