

Basic Demographics

Name	MRN	SSN	Sex	Date of Birth
Denney, Mary L	02243109	xxx-xx-7140	Female	2/20/1964 (56 yrs)
Ethnic Group	Marital Status	Patient Status		
Not Hispanic or Latino	Married	Alive		

Contact Information

Address	Phone	E-mail Address
116 WESTLINE DR MASON OH 45040	513-410-9140 (Home) 513-410-9140 (Mobile) *Preferred*	mammawmary64@gmail.com

Additional Info

Aliases	Preferred Language	Interpreter Needed
DENNEY,MARY	English	No

PCP and Center

Primary Care Provider	Phone	Center
Son Bach, MD	513-492-8541	UH MEDICAL ARTS BUILDING

Pharmacy Preferences

Pharmacies
DISCOUNT DRUG MART INC #77 - MASON, OH - 6172 TYLERSVILLE RD / UC MEDICAL CENTER HOXWORTH PHARMACY / WCH OP PHARMACY / WALGREENS DRUG STORE #05205 - MASON, OH - 1086 READING RD AT NEC OF CINCINNATI-COLUMBUS ROAD(RT)

Permanent Comments

Self Pay

Employment Information

Status	Employer	Phone
Self Employed	Self Employed	513-410-9140

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
Denney,Patrick	Spouse	513-701-9440		513-655-8787	
Cox,Michlea	Daughter	513-885-4252			

Active Insurance as of 4/20/2020

WORKERS COMP OHIO - WORKER'S COMP OHIO - STATE			
Payor	Plan	Insurance Group	Employer/Plan Group
WORKERS COMP OHIO	WORKER'S COMP OHIO - STATE		
Coverage Address	Coverage Phone Number	Coverage Fax Number	Effective Dates

Coverage Address	Coverage Phone Number	Coverage Fax Number	Effective Dates
2545 Farmers Drive, Suite 400	888-202-3515	888-303-6294	11/9/2014 - None Entered

COLUMBUS OH 43235

Subscriber Name	Subscriber Birth Date	Member ID
DENNEY,MARY L	2/20/1964	14-356924

WORKERS COMP OHIO - WORKER'S COMP OHIO - STATE

Payor	Plan	Insurance Group	Employer/Plan Group
WORKERS COMP OHIO	WORKER'S COMP OHIO - STATE		

Coverage Address	Coverage Phone Number	Coverage Fax Number	Effective Dates
PO Box 1040	888-247-7799	866-281-9357	10/5/1999 - None Entered

DUBLIN OH 43017

Subscriber Name	Subscriber Birth Date	Member ID
DENNEY,MARY L	2/20/1964	99-535448

PENDING MEDICAID - PENDING MEDICAID

Payor	Plan	Insurance Group	Employer/Plan Group
PENDING MEDICAID	PENDING MEDICAID		

Coverage Address	Coverage Phone Number	Coverage Fax Number	Effective Dates
234 Goodman st			8/1/2019 - None Entered

CINCINNATI OH 45219

Subscriber Name	Subscriber Birth Date	Member ID
DENNEY,MARY L	2/20/1964	278467140

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