

Path Req - May 23, 2023

Order Number: 832053 Bill Type: Third-Party Bill

PMS ID: Sex: DOB: Phone: MRN:
WED806527907 Female 05/01/1974 (561) 801-9003 WED806527907

LAB INFORMATION

LAB NAME Water's Edge Dermatology Lab	PHONE	ACCOUNT # MOD4
ORDER # 832053	STREET ADDRESS	BILL TYPE Third-Party Bill


PATIENT INFORMATION

LAST NAME Needham	FIRST NAME Marlo	M.I.	LAST NAME Needham	FIRST NAME Marlo	M.I.
SSN	DATE OF BIRTH 05/01/1974	SEX Female	MRN WED806527907	RELATIONSHIP TO PATIENT Self	
STREET ADDRESS 1025 Sterling Pine Place			STREET ADDRESS 1025 Sterling Pine Place		
STREET ADDRESS CONTD.			STREET ADDRESS CONTD.		
CITY Loxahatchee	STATE FL	ZIP CODE 33470	CITY Loxahatchee	STATE FL	ZIP CODE 33470
HOME PHONE 5618019003	CELL PHONE 5618019003	EMPLOYER NAME Incite Search	HOME PHONE 5618019003	WORK PHONE	

PRIMARY BILLING / INSURANCE INFORMATION

SUBSCRIBER NAME Ricardo McClymont	RELATIONSHIP Spouse	SUB. DOB 09/11/1970	COMPANY NAME UMR	GRP/CONTRACT # 76414553	MEMBER ID # 33155109
STREET ADDRESS PO Box 30541			STREET ADDRESS CONTD.		
CITY Salt Lake City	STATE UT	ZIP CODE 84130	EMPLOYER NAME		

PATH REQUISITION

Location	Procedure	Clinical Information	ICD		
A. left posterior shoulder	Biopsy by Shave Method H and E	Morphology: irregular growth DDX: Neoplasm of Unspecified Behavior vs. Basal Cell Carcinoma	D49.2	S23-16778 A Needham, M	SD23-151918  Needham, Marlo Sagis Dx

Electronically Signed By: Justin Platzer, MD, 05/23/2023 09:11 AM EDT

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