

Req - May 22, 2023

Number: 833724 Bill Type: Third-Party Bill

INFORMATION		PHONE	ACCOUNT #
LAST NAME Sagis DX (Elkay)		BILL TYPE Third-Party Bill	
ORDER # 833724	STREET ADDRESS		
PATIENT INFORMATION		GUARANTOR INFORMATION	
LAST NAME MASON	FIRST NAME DANIEL	LAST NAME MASON	FIRST NAME DANIEL
SSN XXX-XX-9455	DATE OF BIRTH 02/07/1942	SEX Male	MRN 864975
STREET ADDRESS 4023 Reflections Blvd		STREET ADDRESS 4023 Reflections Blvd	
STREET ADDRESS CONTD. APT 103		STREET ADDRESS CONTD. APT 103	
CITY SUNRISE	STATE FL	ZIP CODE 33351	STATE FL
HOME PHONE 9548027370	CELL PHONE 9543031796	EMPLOYER NAME	WORK PHONE 9548027370
PRIMARY BILLING / INSURANCE INFORMATION		SECONDARY BILLING / INSURANCE INFORMATION	
LAST NAME MASON	RELATIONSHIP Spouse	SUB. DOB 02/07/1942	COMPANY NAME BCBS of FL PPO/EPO/POS/FEP/PPC
STREET ADDRESS 1798		STREET ADDRESS CONTD.	
STATE FL	ZIP CODE 322310014	EMPLOYER NAME	
PRIMARY BILLING / INSURANCE INFORMATION		SECONDARY BILLING / INSURANCE INFORMATION	
LAST NAME DANIEL MASON	RELATIONSHIP Self	SUB. DOB 02/07/1942	COMPANY NAME Medicare of Florida / First Coast Service Opt - J9
STREET ADDRESS P.O. Box 2009		STREET ADDRESS CONTD.	
CITY Mechanicsburg	STATE PA	ZIP CODE 170550709	EMPLOYER NAME
PATH REQUISITION		ICD	Accession #
Location A. left medial malar cheek 0.4x0.3x0.1	Procedure Biopsy by Shave Method H and E	Clinical Information Morphology: plaque DDX: Neoplasm of Unspecified Behavior vs. Squamous Cell Carcinoma vs. Basal Cell Carcinoma Notes: Please check margins	D49.2
			SD23-151984

Electronically Signed By: PhiVan Le, MD, 05/22/2023 10:15 AM EDT

left medial malar cheek
 MASON, DANIEL
 MD: Le, PhiVan
 DOB: 02/07/1942 - DOS: 05/22/2023
 ACC#:

05/24/2023

MASON, DANIEL G

SA23-7263

PhiVan Le, MD (Primary Provider) (Bill Under)
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