

Fictional Medical Record

Patient Information:

Name: [Name_1]

DOB: [Birthday_1]

Gender:

Non-binar

y

Ethnicity: Caucasian

Address: 123 Main St, Anytown, USA, 12345

Phone: [Phone number_1]

Email: johndoe123@gmail.com

SSN: [SSN_1]

Insurance Information:

Provider: Humana

Plan: Humana Medicare Advantage PPO

Member ID:

[Health Plan Beneficiary

Number_1]

Group Number: 730193

Payer ID: 61101

Medical Details:

Primary Diagnosis: Chronic Obstructive Pulmonary Disease (COPD)

ICD-10 Code: J44.9

Date of Diagnosis: February 10, 2025

Physician: Dr.

Dr. Emily Johnson

 , DO (NPI: 1765092039)

Facility: General Medical Center