

Basic Demographics

| Name | MRN | SSN | Sex | Date of Birth |
|------------------------|----------------|----------------|------|--------------------|
| Jenkins, Ryan | 06422938 | xxx-xx-2864 | Male | 5/10/2002 (17 yrs) |
| Ethnic Group | Marital Status | Patient Status | | |
| Not Hispanic or Latino | Single | Alive | | |

Contact Information

| Address | Phone | E-mail Address |
|--|---------------------------------|----------------------|
| 106 JEFF SCOTT LN HAMILTON OH 45012 | 812-621-3652 (Home) *Preferred* | ryan200226@gmail.com |

Additional Info

| Preferred Language | Interpreter Needed |
|--------------------|--------------------|
| English | No |

PCP and Center

| Primary Care Provider | Phone | Center |
|-----------------------|--------------|------------------|
| Bashar Bouso, MD | 812-539-2142 | UH MAIN HOSPITAL |

Pharmacy Preferences

| Pharmacies |
|---|
| CVS/PHARMACY #2342 - WEST CHESTER, OH - 7217 CINCINNATI-DAYTON ROAD AT CORNER OF HAMILTON-MASON ROAD / CVS/PHARMACY #6089 - HARRISON, OH - 10534 HARRISON AVE |

Permanent Comments

INDIANA MHS MEDICAID OON AT UC HEALTH

Employment Information

| Status | Employer | Occupation |
|---------------------|---------------------|---------------------|
| Student - Full Time | Student - Full Time | Student - Full Time |

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 |
|----------------|-------------|--------------|------|--------|--------------------|
| Dyer,Beatrice | Mother | 812-621-3652 | | | |
| Henson,Cheryl | Grandparent | 812-623-3794 | | | |
| Johnson,Edward | Father | 812-532-9771 | | | |

Active Insurance as of 4/20/2020

| GENERIC MANAGED MEDICAID - MHS | | | | |
|--------------------------------|-------------------------|-----------------------|---------------------|--|
| Payor | Plan | Insurance Group | Employer/Plan Group | |
| GENERIC MANAGED MEDICAID | MHS | | | |
| Payor Plan Address | Payor Plan Phone Number | Payor Plan Fax Number | Effective Dates | |
| | | | | |

| | | | |
|---------------------|-------------------------|-----------------------|-------------------------|
| Payor Plan Address | Payor Plan Phone Number | Payor Plan Fax Number | Effective Dates |
| PO BOX 3002 | | | 9/1/1995 - None Entered |
| FARMINGTON MO 63640 | | | |
| Subscriber Name | Subscriber Birth Date | Member ID | |
| JENKINS,RYAN | 5/10/2002 | 103288425499 | |

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