



# INDIANA

GARY A. GIBSON  
COMMISSIONER

## OPERATOR DRIVER LICENSE



**DLN:8933-04-8155**

**EXPIRES: 12/21/2002**

**INA M HENDERSON  
12C SKYVIEW DRIVE  
CHESTERFIELD, IN 46017**

DATE OF BIRTH	TRANSACTION NO.	ISSUE
12/21/1913	90451510001	10/05/1999

HEIGHT	WEIGHT	HAIR	EYES	SEX
5-06	114	GRY	BRO	F

RESTRICTIONS	ENDORSEMENTS	SSN
A		

# Health Insurance



## S O C I A L S E C U R I T Y A C T

NAME OF BENEFICIARY

INA M HENDERSON

CLAIM NUMBER

306-14-8007-A

SEX

FEMALE

IS ENTITLED TO

EFFECTIVE DATE

HOSPITAL INSURANCE 12-1-78

MEDICAL INSURANCE 12-1-78

SIGN  
HERE 

Ina M. Henderson



Blue Cross.  
Blue Shield.



**Informed  
Choice  
Plan**

TRADITIONAL CARE  
NETWORK

CONTRACT NO.

GMH921635498

PLAN CODE

130

ENROLLEE NAME

HENDERSON INA R

GROUP NO.

83500 UAW

*medco*

RX GROUP# - GM00000

SEE REVERSE FOR MENTAL HEALTH, SUBSTANCE ABUSE, AND PRESCRIPTION DRUG INFORMATION.

MEDICARE



HEALTH INSURANCE

1-800-MEDICARE (1-800-633-4227)

NAME OF BENEFICIARY

**INA M HENDERSON**

MEDICARE CLAIM NUMBER

**306-14-8007-A**

SEX

**FEMALE**

IS ENTITLED TO

EFFECTIVE DATE

**HOSPITAL (PART A) 12-01-1978**

**MEDICAL (PART B) 12-01-1978**

SIGN  
HERE



*Ina M. Henderson*  
*Walter C. Robb*



1920 North State Street  
Greenfield, IN 46140

**Susan Glisson**  
Customer Service  
Representative

**317-462-1431**

**Ext. 325**

Fax 317-462-1438

David G. Dewar, M.D.  
Chesterfield Health Center  
11 Skyview Drive  
Chesterfield, IN 46017  
765-378-1572



Lic. #01043269 DEA #BD4336396

Name Ima Henderson

Address \_\_\_\_\_ Date 10-10-00

Synthroid 0.075mg  
#30  
÷ QD

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over

Refill NR 1 2 3 4 5 Void after 10-10-01

\_\_\_\_\_  
M.D.

[Signature]  
M.D.

Dispense as Written

May Substitute

Prescription is void if more than one (1) prescription is written per blank.