

**Basic Demographics**

Name	MRN	SSN	Sex	Date of Birth
Thurmond, Kimberly E	02610888	xxx-xx-8887	Female	11/18/1957 (62 yrs)
Ethnic Group	Marital Status	Patient Status		
Not Hispanic or Latino	Single	N/A		

**Contact Information**

Address	Phone
1129 CLEARBROOK DR APT 2 CINCINNATI OH 45229	513-446-9294 (Home) *Preferred*

**Additional Info**

Aliases	Preferred Language	Interpreter Needed
THURMOND,KIM THURMOND,KIMBERLY	English	No

**PCP and Center**

Primary Care Provider	Center
None Specified	UH MAIN HOSPITAL

**Pharmacy Preferences**

Pharmacies
HOLMES PHARMACY - LAGRANGE, GA - LAGRANGE, GA - 136 COMMERCE AVENUE / UC MEDICAL CENTER HOLMES PHARMACY / UC MEDICAL CENTER HOXWORTH PHARMACY

**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
Harris, Annie	Mother	513-242-8380			

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

EXCHANGE - EXCHANGE CARESOURCE OH MARKETPLACE			
Payor	Plan	Insurance Group	Employer/Plan Group
EXCHANGE	EXCHANGE CARESOURCE OH MARKETPLACE	HIXOH	
Payor Plan Address	Payor Plan Phone Number	Payor Plan Fax Number	Effective Dates
PO BOX 8730	800-488-0134		10/4/2017 - None Entered
DAYTON OH 45401-8730			
Subscriber Name	Subscriber Birth Date	Member ID	
THURMOND,KIMBERLY E	11/18/1957	10811329400	