**Basic Demographics** 

Name	MRN	SSN	Sex	Date of Birth
Sacco, Kathleen M	02245731	xxx-xx-0314	Female	11/28/1944 (75 yrs)
Ethnic Group	Marital Status	Patient Status		
Not Hispanic or Latino	Married	Alive		

## **Contact Information**

Address 6784 LEXINGTON PARK BLVD MASON OH 45040 Phone 513-492-7281 (Home) \*Preferred\*

E-mail Address kathleensacco@yahoo.com

## **Additional Info**

Aliases
ROACH,KATHLEEN M
SACCO,KATHLEEN

Preferred Language
English

Interpreter Needed No

## **PCP** and Center

Primary Care Provider	Phone
Timothy Lichter, MD	513-564-6800

Center
UCP UNION CENTRE

# **Pharmacy Preferences**

Pharmacies

KROGER CINCINNATI 426 - MASON, OH - 5210 STATE ROUTE 741 AT SR 741 & KINGS MILL RD  $\,/\,$  WCH OP PHARMACY

#### **Permanent Comments**

MDCR A&B and Anthem

# **Employment Information**

Status	Employer	Occupation
Retired	Retired	Retired

## **Administrative**

Signature on File	Date Filed
Yes	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
Sacco,Thomas	Spouse	513-492-7281	513-398-8680		

## Active Insurance as of 4/20/2020

### **ANTHEM - BLUE ACCESS**

ANTITICINI DEGLACCE	33		
Payor	Plan	Insurance Group	Employer/Plan Group
ANTHEM	BLUE ACCESS	000UWE834BBAP092	
		Payor Plan Fax	
Payor Plan Address	Payor Plan Phone Number	Number	Effective Dates
PO BOX 105187			3/1/2011 - None
			Entered

Entered

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		Payor Plan Fax			
Payor Plan Address	Payor Plan Phone Number	Number	Effective Dates		
ATLANTA GA 30348					
Subscriber Name	Subscriber Birth Date	Member ID			
SACCO,THOMAS	11/13/1940	UWE100013917			
MEDICARE - MEDICARE A AND B					
Payor	Plan	Insurance Group	Employer/Plan Group		
MEDICARE	MEDICARE A AND B				
		Payor Plan Fax			
Payor Plan Address	Payor Plan Phone Number	Number	Effective Dates		
PO BOX 100112			11/1/2009 - None		
COLUMBIA SC 29202			Entered		
Subscriber Name	Subscriber Birth Date	Member ID			
SACCO,KATHLEEN M	11/28/1944	7QM7HC6NR41			

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