

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			

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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