



Path Req - June 22, 2023

Order Number: 15972 Bill Type: Third-Party Bill

PMS ID: Sex: DOB: Phone: MRN:
106662PAT000005631 Female 02/21/1950 (214) 405-5504 MM0000005366

LAB INFORMATION									
LAB NAME Sagis DX					PHONE		ACCOUNT #		
ORDER # 15972		STREET ADDRESS					BILL TYPE Third-Party Bill		
PATIENT INFORMATION					GUARANTOR INFORMATION				
LAST NAME Weiss		FIRST NAME Rebecca		M.I.	LAST NAME Weiss		FIRST NAME Rebecca		M.I.
SSN		DATE OF BIRTH 02/21/1950		SEX Female	MRN MM0000005366		RELATIONSHIP TO PATIENT Self		
STREET ADDRESS 6903 Cottonwood Cir					STREET ADDRESS 6903 Cottonwood Cir				
STREET ADDRESS CONTD.					STREET ADDRESS CONTD.				
CITY Sachse		STATE TX		ZIP CODE 75048		CITY Sachse		STATE TX	
HOME PHONE		CELL PHONE 2144055504		EMPLOYER NAME		HOME PHONE		WORK PHONE	
PRIMARY BILLING / INSURANCE INFORMATION									
SUBSCRIBER NAME Rebecca Weiss			RELATIONSHIP Self		SUB DOB		COMPANY NAME United HealthCare of all states		GRP/CONTRACT #
STREET ADDRESS			STREET ADDRESS CONTD.		MEMBER ID # 925272610				
CITY		STATE		ZIP CODE		EMPLOYER NAME			
PATH REQUISITION									
Location	Procedure	Clinical Information	ICD	Accession #					
A. left lower cutaneous lip, 0.6 cm	Biopsy by Shave Method H and E	Morphology: pink, papule, and irregular, DDX: Neoplasm of Uncertain Behavior vs. Basal Cell Carcinoma	D37.01		SD23-180404  Weiss, Rebecca Sagis Dx				
B. right anterior lower leg, 0.8 cm	Biopsy by Shave Method H and E	Morphology: brown, macule, and irregular, DDX: Neoplasm of Uncertain Behavior vs. Dysplastic Nevus	D48.5						

Electronically Signed By: Dr. Angie Koriakos, 06/22/2023 08:53 AM CDT

A) 0.4x0.3x0.1 cm N/A

B) 0.4x0.4x0.1 cm B

VA NHI Trinh
Grosser

Dr. Angie Koriakos (Primary Provider) (Bill Under)
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