

Basic Demographics

| Name | MRN | SSN | Sex | Date of Birth |
|------------------------|----------------|----------------|------|--------------------|
| Wakefield, Jermaine E | 02035500 | xxx-xx-7199 | Male | 7/26/1971 (48 yrs) |
| Ethnic Group | Marital Status | Patient Status | | |
| Not Hispanic or Latino | Married | Alive | | |

Contact Information

| Address | Phone | E-mail Address |
|--------------------------------------|---|-----------------------------|
| 2138 CREST RD CINCINNATI OH 45240 | 513-446-7358 (Home) 513-251-6200 (Work) 513-446-7358 (Mobile) *Preferred* | jermainewakefield@gmail.com |

Additional Info

| Aliases | Preferred Language | Interpreter Needed |
|---|--------------------|--------------------|
| WAKEFIELD,JERMAINE WAKEFIELD,JERMAIN E | English | No |

PCP and Center

| Primary Care Provider | Phone | Center |
|-----------------------|--------------|----------------|
| Orson J. Austin, MD | 513-648-9077 | UCP TRI COUNTY |

Pharmacy Preferences

| Pharmacy |
|---|
| CVS/PHARMACY #7699 - CINCINNATI, OH - 11611 HAMILTON AVENUE AT CORNER OF CREST ROAD |

Employment Information

| Status | Employer | Occupation | Phone |
|-----------|---------------------|--------------------------|--------------|
| Full Time | WALKER FUNERAL HOME | FUNERAL DIRECTOR ASST | 513-251-6200 |

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 |
|-------------------|----------|--------------|------|--------------|--------------------|
| Wakefield,Bridget | Spouse | 513-446-7358 | | 513-678-7443 | |

Active Insurance as of 4/20/2020**ANTHEM - BLUE TRADITIONAL**

| Payor | Plan | Insurance Group | Employer/Plan Group |
|--------------------|-------------------------|-----------------------|-------------------------|
| ANTHEM | BLUE TRADITIONAL | 003326200OAAA015 | |
| Payor Plan Address | Payor Plan Phone Number | Payor Plan Fax Number | Effective Dates |
| PO BOX 105187 | | | 4/1/2012 - None Entered |
| ATLANTA GA 30348 | | | |

| Subscriber Name | Subscriber Birth Date | Member ID |
|--------------------------|-----------------------|--------------|
| LAMAR WAKEFIELD,BRIDGETT | 11/27/1968 | FORAN4085151 |

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