

Basic Demographics

Name	MRN	SSN	Sex	Date of Birth
Dwire, Zachary	04477508	xxx-xx-7869	Male	6/20/1994 (25 yrs)
Ethnic Group	Marital Status	Patient Status		
Not Hispanic or Latino	Single	N/A		

Contact Information

Address	Phone
9530 WOODLAND HILLS DR LIBERTY TWP OH 45011	513-999-1767 (Home) *Preferred* 513-999-1767 (Mobile)

Additional Info

Preferred Language	Interpreter Needed
English	No

PCP and Center

Primary Care Provider	Phone	Center
Dennis M Anthony, DO	513-893-1100	UH MAIN HOSPITAL

Employment Information

Status	Employer	Occupation
Full Time	RUMPKE CORP	STAFF

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
Dwire,Mary	Mother			513-207-8020	

Active Insurance as of 4/20/2020

UNITED HEALTHCARE - UNITED HEALTHCARE RIVER VALLEY			
Payor	Plan	Insurance Group	Employer/Plan Group
UNITED HEALTHCARE	UNITED HEALTHCARE RIVER VALLEY	XPEE	
Payor Plan Address	Payor Plan Phone Number	Payor Plan Fax Number	Effective Dates
PO BOX 5230	800-350-7584	888-476-5125	12/1/2015 - None Entered
KINGSTON NY 12402			
Subscriber Name	Subscriber Birth Date	Member ID	
DWIRE,MARY	1/17/1968	JD5735809	