. ‘0124/23, 1:44 PM veo  
  
- Basic - Demogre  
  
Name -  
  
Anderson, David Roo  
. Marital Status. ~  
: ‘Married » ;  
  
Oo “Ethnic Group.  
pr -.. Not Hispanic or.  
’ Latino  
  
ra sphics  
  
Anderson, David R (MR#8451266928) Printed by SCHALLER, REBEKAH [RSCHALL] -  
  
Contact Information  
  
- Address  
  
1206 MALATESTA AVE o  
" UPPER CHICHESTER PA 19061- -3630 610- 329- 5215 (Mobile) \*Preferred\* |  
  
Additional Info\_  
. Preferred Language  
English  
  
a PCP and Center  
  
| \_ Primary Care Provider ;  
~ Michael Aaron Krafchick, DO  
  
. P Pharmacy Preferences  
  
~ Pharmacy »  
  
|, MRN fo SN  
  
8451266928 . “~  
: Patient Status .  
Alive 0 0  
  
-. Phone  
\_ 610-494-0960 (Home)  
  
No  
  
~ “Phone -  
  
610-579-3444 ”  
  
XXX-XX- -2999  
  
“Interpreter Needed  
  
.. $ex ’  
Male.  
  
- Date of Birth .  
  
8/7/1956 (67 yrs)  
  
. Sex assigned at birth” Gender identity.  
  
Male  
  
‘Male .  
  
7 E-mail Address ~  
  
- Center  
HUP  
  
“webedanderson@gmail com -  
  
“WALMART PHARMACY 3252 19061 BOOTHWYN, PA 605 CONCHESTER Hwy 610- 494- 6384 610-494- 7534  
  
LE mplo ment Information :  
  
- Status —  
Retired  
  
Administrative -  
7 \_ Signature. on File  
No 7) .  
oo Power of Attomey  
~«. No  
: Advance Directive”  
No:  
  
: Patient Contacts  
  
~ Name” -  
  
- Anderson,Mariellen °  
  
-Anderson,Tim  
  
Relation  
Spouse  
“Child  
  
\  
  
L Active Insurance as of 10/24/2023 -  
  
\_Date Filed  
None on file - -  
"Date Asked ,  
: None on file .  
Date ‘Asked |  
oa None on file - -  
  
Home  
- 000-000-0000  
  
7 MEDICARE - MEDICARE PART A &B  
  
- Payor...  
MEDICARE.  
i Payor Plan Address  
; P O BOX 890413  
  
“CAMP HILL PA 17089  
  
" https:l/secure3.pennmedicine.org/EpicLink/common/epic\_main.asp?sub=siteverifcomp ;  
  
: “Payor Pian Phone Number  
  
: Plan”  
‘MEDICARE PART A & Bo  
  
. 402-351-2860.  
  
. £  
  
: ce “y 4 i  
  
Mobile |  
“610-505-1191  
610-505-5038  
  
od  
  
Insurance Group —  
  
Payor Plan Fax  
  
Number. -  
. \  
ae oe  
  
‘Preferred | —  
Language |  
  
English .  
Interpreter  
needed? No »  
  
- Employer/Plan Group | e  
  
4  
  
Effective Dates -  
8/1/2021. - None .  
“Entered. a nee  
  
Printed by SCHALLER, REBEKAH H IRSCHALL]  
  
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