

Order Number: 11848 Bill Type: Third-Party Bill

LAB INFORMATION

LAB NAME Sagis DX		PHONE	ACCOUNT #
ORDER # 11848	STREET ADDRESS		BILL TYPE Third-Party Bill

PATIENT INFORMATION

LAST NAME MCMILLIN		FIRST NAME JOHN	MI	LAST NAME MCMILLIN		FIRST NAME JOHN	MI
SSN XXX-XX-1094	DATE OF BIRTH 12/22/1936	SEX Male	MRN 7996	RELATIONSHIP TO PATIENT Other			
STREET ADDRESS 1501 GUILFORD LN				STREET ADDRESS 1501 GUILFORD LN			
STREET ADDRESS CONTD.				STREET ADDRESS CONTD.			
CITY NICHOLS HILLS		STATE OK	ZIP CODE 73120	CITY NICHOLS HILLS		STATE OK	ZIP CODE 73120
HOME PHONE 4058485713	CELL PHONE	EMPLOYER NAME		HOME PHONE 4058485713		WORK PHONE	

GUARANTOR INFORMATION


PRIMARY BILLING / INSURANCE INFORMATION

SUBSCRIBER NAME JOHN MCMILLIN		RELATIONSHIP Self	SUB. DOB 12/22/1936	COMPANY NAME MEDICARE - OK		GRP/CONTRACT #	MEMBER ID # 8MK8E61QD29
STREET ADDRESS PO BOX 3107				STREET ADDRESS CONTD.			
CITY MECHANICSBURG		STATE PA	ZIP CODE 17055	EMPLOYER NAME		MEDICARE #	MEDICAID #

SECONDARY BILLING / INSURANCE INFORMATION

SUBSCRIBER NAME JOHN MCMILLIN		RELATIONSHIP Self	SUB. DOB 12/22/1936	COMPANY NAME AARP		GRP/CONTRACT #	MEMBER ID # 335046084
STREET ADDRESS PO BOX 740819				STREET ADDRESS CONTD.			
CITY ATLANTA		STATE GA	ZIP CODE 303740819	EMPLOYER NAME		MEDICARE #	MEDICAID #

PATH REQUISITION

Location	Procedure	Clinical Information	ICD	Accession #	Test #
A. right inferior central malar cheek 0.5 x 0.2 x 0.1 cm B	Biopsy by Shave Method H and E	Morphology: papule DDX: Neoplasm of Uncertain Behavior vs. BCC vs inflamed nevus	D48.5		SD23-184333  Mcmillin, John Sagis Dx
B. left lateral inferior chest 0.8 x 0.5 x 0.1 cm T	Biopsy by Shave Method H and E	Morphology: papule DDX: Neoplasm of Uncertain Behavior vs. ISK vs SCC	D48.5		

Electronically Signed By: Paige Beverly, PA-C, 06/27/2023 08:25 AM CDT

Carolina Perez
VA VG
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