

**Basic Demographics**

| Name                       | MRN            | SSN            | Sex  | Date of Birth       |
|----------------------------|----------------|----------------|------|---------------------|
| Collier, Charles L "Chuck" | 04777088       | xxx-xx-1852    | Male | 10/11/1937 (82 yrs) |
| Ethnic Group               | Marital Status | Patient Status |      |                     |
| Not Hispanic or Latino     | Widowed        | N/A            |      |                     |

**Contact Information**

| Address                              | Phone  | E-mail Address       |
|--------------------------------------|--|----------------------|
| 709 REDBUD CT #A<br>LEBANON OH 45036 | 513-900-0779 (Home)<br>513-900-0779 (Mobile) *Preferred* | Elderman37@gmail.com |

**Additional Info**

| Aliases                          | Preferred Language | Interpreter Needed |
|----------------------------------|--------------------|--------------------|
| COLLIER,CHARLES<br>COLLIER,CHUCK | English            | No                 |

**PCP and Center**

| Primary Care Provider | Phone        | Center                    |
|-----------------------|--------------|---------------------------|
| Robert Wolterman, MD  | 513-475-7425 | UCP MEDICAL ARTS BUILDING |

**Pharmacy Preferences**

| Pharmacy  |
|---|
| MEIJER PHARMACY #147 - WEST CHESTER, OH - 7390 TYLERSVILLE RD |

**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                |
|---------------|------------|--------------|------|--------------|-----------------------------------|
| Tohdal,Cheryl | Daughter   | 513-258-6394 |      |              | English<br>Interpreter needed? No |
| Collier,Tim   | Son        |              |      | 517-812-8130 | English<br>Interpreter needed? No |
| Astacio,Emily | Grandchild | 513-259-6394 |      |              | English<br>Interpreter needed? No |
| Todayl,Doug   | Relative   | 513-615-6396 |      |              | English<br>Interpreter needed? No |

**Active Insurance as of 4/20/2020**

**ANTHEM MANAGED MEDICARE - BLUE MEDICARE ADVANTAGE**

| Payor                   | Plan                    | Insurance Group       | Employer/Plan Group     |
|-------------------------|-------------------------|-----------------------|-------------------------|
| ANTHEM MANAGED MEDICARE | BLUE MEDICARE ADVANTAGE | 01782895              |                         |
| Payor Plan Address      | Payor Plan Phone Number | Payor Plan Fax Number | Effective Dates         |
| PO BOX 105187           |                         |                       | 1/1/2016 - None Entered |
| ATLANTA GA 30348-5187   |                         |                       |                         |
| Subscriber Name         | Subscriber Birth Date   | Member ID             |                         |
| COLLIER,CHARLES L       | 10/11/1937              | HRT116041343001       |                         |

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