Name Anderson, David R

MRN 8451266928 SSN

Sex

Date of Birth 8/7/1956 (67 yrs)

Ethnic Group

Marital Status

xxx-xx-9999 Patient Status

Male

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)

wcbcdanderson@gmail.com

610-329-5215 (Mobile) *Preferred* **UPPER CHICHESTER PA 19061-3630**

Additional Info

Preferred Language English

Interpreter Needed

No

PCP and Center

Primary Care Provider Michael Aaron Krafchick, DO Phone

610-579-3444

Center 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 None on file

No **Power of Attorney**

Date Asked None on file

Advance Directive

Date Asked None on file

No

Patient Contacts

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

Active Insurance as of 10/24/2023

MEDICARE - MEDICARE PART A & R

MIEDICARE - MIEDICARE PARTA 6	X D	· · · · · · · · · · · · · · · · · · ·	
Payor Plan		Insurance Group	Employer/Plan Group
MEDICARE MED	ICARE PART A & B		
		Payor Plan Fax	
Payor Plan Address Payo	r Plan Phone Number	Number	Effective Dates
P O BOX 890413 402-	351-2860		8/1/2021 - None
	进行成为 医二氯化氯苯酚 电影 电线线	생활이다. 그는 학교 회사 회사	Entered

CAMP HILL PA 17089

Subscriber Name Subscriber Birth Date Manager Subscriber Birth Date	
RAYBERSON, BAYPES R 87491958 an Phone Number 54 PHX53CK23	Effective Dates
Guarantor Name (ID) Guarantor Birth Date Guarantor Address	Guarantor Type
ANDERSON, DAVID R (4982839) 8/7/1956 1206 MALATESTA	Personal/Family
UPPER CHICHESTEI	R
PA 19061-3630	

AARP - AARP

Payor	Plan	Insurance Group	Employer/Plan Group
AARP	AARP	12345	
		Payor Plan Fax	
Payor Plan Address	Payor Plan Phone Number	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	Personal/Family
		AVE	
		UPPER CHICHESTER	

Primary Coverage

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

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

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

Name Aunet, Danielle

MRN 8464924059

SSN xxx-xx-2265 Sex Female Date of Birth 5/23/1989 (34 yrs)

Ethnic Group Not Hispanic or **Marital Status**

Married

Patient Status

Sex assigned at birth Gender identity Female

Female :

Latino

Contact Information

Address

Phone

E-mail Address

8 Abby Rd

302-373-2940 (Home)

Alive

dlaunet@yahoo.com

AVONDALE PA 19311

302-373-2940 (Mobile) *Preferred*

Additional Info

Preferred Language English

Interpreter Needed

No

PCP and Center

Primary Care Provider Paula Sorokanich Barry, MD

Phone

610-925-3835

Center

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 **Full Time** Employer

BNY MELLON (OTHER)

Administrative

Signature on File No

Date Filed None on file

Power of Attorney No

Date Asked None on file

Advance Directive

Date Asked None on file

Patient Contacts

			Pre	ferred
Name	Relation	Home Work	Mobile Lan	guage
Aunet, Matthew	Spouse	999-999-9999	484-678-0696 Eng	lish
			Inte	rpreter
			nee	ded? No

Active Insurance as of 10/24/2023

BLUE SHIELD - BLUE SHIELD OOA PPO

Payor	Plan	Insurance Group	Employer/Plan Group
RILLE SHIFLD	BLUE SHIFLD OOA PPO	270183M220	and the light factors have

		A	Payor Plan Fax	Pffe attice Datas
Payor Plan Address	Payor Plan Phone Nu	mber	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 (Payor	OOA PPO Plan		Insurance Group	Employer/Plan Grou
BLUE CROSS	BLUE CROSS OOA PR		270183M220	2.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
DLOL CRO33	BLUE CROSS OUA PR	- 2	Payor Plan Fax	
Payor Plan Address	Payor Plan Phone Nu		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	A STATE OF THE STA	Guarantor Address	Guarantor Type
AUNET, DANIELLE (6450342)	5/23/1989		8 Abby Rd AVONDALE PA 19311	Personal/Family
imary Coverage			Subscriber	
Subscriber Name Subscriber ID	Subscriber Sex	Pat Rel to S	and the second s	Subs Rel to Guar
AUNET, DANIELLE B9Y083W0948		Self	8 Abby Rd	
			AVONDALE, F	PA .
			19311	
imary Subscriber				
	criber Name	Subscriber :	SSN Sub	scriber Address
	ET,DANIELLE	xxx-xx-2265		bby Rd
D310031103404 A011	LIJOANILLEL	*** ** *******************************		ONDALE, PA 19311
condary Coverage				
			Subscriber	
Subscriber Name Subscriber ID	Subscriber Sex	Pat Rel to S	the state of the s	Subs Rel to Guar
AUNET, DANIELLE B9Y083W0948		Self	8 Abby Rd AVONDALE, F 19311	

Secondary Subscriber

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

Name Ball, Ermalinda R "Lynne" MRN 1000288190 SSN

Sex

Date of Birth

Ethnic Group

Marital Status

xxx-xx-2361

Female

3/28/1939 (84 yrs) Sex assigned at birth. Gender identity

Not Hispanic or Latino

Married

Patient Status Alive

Female

Female:

Contact Information

Address

Phone

610-363-7097 (Home) *Preferred*

E-mail Address

463 W LINCOLN HWY EXTON PA 19341-2538

610-322-7408 (Mobile)

lynneball@ptd.net

Additional Info

Aliases

Patient Type Outpatient

Preferred Language

English

Interpreter Needed

BALL, LYNNE

BALL, ERMALINDA R

BALL, LYNNE

PCP and Center

Primary Care Provider Vicki Vietri McLorie, CRNP Phone

484-905-8000

Center

PENN MEDICINE AT RADNOR

No

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 Retired **Employer RETIRED**

Administrative

Signature on File

No

Date Filed None on file Date Asked

Power of Attorney No

None on file Date Asked

None on file

Advance Directive No

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		Insura	nce Group	Employer/Plan Grou
MEDICARE	MEDICARE PART A &	В			
			Payor	Plan Fax	eren galagia da ka
Payor Plan Address	Payor Plan Phone Nu	mber	Numb	er '	Effective Dates
P O BOX 890413	402-351-2860				3/1/2004 - None Entered
CAMP HILL PA 17089					
Subscriber Name	Subscriber Birth Date		Memb		
BALL,ERMALINDA R	3/28/1939		7Q17I	K44UH46	
Guarantor Name (ID)	Guarantor Birth Date		Guara	ntor Address	Guarantor Type
BALL,ERMALINDA R (148969)	3/28/1939		HWY	/ LINCOLN N PA 19341-	Personal/Family
AARP - AARP					
Payor	Plan		Insura	nce Group	Employer/Plan Grou
AARP	AARP		00000	0	
			Payor	Plan Fax	
Payor Plan Address	Payor Plan Phone Nu	mber	Numb	er	Effective Dates
P O BOX 740819	800-227-7789				1/1/2015 - None Entered
Atlanta GA 30374-0819					
Subscriber Name	Subscriber Birth Date		Memb		
BALL, ERMALINDA R	3/28/1939			303312	
Guarantor Name (ID)	Guarantor Birth Date			ntor Address LINCOLN	Guarantor Type Personal/Family
imary Coverage			HWY EXTON 2538	N PA 19341-	
			: .	Subscriber	
Subscriber Name Subscriber ID	Subscriber Sex	Pat Rel to	Sub	Address	Subs Rel to Gua
BALL,ERMALINDA 7Q17K44UH40 R imary Subscriber	5 Female	Self		463 W LINCO HWY EXTON, PA 19341-2538	OLN Self
	criber Name	Subscriber	CCNI	. Suh	scriber Address
	"ERMALINDA R	xxx-xx-236			W LINCOLN HWY
econdary Coverage	, ENWALINDA K	***************************************		The state of the s	ON, PA 19341-2538
				Subscriber	
Subscriber Name Subscriber ID	Subscriber Sex	Pat Rel to :	Sub	Address	Subs Rel to Guar
BALL,ERMALINDA 33524303312 R	Female	Self		463 W LINCO HWY	
"我们会现在是			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	EXTON, PA 19341-2538	

Secondary Subscriber

10	121	123	1	.44	DA

Subscriber ID	Subscriber Name Subscriber SSN		Subscriber Address	
33524303312	BALL,ERMALINDA R xxx-xx-2361		463 W LINCOLN HWY	
		A No. 2	EXTON, PA 19341-2538	

Name Basham, Evan MRN 8473998227 SSN xxx-xx-6008 Sex Male Date of Birth 2/27/1990 (33 yrs)

Ethnic Group

Marital Status

Single

Patient Status

Sex assigned at birth Male

Gender identity

Not Hispanic or Latino

Contact Information

Address 2000 Creek Rd Phone

.

E-mail Address

evan 4672 basham 4672 @gmail.com

Male

GLENMOORE PA 19343

484-985-1070 (Mobile) *Preferred*

Additional Info

Preferred Language English

Interpreter Needed

No

Alive

999-999-9999 (Home)

PCP and Center

Primary Care Provider

Center

No Pcp

CHESTER COUNTY HOSPITAL

Date Filed

None on file

Date Asked

None on file

Date Asked

None on file

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
No
Power of Attorney
No
Advance Directive
No

Patient Contacts

				Preferred
Name	Relation Home	Work	Mobile	Language
Basham, Nathan	Sibling		610-314-8163	English
Basham, John	Father		215-530-7005	English
Wright, Millie	Mother 610-94	42-3858	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	10706849	
	EXCHANGE		

		Payor Plan Fax
Payor Plan Address	Payor Plan Phone Number	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 Personal/Family
		GLENMOORE PA
		19343

Primary Coverage

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

Primary Subscriber

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