

**Basic Demographics**

Name	MRN	SSN	Sex	Date of Birth
Kirker, Barbara	06469298	xxx-xx-8924	Female	11/10/1968 (51 yrs)
Ethnic Group	Marital Status	Patient Status		
Not Hispanic or Latino	Single	Alive		

**Contact Information**

Address	Phone
382 SHADOW LK	513-391-5868 (Home)
MASON OH 45040	513-391-5868 (Mobile) *Preferred*

**Additional Info**

Aliases	Preferred Language	Interpreter Needed
KIRKER,BARBARA	English	No

**PCP and Center**

Primary Care Provider	Center
No Pcp	WCH MAIN HOSPITAL

**Employment Information**

Status	Employer	Occupation
Not Employed	Not Employed	Not Employed

**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
NO, CONTACT					

**Active Insurance as of 4/20/2020**

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

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