



Path Req - May 23, 2023

Order Number: 833716 Bill Type: Third-Party Bill

PMS ID: Sex: DOB: Phone: MRN:
1309354 Male 10/24/1938 (561) 488-9586 1309354

LAB INFORMATION				PHONE		ACCOUNT #		BILL TYPE	
LAB NAME Sagis DX (Elkay)				STREET ADDRESS		GUARANTOR INFORMATION		FIRST NAME VICTOR	
ORDER # 833716				STREET ADDRESS		LAST NAME VERELLI		M.I.	
PATIENT INFORMATION				FIRST NAME VICTOR		RELATIONSHIP TO PATIENT Self		M.I.	
DATE OF BIRTH 10/24/1938				SEX Male		MRN 1309354		STREET ADDRESS 9071 TRACY CT	
STREET ADDRESS 9071 TRACY CT				STATE FL		ZIP CODE 334962171		CITY BOCA RATON	
BOCA RATON				CELL PHONE		EMPLOYER NAME		HOME PHONE 5614889586	
BILLING / INSURANCE INFORMATION				SUB. DOB 10/24/1938		COMPANY NAME Humana Medicare HMO		GRP/CONTRACT # H00635277	
MEMBER NAME VICTOR VERELLI				RELATIONSHIP Self		STREET ADDRESS CONTD.		EMPLOYER NAME	
STREET ADDRESS PO BOX 14601				STATE KY		ZIP CODE 405124601		STREET ADDRESS CONTD.	
CITY Lexington				PATH REQUISITION		ICD		Accession #	
Location		Procedure		Clinical Information		ICD		Accession #	
A. left medial dorsal foot 0.2x0.2x0.2		Biopsy by Punch Method H and E		Morphology: Erythematous, Red Patches DDX: Dermatitis Unspecified vs. PPD		L30.9		SD23-151983	

Electronically Signed By: Charles Buchbinder, MD, 05/23/2023 02:29 PM EDT

left medial dorsal foot
VERELLI, VICTOR
MD: Buchbinder, Charles
DOB: 10/24/1938 - DOS: 05/23/2023
CC#:

05/24/2023

VERELLI, VICTOR

SA23-7262

Charles Buchbinder, MD (Primary Provider) (Bill Under)
(561) 395-7704 Work
NPI: 1043228893

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