**Basic Demographics** 

Name	MRN	SSN	Sex	Date of Birth
Tomlin, Kevin	06477146	xxx-xx-4667	Male	2/1/1987 (33 yrs)
Ethnic Group	Marital Status	Patient Status		
Not Hispanic or Latino	Single	Alive		

### **Contact Information**

Address Phone E-mail Address
2717 TOWNE BLVD APT 79 570-236-2591 (Home) kevinatomlin@gmail.com
MIDDLETOWN OH 45044 570-236-2591 (Mobile) \*Preferred\*

### **Additional Info**

Aliases Preferred Language Interpreter Needed
TOMLIN,KEVIN English No

### **PCP** and Center

Primary Care Provider Phone Center
Cincinnati Va Medical Center 513-861-3100 WCH MAIN HOSPITAL

# **Pharmacy Preferences**

Pharmacy

CINCINNATI VETERANS AFFAIRS MEDICAL CENTER PHARMACY

## **Employment Information**

Status	Employer	Occupation	Phone
Full Time	THE ARMOR GROUP	WELDER	513-923-5944

### **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**

MILLER.SIMONE	Friend	nd		513-602-777	71	
Name	Relation	Home	Work	Mobile	Language	
					Preferred	

### 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 Fax	
Coverage Address	Coverage Phone Number	Number	Effective Dates
644 Linn ST Ste:900	513-351-0222		3/13/2020 - None Entered
CINCINNATI OH 45203			
Subscriber Name	Subscriber Birth Date	Member ID	
TOMLIN,KEVIN	2/1/1987	206664667	