







**Sams, Roland**

EMA ID: 16853813

Path Req - May 23, 2023

Order Number: 832268 Bill Type: Third-Party Bill

PMS ID: Sex: DOB: Phone: MRN:
WED227423 Male 09/12/1956 (772) 332-6620 WED227423

LAB INFORMATION							
LAB NAME Water's Edge Dermatology Lab				PHONE		ACCOUNT # MOD7	
ORDER # 832268		STREET ADDRESS				BILL TYPE Third-Party Bill	
PATIENT INFORMATION				GUARANTOR INFORMATION			
LAST NAME Sams		FIRST NAME Roland		M.I. Y		LAST NAME Sams	
SSN		DATE OF BIRTH 09/12/1956		SEX Male		MRN WED227423	
STREET ADDRESS 1045 MARTINIQUE AVE				STREET ADDRESS 1045 MARTINIQUE AVE			
STREET ADDRESS CONTD.				STREET ADDRESS CONTD.			
CITY Fort Pierce		STATE FL		ZIP CODE 34982		CITY Fort Pierce	
HOME PHONE 7723326620		CELL PHONE 7723326620		EMPLOYER NAME		HOME PHONE 7723326620	
WORK PHONE							
PRIMARY BILLING / INSURANCE INFORMATION							
SUBSCRIBER NAME Roland Sams		RELATIONSHIP Self		SUB. DOB 09/12/1956		COMPANY NAME BCBS Florida Medicare PPO	
STREET ADDRESS PO BOX 1798		STATE FL		ZIP CODE 32231		MEMBER ID # XJFH27045299	
CITY Jacksonville		STREET ADDRESS CONTD. <i>Blue Medicare</i>					
EMPLOYER NAME							
PATH REQUISITION							
Location	Procedure	Clinical Information	ICD				
A. left forearm distal	Biopsy by Shave Method H and E	Morphology: DDX: Neoplasm of Unspecified Behavior vs. Basal Cell Carcinoma vs. Squamous Cell Carcinoma <i>12x10x2 quad</i>	D49.2	S23-16774 A Sams, R 	SD23-151914  Sams, Roland Sagis Dx		
B. left forearm proximal	Biopsy by Shave Method H and E	Morphology: DDX: Neoplasm of Unspecified Behavior vs. Basal Cell Carcinoma vs. Squamous Cell Carcinoma <i>19x12x2 SS</i>	D49.2	S23-16774 B Sams, R 	 832268-B		
C. right inferior upper back	Biopsy by Shave Method H and E	Morphology: DDX: Neoplasm of Unspecified Behavior vs. Dysplastic Nevus vs. LENTIGO vs LENTIGO MALIGNA <i>11x10x05 quad</i>	D49.2	S23-16774 C Sams, R 	 832268-C		

Electronically Signed By: Mark Leach, PA-C, 05/23/2023 10:32 AM EDT

Mark Leach, PA-C (Primary Provider) (Bill Under)

(772) 595-5995 Work

(772) 595-5990 Fax

NPI: 1699720763 Supervisor: Schiff, Theodore MD

Fort Pierce WED
5101 Okeechobee road
Ste 101
Fort Pierce, FL 34947-5415

Page 1 of 1