

Basic Demographics

Name	MRN	SSN	Sex	Date of Birth
Howe, Marilyn	06001918	xxx-xx-1392	Female	8/31/1955 (64 yrs)
Ethnic Group	Marital Status	Patient Status		
Not Hispanic or Latino	Married	Alive		

Contact Information

Address	Phone	E-mail Address
PO BOX 397 CEDARVILLE OH 45314	937-766-5988 (Home) *Preferred* 937-831-0350 (Mobile)	mhowe@ccliff.org

Additional Info

Aliases	Preferred Language	Interpreter Needed
HOWE,MARILYN	English	No

PCP and Center

Primary Care Provider	Center
No Pcp	UCP MEDICAL ARTS BUILDING

Pharmacy Preferences

Pharmacy
CEDAR CARE VILLAGE PHARMACY - CEDARVILLE, OH - 63 N. MAIN STREET

Employment Information

Status	Employer	Occupation	Phone
Full Time	CEDAR CLIFF LOCAL SCHOOLS	STAFF	937-766-1871

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
Howe,Gregory L	Spouse	937-766-5988			

Active Insurance as of 4/20/2020

UNITED HEALTHCARE - UNITED HEALTHCARE CHOICE			
Payor	Plan	Insurance Group	Employer/Plan Group
UNITED HEALTHCARE	UNITED HEALTHCARE CHOICE	706632	
Payor Plan Address	Payor Plan Phone Number	Payor Plan Fax Number	Effective Dates
PO BOX 740800			1/1/2012 - None Entered
ATLANTA GA 30374-0800			
Subscriber Name	Subscriber Birth Date	Member ID	
HOWE,GREGORY L	3/12/1958	805893924	