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 birthGender identity .  
Not Hispanic or Married Alive Male Male  
Latino  
Contact Information  
Address Phone E-mail Address  
1206 MALATESTA AVE 610-494-0960 (Home) wcbcdanderson@gmail.com  
UPPER CHICHESTER PA 19061-3630610-329-5215 (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  
MEDICAREMEDICARE 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]  
https llsecure3 pennmedicine org/EpicLinklcommonlepic\_main asp?sub-siteverifcomp 1/3