

**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			

Subscriber Name	Subscriber Birth Date	Payor Plan Member ID	Effective Dates
ANDERSON,DAVID R	8/7/1956	5QH1X53CK23	
Payor Plan Address	Payor Plan Phone Number	Payor Plan Fax Number	
Guarantor Name (ID)	Guarantor Birth Date	Guarantor Address	Guarantor Type
ANDERSON,DAVID R (4982839)	8/7/1956	1206 MALATESTA AVE UPPER CHICHESTER PA 19061-3630	Personal/Family

**AARP - AARP**

Payor	Plan	Insurance Group	Employer/Plan Group
AARP	AARP	12345	
Payor Plan Address	Payor Plan Phone Number	Payor Plan Fax Number	Effective Dates
P O BOX 740819	800-227-7789		8/1/2021 - None Entered

Atlanta GA 30374-0819

Subscriber Name	Subscriber Birth Date	Member ID	
ANDERSON,DAVID R	8/7/1956	31474651611	
Guarantor Name (ID)	Guarantor Birth Date	Guarantor Address	Guarantor Type
ANDERSON,DAVID R (4982839)	8/7/1956	1206 MALATESTA AVE UPPER CHICHESTER PA 19061-3630	Personal/Family

**Primary Coverage**

Subscriber Name	Subscriber ID	Subscriber Sex	Pat Rel to Sub	Subscriber Address	Subs Rel to Guar
ANDERSON,DAVID R	5QH1X53CK23	Male	Self	1206 MALATESTA AVE UPPER CHICHESTER, PA 19061-3630	Self

**Primary Subscriber**

Subscriber ID	Subscriber Name	Subscriber SSN	Subscriber Address
5QH1X53CK23	ANDERSON,DAVID R	xxx-xx-9999	1206 MALATESTA AVE UPPER CHICHESTER, PA 19061-3630

**Secondary Coverage**

Subscriber Name	Subscriber ID	Subscriber Sex	Pat Rel to Sub	Subscriber Address	Subs Rel to Guar
ANDERSON,DAVID R	31474651611	Male	Self	1206 MALATESTA AVE UPPER CHICHESTER, PA 19061-3630	Self

**Secondary Subscriber**

Subscriber ID	Subscriber Name	Subscriber SSN	Subscriber Address
31474651611	ANDERSON,DAVID R	xxx-xx-9999	1206 MALATESTA AVE UPPER CHICHESTER, PA 19061-3630



**Basic Demographics**

Name	MRN	SSN	Sex	Date of Birth
Aunet, Danielle	8464924059	xxx-xx-2265	Female	5/23/1989 (34 yrs)
Ethnic Group	Marital Status	Patient Status	Sex assigned at birth	Gender identity
Not Hispanic or Latino	Married	Alive	Female	Female

**Contact Information**

Address	Phone	E-mail Address
8 Abby Rd AVONDALE PA 19311	302-373-2940 (Home) 302-373-2940 (Mobile) *Preferred*	dlaunet@yahoo.com

**Additional Info**

Preferred Language	Interpreter Needed
English	No

**PCP and Center**

Primary Care Provider	Phone	Center
Paula Sorokanich Barry, MD	610-925-3835	Kennett Square - 830 West Cypress Street

**Pharmacy Preferences**

## Pharmacies

WALGREENS DRUG STORE #11323 19311-9504 AVONDALE, PA 600 GAP NEWPORT PIKE SEC OF HWY 41 & E  
BALTIMORE PIKE 610-268-8110 610-268-8189 / WALGREENS DRUG STORE #11716 14810-1017 BATH, NY 321 W  
WASHINGTON ST SEC OF MORRIS & WASHINGTON 607-776-6039 607-776-2064

**Employment Information**

Status	Employer
Full Time	BNY MELLON (OTHER)

**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
Aunet, Matthew	Spouse	999-999-9999		484-678-0696	English Interpreter needed? No

**Active Insurance as of 10/24/2023****BLUE SHIELD - BLUE SHIELD OOA PPO**

Payor	Plan	Insurance Group	Employer/Plan Group
BLUE SHIELD	BLUE SHIELD OOA PPO	270183M220	

Payor Plan Address	Payor Plan Phone Number	Payor Plan Fax Number	Effective Dates
Po Box 890062	000-000-0000		8/16/2021 - None Entered
Camp Hill PA 17089-0173			
Subscriber Name	Subscriber Birth Date	Member ID	
AUNET,DANIELLE	5/23/1989	B9Y083W09484	
Guarantor Name (ID)	Guarantor Birth Date	Guarantor Address	Guarantor Type
AUNET,DANIELLE (6450342)	5/23/1989	8 Abby Rd AVONDALE PA 19311	Personal/Family

**BLUE CROSS - BLUE CROSS OOA PPO**

Payor	Plan	Insurance Group	Employer/Plan Group
BLUE CROSS	BLUE CROSS OOA PPO	270183M220	
Payor Plan Address	Payor Plan Phone Number	Payor Plan Fax Number	Effective Dates
PO Box 890062	000-000-0000		8/16/2021 - None Entered
Camp Hill PA 17089			
Subscriber Name	Subscriber Birth Date	Member ID	
AUNET,DANIELLE	5/23/1989	B9Y083W09484	
Guarantor Name (ID)	Guarantor Birth Date	Guarantor Address	Guarantor Type
AUNET,DANIELLE (6450342)	5/23/1989	8 Abby Rd AVONDALE PA 19311	Personal/Family

**Primary Coverage**

Subscriber Name	Subscriber ID	Subscriber Sex	Pat Rel to Sub	Subscriber Address	Subs Rel to Guar
AUNET,DANIELLE	B9Y083W09484	Female	Self	8 Abby Rd AVONDALE, PA 19311	

**Primary Subscriber**

Subscriber ID	Subscriber Name	Subscriber SSN	Subscriber Address
B9Y083W09484	AUNET,DANIELLE	xxx-xx-2265	8 Abby Rd AVONDALE, PA 19311

**Secondary Coverage**

Subscriber Name	Subscriber ID	Subscriber Sex	Pat Rel to Sub	Subscriber Address	Subs Rel to Guar
AUNET,DANIELLE	B9Y083W09484	Female	Self	8 Abby Rd AVONDALE, PA 19311	

**Secondary Subscriber**

Subscriber ID	Subscriber Name	Subscriber SSN	Subscriber Address
B9Y083W09484	AUNET,DANIELLE	xxx-xx-2265	8 Abby Rd AVONDALE, PA 19311

Printed by SCHALLER, REBEKAH [RSCHALL]



**Basic Demographics**

Name	MRN	SSN	Sex	Date of Birth
Ball, Ermalinda R "Lynne"	1000288190	xxx-xx-2361	Female	3/28/1939 (84 yrs)
Ethnic Group	Marital Status	Patient Status	Sex assigned at birth	Gender identity
Not Hispanic or Latino	Married	Alive	Female	Female

**Contact Information**

Address	Phone	E-mail Address
463 W LINCOLN HWY EXTON PA 19341-2538	610-363-7097 (Home) *Preferred* 610-322-7408 (Mobile)	lynneball@ptd.net

**Additional Info**

Aliases	Patient Type	Preferred Language	Interpreter Needed
BALL,LYNNE BALL,ERMALINDA R BALL,LYNNE	Outpatient	English	No

**PCP and Center**

Primary Care Provider	Phone	Center
Vicki Vietri McLorie, CRNP	484-905-8000	PENN MEDICINE AT RADNOR

**Pharmacy Preferences**

Pharmacies  
 WEGMANS DOWNINGTOWN PHARMACY #050 19335 DOWNINGTOWN, PA 1056 E. LANCASTER AVE 610-518-7845 610-518-7898 / CHESTER COUNTY HOSPITAL 19380 WEST CHESTER, PA 701 E MARSHALL ST 610-738-2888 610-738-2887

**Employment Information**

Status	Employer
Retired	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
Ball,Whittman	Spouse	610-363-7097		610-322-6507	
Ball,Joann	Daughter-in-law			610-322-7669	English Interpreter needed? No
Ball, William Jr.	Child			610-322-0595	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		3/1/2004 - None Entered
CAMP HILL PA 17089			
Subscriber Name	Subscriber Birth Date	Member ID	
BALL,ERMALINDA R	3/28/1939	7Q17K44UH46	
Guarantor Name (ID)	Guarantor Birth Date	Guarantor Address	Guarantor Type
BALL,ERMALINDA R (148969)	3/28/1939	463 W LINCOLN HWY EXTON PA 19341-2538	Personal/Family

**AARP - AARP**

Payor	Plan	Insurance Group	Employer/Plan Group
AARP	AARP	000000	
Payor Plan Address	Payor Plan Phone Number	Payor Plan Fax Number	Effective Dates
P O BOX 740819	800-227-7789		1/1/2015 - None Entered
Atlanta GA 30374-0819			
Subscriber Name	Subscriber Birth Date	Member ID	
BALL,ERMALINDA R	3/28/1939	33524303312	
Guarantor Name (ID)	Guarantor Birth Date	Guarantor Address	Guarantor Type
BALL,ERMALINDA R (148969)	3/28/1939	463 W LINCOLN HWY EXTON PA 19341-2538	Personal/Family

**Primary Coverage**

Subscriber Name	Subscriber ID	Subscriber Sex	Pat Rel to Sub	Subscriber Address	Subs Rel to Guar
BALL,ERMALINDA R	7Q17K44UH46	Female	Self	463 W LINCOLN HWY EXTON, PA 19341-2538	Self

**Primary Subscriber**

Subscriber ID	Subscriber Name	Subscriber SSN	Subscriber Address
7Q17K44UH46	BALL,ERMALINDA R	xxx-xx-2361	463 W LINCOLN HWY EXTON, PA 19341-2538

**Secondary Coverage**

Subscriber Name	Subscriber ID	Subscriber Sex	Pat Rel to Sub	Subscriber Address	Subs Rel to Guar
BALL,ERMALINDA R	33524303312	Female	Self	463 W LINCOLN HWY EXTON, PA 19341-2538	Self

**Secondary Subscriber**



Subscriber ID	Subscriber Name	Subscriber SSN	Subscriber Address
33524303312	BALL,ERMALINDA R	xxx-xx-2361	463 W LINCOLN HWY EXTON, PA 19341-2538

Printed by SCHALLER, REBEKAH [RSCHALL]

**Basic Demographics**

Name	MRN	SSN	Sex	Date of Birth
Basham, Evan	8473998227	xxx-xx-6008	Male	2/27/1990 (33 yrs)
Ethnic Group	Marital Status	Patient Status	Sex assigned at birth	Gender identity
Not Hispanic or Latino	Single	Alive	Male	Male

**Contact Information**

Address	Phone	E-mail Address
2000 Creek Rd GLENMOORE PA 19343	999-999-9999 (Home) 484-985-1070 (Mobile) *Preferred*	evan4672basham4672@gmail.com

**Additional Info**

Preferred Language	Interpreter Needed
English	No

**PCP and Center**

Primary Care Provider	Center
No Pcp	CHESTER COUNTY HOSPITAL

**Pharmacy Preferences**

Pharmacies  
 WALMART PHARMACY 3501 19520 ELVERSON, PA 100 CROSSINGS BLVD 610-913-2012 610-913-2014 /  
 CHESTER COUNTY HOSPITAL 19380 WEST CHESTER, PA 701 E MARSHALL ST 610-738-2888 610-738-2887 /  
 WALGREENS DRUG STORE #21435 84118-0000 WEST JORDAN, UT 6306 S AIRPORT RD SW 801-432-5300 801-432-5290

**Employment Information**

Status  
 Full Time

**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
Basham, Nathan	Sibling			610-314-8163	English
Basham, John	Father			215-530-7005	English
Wright, Millie	Mother	610-942-3858		610-420-8133	English

**Active Insurance as of 10/24/2023****IBC - IBC PERSONAL CHOICE EXCHANGE**

Payor	Plan	Insurance Group	Employer/Plan Group
IBC	IBC PERSONAL CHOICE EXCHANGE	10706849	

Payor Plan Address	Payor Plan Phone Number	Payor Plan Fax Number	Effective Dates
P O BOX 211184	215-241-2400		7/1/2023 - None Entered
EAGAN MN 55121			
Subscriber Name	Subscriber Birth Date	Member ID	
BASHAM, EVAN	2/27/1990	YXP136834888001	
Guarantor Name (ID)	Guarantor Birth Date	Guarantor Address	Guarantor Type
BASHAM, EVAN (8030366)	2/27/1990	2000 Creek Rd GLENMOORE PA 19343	Personal/Family

### Primary Coverage

Subscriber Name	Subscriber ID	Subscriber Sex	Pat Rel to Sub	Subscriber Address	Subs Rel to Guar
BASHAM, EVAN	YXP136834888001	Male	Self	2000 Creek Rd GLENMOORE, PA 19343	Self

### Primary Subscriber

Subscriber ID	Subscriber Name	Subscriber SSN	Subscriber Address
YXP136834888001	BASHAM, EVAN	xxx-xx-6008	2000 Creek Rd GLENMOORE, PA 19343

Printed by SCHALLER, REBEKAH [RSCHALL]