

Basic Demographics

Name	MRN	SSN	Sex	Date of Birth
Kindel, Elizabeth	06469653	xxx-xx-2759	Female	3/19/1988 (32 yrs)
Ethnic Group	Marital Status	Patient Status		
Not Hispanic or Latino	Married	Alive		

Contact Information

Address	Phone	E-mail Address
6475 JUSTESS LN LIBERTY TOWNSHIP OH 45044	419-852-3164 (Home) 513-243-2000 (Work) 419-852-3164 (Mobile) *Preferred*	bkindel19@gmail.com

Additional Info

Preferred Language	Interpreter Needed
English	No

PCP and Center

Primary Care Provider	Center
No Pcp	WCH MAIN HOSPITAL

Pharmacy Preferences

Pharmacy
GE FAMILY PHARMACY - EVENDALE, OH - 1 NEUMANN WAY

Employment Information

Status	Employer	Occupation	Phone
Part Time	GE AVIATION	ENGINEER	513-243-2000

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
KINDEL, CARL	Spouse			513-205-0369	English Interpreter needed? No

Active Insurance as of 4/20/2020

UNITED HEALTHCARE - UNITED HEALTHCARE CHOICE			
Payor	Plan	Insurance Group	Employer/Plan Group
UNITED HEALTHCARE	UNITED HEALTHCARE CHOICE	304000	
Payor Plan Address	Payor Plan Phone Number	Payor Plan Fax Number	Effective Dates
PO BOX 740800			1/1/2020 - None Entered
ATLANTA GA 30374-0800			

Subscriber Name	Subscriber Birth Date	Member ID
KINDEL,CARL	2/26/1988	819104502

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