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Racic	Demogran	hica
Dasic	Demourar	JI IIC.

Name	MRN	SSN	Sex	Date of Birth
Cornett, Nicholas "Nick" Ethnic Group	06479321 Marital Status	xxx-xx-2360 Patient Status	Male	1/14/2000 (20 yrs)
Not Hispanic or Latino	Single	Alive		

Contact Information

Address	Phone	E-mail Address
6508 GLENMONT DR	513-226-9141 (Home)	nickc5805@gmail.com
FAIRFIELD OH 45011	513-295-7662 (Mobile) *Preferred*	

Additional Info

Aliases	Preferred Language	Interpreter Needed
CORNETT, NICK	Enalish	No

PCP and Center

Primary Care Provider	Center
No Pcp	WCH MAIN HOSPITAI

Employment Information

Status	Employer	Occupation
Not Employed	Not Employed	Not Employed

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
CORNETT, JEFF	Father			513-276-5830	English Interpreter needed? No
CORNETT, KRISTI	Mother			513-568-8208	English Interpreter

Active Insurance as of 4/20/2020

Payor	Plan	Insurance Group	Employer/Plan Group
ANTHEM	BLUE ACCESS	OH2590M001	
		Payor Plan Fax	
Payor Plan Address	Payor Plan Phone Number	Number	Effective Dates
PO BOX 105187			1/1/2020 - None Entered
ATLANTA GA 30348			
Subscriber Name	Subscriber Birth Date	Member ID	
CORNETT, JEFFREY L	12/26/1958	S8A061W03962	

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