10/24/23, 1.41 PM Anderson, David R (MR#8451266928) Printed by SCHALLER, REBEKAH [RSCHALL]

Basic Demographics\_

Name MRN SSN Sex Date of Birth

Anderson; David R 8451266928 XXX-XX-99gg Male 8/7/1956 (67 yrs)

Ethnic Group. Marital Status   
Patient Status Sex assigned at birth Gender identity .

Not Hispanic or Married Alive Male Male Contact Information

Latino  
Address   
Phone   
E-mail Address 1206 MALATESTA AVE 610-494-0960 (Home)   
wcbcdanderson@gmail.com UPPER CHICHESTER PA 19061-3630 610-329-5215 (Mobile) \*Preferredt   
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 ori file   
Power of Attorney;   
Date Asked   
No   
None on file   
Advance Directive   
Date Asked   
No   
None on file   
Patient Contacts   
Preferred   
Name   
Relation   
Home   
Work   
Mobile   
Language   
Anderson Mariellen   
Spouse   
Ooo-Ooo-Oooo   
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 Fax   
Payor Plan Address   
'Payor Plan Phone\_Number   
Number   
Effective Dates   
P 0 BOX 890413   
402-351-2860   
8/1/2021\_   
None   
Entered   
CAMP HILLPA 17089   
Printed by SCHALLER REBEKAH [RSCHALL]   
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1/3   
  
  
10/24/23, 1.41 PM Anderson, David R (MR#8451268928) Printed by SCHALLER, REBEKAH [RSCHALL] Subscriber\_Name Subscriber Birth Date RivRit?lapFax\_ RBERBNIAME R Baxagan Phone Number [UMS3CK23 Effective Dates Guarantor Name (ID) Guarantor Birth Date Guarantor Address Guarantor Type ANDERSON,DAVID R (4982839) 8/7/1956 1206 MALATESTA PersonaVFamily AVE UPPER CHICHESTER 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 0 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   
PersonalFamily AVE UPPER CHICHESTER PA 19061-3630 Primary Coverage Subscriber   
Subscriber Name Subscriber ID   
Subscriber Sex   
Pat Rel to Sub   
Address   
Subs Rel to Guar ANDERSON DAVID SQHIX53CK23 Male   
Self   
1206 MALATESTA   
Self R AVE   
UPPER CHICHESTER, PA 19061-3630   
Primary\_Subscriber   
Subscriber ID   
Subscriber Name"   
Subscriber SSN   
Subscriber Address   
SQHIX53CK23   
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   
Printed by SCHALLER REBEKAH [RSCHALL]   
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