**Basic Demographics** 

Name	MRN	SSN	Sov	Date of Birth
Name	IVININ	3311	Sex	Date of Birth
Adams, Jason A	03140249	xxx-xx-8925	Male	3/13/1971 (49 yrs)
Ethnic Group	Marital Status	Patient Status		
Not Hispanic or Latino	Married	N/A		

## **Contact Information**

Address Phone

985 SHULER AVE 513-889-4732 (Home)

HAMILTON OH 45011 513-889-4732 (Mobile) \*Preferred\*

#### **Additional Info**

Aliases	Preferred Language	Interpreter Needed	Interpreter Needed	
ADAMS, JASON	English	No		

#### **PCP** and Center

Primary Care Provider	Center
No Pcp	WCH MAIN HOSPITAL

# **Pharmacy Preferences**

Pharmacy

WALGREENS DRUG STORE #05203 - HAMILTON, OH - 1090 HIGH ST AT NWC OF RT 4 & HIGH STREET

# **Employment Information**

	Status	Employer	Occupation
	Not Employed	Not Employed	Not Employed
Ad	<b>I</b> ministrative		

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
adams, marla	Spouse				English Interpreter needed? No

## Active Insurance as of 4/20/2020

Patient has no active insurance coverage on file for 4/20/2020.

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