

Basic Demographics

| Name | MRN | SSN | Sex | Date of Birth |
|--------------------------|----------------|----------------|------|--------------------|
| Teeters, James J "Jimmy" | 02108250 | xxx-xx-0343 | Male | 8/11/1964 (55 yrs) |
| Ethnic Group | Marital Status | Patient Status | | |
| Not Hispanic or Latino | Married | N/A | | |

Contact Information

| Address | Phone | E-mail Address |
|--|--|------------------------|
| 780 DORIS JANE AVE FAIRFIELD OH 45014 | 513-266-4057 (Home) 513-266-4057 (Mobile) *Preferred* | jimmyteeters@gmail.com |

Additional Info

| Aliases | Preferred Language | Interpreter Needed |
|---------------|--------------------|--------------------|
| TEETERS,JIMMY | English | No |

PCP and Center

| Primary Care Provider | Phone | Center |
|---------------------------|--------------|------------------|
| Daniel Clancy Trotter, MD | 513-584-4505 | WCH WC SOUTH MOB |

Pharmacy Preferences

| Pharmacies |
|--|
| WALMART PHARMACY 3502 - HAMILTON, OH - 3201 PRINCETON ROAD / UC MEDICAL CENTER HOXWORTH PHARMACY / UC HEALTH SPECIALTY PHARMACY / WALGREENS DRUG STORE #07046 - FAIRFIELD, OH - 4610 PLEASANT AVE AT SEC OF PLEASANT AVE & SYMMES RD |

Employment Information

| Status | Employer | Occupation | Phone |
|---------------|---------------|--------------|--------------|
| Self Employed | SELF EMPLOYED | TRUCK DRIVER | 513-266-4057 |

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 |
|----------------|----------|--------------|------|--------------|-----------------------------------|
| TEETERS,ANGELA | Spouse | 513-266-4057 | | 513-295-8077 | English Interpreter needed? No |
| TEETERS, GARY | Brother | | | 513-431-1526 | English Interpreter needed? No |

Active Insurance as of 4/20/2020

| UHC MANAGED MEDICAID - UHC MANAGED MEDICAID | | | | |
|---|----------------------|-----------------|---------------------|--|
| Payor | Plan | Insurance Group | Employer/Plan Group | |
| UHC MANAGED MEDICAID | UHC MANAGED MEDICAID | OHPHCP | | |

| Payor Plan Address | Payor Plan Phone Number | Payor Plan Fax Number | Effective Dates |
|--------------------|-------------------------|-----------------------|-------------------------|
| PO BOX 8207 | | | 4/1/2020 - None Entered |
| KINGSTON NY 12402 | | | |
| Subscriber Name | Subscriber Birth Date | Member ID | |
| TEETERS,JAMES J | 8/11/1964 | 119354073 | |

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