

**Basic Demographics**

Name	MRN	SSN	Sex	Date of Birth
Miles, Jason E	04485098	xxx-xx-5177	Male	11/22/1981 (38 yrs)
Ethnic Group	Marital Status	Patient Status		
Not Hispanic or Latino	Single	Alive		

**Contact Information**

Address	Phone
2793 Water Park Dr MASON OH 45040	513-545-7249 (Home)

**Additional Info**

Preferred Language	Interpreter Needed
English	No

**PCP and Center**

Primary Care Provider	Center
No Pcp	UH HOXWORTH CENTER

**Pharmacy Preferences**

Pharmacy
CVS/PHARMACY #2342 - WEST CHESTER, OH - 7217 CINCINNATI-DAYTON ROAD AT CORNER OF HAMILTON-MASON ROAD

**Permanent Comments**

faa thru 12-31-12

**Employment Information**

Status	Employer	Occupation	Phone
Full Time	Baymont Inn	Maintenance	513-754-1166

**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
King, Brandy	Spouse			513-488-7436	English Interpreter needed? No

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

Payor	Plan	Insurance Group	Employer/Plan Group
CARESOURCE	CARESOURCE	CSOHIO Payor Plan Fax Number	Effective Dates
Payor Plan Address	Payor Plan Phone Number		

Payor Plan Address	Payor Plan Phone Number	Payor Plan Fax Number	Effective Dates
PO BOX 8730			5/23/2014 - None Entered
DAYTON OH 45401			
Subscriber Name	Subscriber Birth Date	Member ID	
MILES,JASON E	11/22/1981	10440360300	

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