

Path Req - January 4, 2023

Order Number: 165293 Bill Type: Third-Party Bill

WRIGHT, GARY EMA ID: 9742885

PMS ID. Sex:

DOB:

MRN:

Phone: 139848-01 Male 08/21/1940 (713) 771-3972 139848-01



| LAB INFORMATION | | | | | | | | | | | |
|------------------------------------|----------------------|----------------------|--------------------|------------------------|-------------------------------|------------|---------------|----------|--------|---------------------|---|
| Sagis DX (Ellkay) | | | | | PHONE | ACCOU | NT# 06137i | | | | |
| | STREET ADDRESS | | | | | IMO | 301011 | | | BILL TYPE Third-Par | ty Bill |
| PATIENT INFORMATION | | | | | GUARANTOR IN | NFORMATIO | N | | | | |
| WRIGHT | | GARY | ** | M.L. | WRIGHT | | | GARY | | | M.L. |
| | 08/21/1940 | | 39848-01 | | RELATIONSHIP TO PATIENT Other | | | | | | |
| 7910 SHARPCREST | | | | | 7910 SHARPCRI | EST | | | | | |
| STREET ADDRESS CONTD. | | | | | STREET ADDRESS CONTD. | | | | | | |
| HOUSTON | | | 7036 | | HOUSTON | | | STATE | | ZIP CODE 77036 | |
| номе PHONE 7137713972 | CELL PHONE | E | MPLOYER NAME | | номе PHONE 7137713972 | | | WORK PHO | ONE | | |
| PRIMARY BILLING / INS | URANCE IN | FORMATION | | | | | | de in | SH WAN | 100 | II SEE |
| SUBSCRIBER NAME GARY WRIGHT | | RELATIONSHIP Self | | SUB. DOB 08/21/1940 | COMPANY NAME MEDICARE | | | GRP/CONT | RACT# | MEMBER ID # 4JN8FC7 | 'RY57 |
| P O BOX 3110 | | | | | STREET ADDRESS CONTD. | | | | | | |
| MECHANICSBURG | | | 7055 | | EMPLOYER NAME | MEDICA | RE# | | | MEDICAID# | |
| SECONDARY BILLING / | INSURANC | E INFORMAT | ION | 7 | #2.20 m | r ly ly at | MAKE V | | | ATT LEAD | 11 TO 11 TO 11 |
| SUBSCRIBER NAME GARY WRIGHT | | RELATIONSHIP Self | | SUB. DOB 08/21/1940 | COMPANY NAME AARP | | | GRP/CONT | RACT# | MEMBER ID # 0580395 | 9412 |
| STREET ADDRESS 601 E. STREET NW | | | | | STREET ADDRESS CONTD. | | | | | 1 | |
| WASHINGTON | | | 0049 | | EMPLOYER NAME | MEDICA | RE# | | | MEDICAID # | |
| | | | | PATH REC | QUISITION | 198 | | | | | |
| Location | Procedure |) | Clinical | Information | | | ICD | 0.7 | Acces | ssion# | |
| A. right ear | Biopsy by H and E | Shave Method | Morphol DDX: Ne | ogy: eoplasm of Ur | ncertain Behavior | | D48.5 | ō | | | SD23-001719 WRIGHT, GARY Sagis Dx |
| B. scalp 0.7(0.5\(\) (0.5) | Biopsy by H and E | Shave Method | | | ncertain Behavior | | D48.5 | 5 | | | |
| C. scalp 0.7x0.5x0.0 | Biopsy by H and E | Shave Method | Morphol DDX: Ne | | ncertain Behavior | | D48.5 | 5 | | | |
| VAKL | | 50 | ars | | 3 | MH | | 011 | 04 | 123 | |



WRIGHT, GARY EMA ID: 9742885

Path Req - January 4, 2023

Order Number: 165293 Bill Type: Third-Party Bill

PMS ID: Sex:

DOB:

Phone:

MRN:

139848-01 Male 08/21/1940 (713) 771-3972 139848-01

| iopsy by Shave Method I and E M NA | Morphology: DDX: Neoplasm of Uncertain Behavior | D48.5 | SD23-001719 WRIGHT, GAR' Sagis Dx |
|--|--|-------|---|
| iopsy by Shave Method I and E VI | Morphology: DDX: Neoplasm of Uncertain Behavior | D48.5 | |

Electronically Signed By: Ryan Riahi, 01/04/2023 01:23 PM CST







| Account No. | Chart No. |
|-------------|-----------|
| 139848-01 | |

139848

Dermsurgery Associates 7515 Main Street Suite 240 Houston, TX (713) 791-9966

| Appt No. | Appt Date/T | ime |
|------------|-------------|----------|
| 0149664700 | 01/04/2023 | 01:00 PM |

| Patient Name Wright, Gary | | | | Insured Name Wright, Gary | Chief Complaint \$1.23 month fu/ Im hf |
|-----------------------------------|----------|-----------------------|----------------------|--|---|
| Street Address 7910 Sharpcrest | | | | Insurance-Plan Medicare-Medicare | Appointment Scheduled With Riahi, Ryan MD |
| HOUSTON | | State TX | ^{Zip} 77036 | Policy No Relation Ins Group ID 4JN8FC7RY57 Self | Physician Riahi, Ryan M D |
| Phone (713) 771-3972 | | | | Copays | Accident Type Date None |
| Birth Date 08/21/1940 82 Y | Sex M | ssn 457-6 0 |)-5774 | Employer Sec Ins: AARP-AARP | Ref. Physician Balance \$1.24 |

Diag Full1 10/04/2022 D18.01: Hemangioma of skin and subcutaneous tissue

Diag Full2 10/04/2022 D22.9: Melanocytic nevi, unspecified

Diag Full3 10/04/2022 L57.0: Actinic keratosis

Diag Full4 10/04/2022 L81.4: Other melanin hyperpigmentation

Diag1 10/04/2022 D18.01

Diag2 10/04/2022 D22.9

Diag3 10/04/2022 L57.0

Diag4 10/04/2022 L81.4

SD23-001719



WRIGHT, GARY Sagis Dx

Prim Diag Codes:

01/04/2023

| efer To: | Next Appt: | | |
|---------------------|------------|---|---|
| | Next Appt. | Amount Paid: | Total Charges |
| | | | |
| | | | |
| | | I authorize the Release | e of any Medical Information Necessary to Process this Claim and Review |
| | | I authorize the Release Payment of Governme | e of any Medical Information Necessary to Process this Claim and Request ant Benefits Either to Myself or the Party Who Accepts Assignment Below |
| nysician Signature: | Date: | l authorize the Release Payment of Governme Patient Authorized Si | e of any Medical Information Necessary to Process this Claim and Request ant Benefits Either to Myself or the Party Who Accepts Assignment Below gnature: Date: |