

Basic Demographics

Name	MRN	SSN	Sex	Date of Birth
Gilmete, Linos	06079435	xxx-xx-1993	Male	6/8/1963 (56 yrs)
Ethnic Group	Marital Status	Patient Status		
Hispanic or Latino	Single	Alive		

Contact Information

Address (Permanent)
1053 BROOKCREST DR
MASON OH 45040

Additional Info

Preferred Language	Interpreter Needed
Spanish	No

PCP and Center

Primary Care Provider	Phone	Center
Marcus Washington, MD	513-204-5785	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
Gilmete,Elwinna	Relative			513-344-6358	

Active Insurance as of 4/20/2020**UNITED HEALTHCARE - UNITED MEDICAL RESOURCE**

Payor	Plan	Insurance Group	Employer/Plan Group
UNITED HEALTHCARE	UNITED MEDICAL RESOURCE	76410776	
Payor Plan Address	Payor Plan Phone Number	Payor Plan Fax Number	Effective Dates
PO BOX 30541			12/1/2015 - None Entered
SALT LAKE CITY UT 84130-0541			
Subscriber Name	Subscriber Birth Date	Member ID	
GILMETE,LINOS	6/8/1963	Y17008761	

Printed by ELLIOTT, RASHAD [332441]