**Basic Demographics** 

| Name  | MRN            | SSN            | Sex    | Date of Birth       |
|---|----------------|----------------|--------|---------------------|
| Pospischil, Susan Lynn "Susan<br>Lynn Pospischil" | 06179741       | xxx-xx-2233    | Female | 12/22/1960 (59 yrs) |
| Ethnic Group                                      | Marital Status | Patient Status |        |                     |
| Not Hispanic or Latino                            | Married        | Alive          |        |                     |

### **Contact Information**

| Address               | Phone                             | E-mail Address            |
|-----------------------|-----------------------------------|---------------------------|
| 6673 LIBERTY CIR      | 951-454-9292 (Home)               | susanpospischil@gmail.com |
| WEST CHESTER OH 45069 | 951-454-9292 (Mobile) *Preferred* |                           |

## **Additional Info**

| Aliases                | Preferred Language | Interpreter Needed |
|------------------------|--------------------|--------------------|
| POSPISCHIL, SUSAN      | English            | No                 |
| POSPISCHIL, SUSAN LYNN |                    |                    |
| POSPISCHIL             |                    |                    |

### **PCP** and Center

| Primary Care Provider | Phone        | Center           |
|-----------------------|--------------|------------------|
| Manoj Singh, MD       | 513-475-8264 | UCP WC NORTH MOB |

# **Pharmacy Preferences**

Pharmacy

KROGER CINCINNATI 383 - MIDDLETOWN, OH - 7300 YANKEE RD AT NEC BUTLER REG.&CINTI-DAYTON

### **Permanent Comments**

UCPC: DISCLOSURE: OK

UCPC:HIPAA: OK TO LEAVE A MESSAGE

OK TO SPEAK WITH: MICHAEL R POSPISCHIL-HUSBAND

4/13/18

# **Employment Information**

| Status  | Employer | Occupation |
|---------|----------|------------|
| Retired | RETIRED  | RETIRED    |

### **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<br>Language  |
|---------------------|----------|-------------|------|--------------|------------------------|
| Pospischil, Michael | Spouse   | 951-454-929 | )2   | 636-542-2280 | English<br>Interpreter |

## Active Insurance as of 4/20/2020

### **ANTHEM - BLUE ACCESS**

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| Payor                      | Plan                    | Insurance Group | Employer/Plan Group        |
|----------------------------|-------------------------|-----------------|----------------------------|
| ANTHEM                     | BLUE ACCESS             | 213026M5AL      |                            |
|                            |                         | Payor Plan Fax  |                            |
| Payor Plan Address         | Payor Plan Phone Number | Number          | Effective Dates            |
| PO BOX 105187              |                         |                 | 1/1/2018 - None<br>Entered |
| ATLANTA GA 30348           |                         |                 |                            |
| Subscriber Name            | Subscriber Birth Date   | Member ID       |                            |
| POSPISCHIL, MICHAEL ROBERT | 6/15/1956               | TQE501M74435    |                            |

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