

Path Req - May 19, 2023

Order Number: 125420 Bill Type: Third-Party Bill

0433-4864218542 Female 07/21/1973-205215

523-3557

LAB INFORMATION					
LAB NAME Sagis DX			PHONE		ACCOUNT # MOD7399
ORDER # 125420	STREET ADDRESS				BILL TYPE Third-Party Bill
PATIENT INFORMATION			GUARANTOR INFORMATION		
LAST NAME BONILLA		FIRST NAME MARIA	M.I.	LAST NAME BONILLA	
SSN		DATE OF BIRTH 07/21/1973	SEX Female	RELATIONSHIP TO PATIENT Self	
STREET ADDRESS 335 OLD SCHOOL RD			STREET ADDRESS 335 OLD SCHOOL RD		
STREET ADDRESS CONTD.			STREET ADDRESS CONTD.		
CITY DELRAY BEACH		STATE FL	ZIP CODE 334837413	CITY DELRAY BEACH	
HOME PHONE		CELL PHONE 5612890109	EMPLOYER NAME	WORK PHONE	
PRIMARY BILLING / INSURANCE INFORMATION					
SUBSCRIBER NAME MARIA BONILLA		RELATIONSHIP Self	SUB. DOB 07/21/1973	COMPANY NAME CIGNA HEALTHCARE	GROUP/CONTRACT # 00638422
STREET ADDRESS PO BOX 188061			STREET ADDRESS CONTD.		
CITY CHATTANOOGA		STATE	ZIP CODE 374228061	MEDICARE #	MEDICAD #
PATH REQUISITION					
Location	Procedure	Clinical Information	ICD	Accession #	
A. left distal pretibial region	Biopsy by Shave Method H and E	Morphology: dome-shaped pink-tan nodule with positive dimple sign DDX: Dermatofibroma	D48.5		

SD23-148720



BONILLA, MARIA
Sagis Dx

Electronically Signed By: Jennifer Richter, PA-C. 05/19/2023 03:01 PM EDT

6+3+1
B1