

Basic Demographics

| Name | MRN | SSN | Sex | Date of Birth |
|------------------------|----------------|----------------|--------|--------------------|
| Castillo, Lara | 03348049 | xxx-xx-7080 | Female | 11/5/1969 (50 yrs) |
| Ethnic Group | Marital Status | Patient Status | | |
| Not Hispanic or Latino | Married | N/A | | |

Contact Information

| Address | Phone | E-mail Address |
|---|---|---------------------|
| 4861 MEADOW VISTA CT HAMILTON OH 45011 | 513-737-5227 (Home) 513-874-5505 (Work) 513-889-6764 (Mobile) *Preferred* | g7casti@hotmail.com |

Additional Info

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

PCP and Center

| Primary Care Provider | Phone | Center |
|-----------------------|--------------|------------------|
| Lena Bhargava, MD | 513-564-6800 | UCP UNION CENTRE |

Pharmacy Preferences

| Pharmacies |
|---|
| CVS/PHARMACY #2342 - WEST CHESTER, OH - 7217 CINCINNATI-DAYTON ROAD AT CORNER OF HAMILTON-MASON ROAD / UC MEDICAL CENTER HOXWORTH PHARMACY / EXPRESS SCRIPTS HOME DELIVERY - ST. LOUIS, MO - 4600 NORTH HANLEY ROAD |

Employment Information

| Status | Employer | Occupation | Phone |
|-----------|----------------------|------------|--------------|
| Full Time | LAKOTA LOCAL SCHOOLS | TEACHER | 513-874-5505 |

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 |
|--------------|----------|--------------|------|--------------|--------------------|
| Castillo,Gil | Spouse | 513-737-5227 | | 513-889-6764 | |

Active Insurance as of 4/20/2020**MEDICAL MUTUAL - MEDICAL MUTUAL SUPERMED**

| Payor | Plan | Insurance Group | Employer/Plan Group |
|--------------------|-------------------------|-----------------------|-------------------------|
| MEDICAL MUTUAL | MEDICAL MUTUAL SUPERMED | 639768106 | |
| Payor Plan Address | Payor Plan Phone Number | Payor Plan Fax Number | Effective Dates |
| PO BOX 6018 | | | 1/1/2019 - None Entered |
| CLEVELAND OH 44101 | | | |

| Subscriber Name | Subscriber Birth Date | Member ID |
|-----------------|-----------------------|--------------|
| CASTILLO,LARA | 11/5/1969 | 585416863703 |

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