

**Basic Demographics**

Name	MRN	SSN	Sex	Date of Birth
Osborn, Deborah F	02132555	xxx-xx-2869	Female	9/21/1956 (63 yrs)
Ethnic Group	Marital Status	Patient Status		
Not Hispanic or Latino	Married	Alive		

**Contact Information**

Address	Phone	E-mail Address
118 SOUTHGATE AVE MORROW OH 45152	513-899-9540 (Home) *Preferred* 513-633-2263 (Mobile)	soapful@gmail.com

**Additional Info**

Aliases	Preferred Language	Interpreter Needed
OSBORN,DEBORAH	English	No

**PCP and Center**

Primary Care Provider	Phone	Center
Joni L Zinser, CNP	513-584-6999	UCP MASON

**Pharmacy Preferences**

Pharmacy
WALGREENS DRUG STORE #01281 - MAINEVILLE, OH - 68 W US HIGHWAY 22 AND 3 AT NWC OF RTE 48 & RTE 22

**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
Osborn,Randall	Spouse	513-899-9540		513-720-8924	English
					Interpreter needed? No

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

MEDICAL MUTUAL - MEDICAL MUTUAL SUPERMED			
Payor	Plan	Insurance Group	Employer/Plan Group
MEDICAL MUTUAL	MEDICAL MUTUAL SUPERMED	229030340	
Payor Plan Address	Payor Plan Phone Number	Payor Plan Fax Number	Effective Dates
PO BOX 6018			1/1/2012 - None Entered
CLEVELAND OH 44101			

Subscriber Name	Subscriber Birth Date	Member ID
OSBORN,DEBORAH F	9/21/1956	032580756930

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