Demograpl	

Name	MRN	SSN	Sex	Date of Birth
Godfrey, Naechelle Ethnic Group	04525336 Marital Status	xxx-xx-5294 Patient Status	Female	12/14/1988 (31 yrs)
Not Hispanic or Latino	Single	N/A		

#### **Contact Information**

Address	Phone	E-mail Address
3763 LOST WILLOW DR	513-954-9617 (Home)	naechelleg@yahoo.com
MASON OH 45040	513-954-9617 (Mobile) *Preferred*	

### **Additional Info**

Preferred Language	Interpreter Needed
English	No

#### **PCP** and Center

Primary Care Provider	Center
None	UCP MEDICAL ARTS BUILDING

# **Pharmacy Preferences**

Pharmacy

Walgreens drug store #05716 - Cincinnati, oh - 1776 seymour ave at NWC of Reading Road & seymour avenu

# **Employment Information**

Status	Employer	Phone
Full Time	UC HEALTH	000-000-0000
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
Godfrey,Sabrina	Mother	513-884-3722			English Interpreter needed? No
Yisrael, Tyre	Spouse			513-635-0354	

# Active Insurance as of 4/20/2020

Payor	Plan	Insurance Group	Employer/Plan Group
PENDING MEDICAID	PENDING MEDICAID		
		Coverage Fax	
Coverage Address	Coverage Phone Number	Number	Effective Dates
			12/16/2019 - None
			Entered

Subscriber Name	Subscriber Birth Date	Member ID	
GODFREY,NAECHELLE	12/14/1988		

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