| Demograpi | |
|-----------|--|
| | |
| | |
| | |

| Name | MRN | SSN | Sex | Date of Birth |
|------------------------|----------------|----------------|--------|-------------------------|
| Louis, Serlinda | 04696760 | xxx-xx-2482 | Female | 9/28/1974 (DECEASED) |
| Ethnic Group | Marital Status | Patient Status | | |
| Not Hispanic or Latino | Married | Deceased | | |

Contact Information

| Address | Phone | E-mail Address |
|--------------------|---------------------------------|-------------------------|
| 2471 BOBMEYER RD | 513-468-1439 (Home) *Preferred* | serlindalouis@yahoo.com |
| FAIRFIELD OH 45014 | 513-468-1439 (Mobile) | |

Additional Info

| Aliases | Preferred Language | Interpreter Needed |
|----------------|--------------------|--------------------|
| LOUIS,SERLINDA | Pohnpeian | Yes |

PCP and Center

| Primary Care Provider | Center |
|-----------------------|------------------|
| No Pcp | UH MAIN HOSPITAL |

Pharmacy Preferences

Pharmacies

KROGER CINCINNATI 934 - HAMILTON, OH - 1450 SOUTH ERIE HIGHWAY AT S ERIE & GRAND BLVD / UC MEDICAL CENTER HOXWORTH PHARMACY / WCH OP PHARMACY

Permanent Comments

PH # IS JASON,

Employment Information

| Status | Employer | Occupation |
|-------------------|--------------|--------------|
| Not Employed | Not Employed | Not Employed |
| Administrative | | |
| Signature on File | | Date Filed |

| 5 | |
|-------------------|--------------|
| Yes | None on file |
| Power of Attorney | Date Asked |
| No | None on file |
| Advance Directive | Date Asked |
| No | None on file |

Patient Contacts

| | | | | | Preferred |
|---------------|---------------|------|------|-------------|-----------|
| Name | Relation | Home | Work | Mobile | Language |
| Louis,Stoni | Daughter | | | 513-468-143 | 39 |
| Niffang,Jason | HIPAA Contact | | | 513-616-890 |)4 |

Active Insurance as of 4/20/2020

Patient has no active insurance coverage on file for 4/20/2020.

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