

Path Req - May 23, 2023

PMS ID: Sex: DOB: Phone: MRN:  
1168741 Male 09/19/1972 (239) 269-0728 1168741

Order Number: 833683 Bill Type: Third-Party Bill

<b>LAB INFORMATION</b>				PHONE		ACCOUNT #	
LAB NAME Sagis DX (Elkay)				BILL TYPE Third-Party Bill			
ORDER # 833683		STREET ADDRESS					
<b>PATIENT INFORMATION</b>				<b>GUARANTOR INFORMATION</b>			
PATIENT NAME ISAKSEN		FIRST NAME MARC		LAST NAME ISAKSEN		M.I.	
DATE OF BIRTH 09/19/1972		SEX Male		MRN 1168741		RELATIONSHIP TO PATIENT Self	
STREET ADDRESS 1586 SERRANO CIR				STREET ADDRESS CONTD.			
STATE FL		ZIP CODE 341054953		CITY NAPLES		STATE FL	
HOME PHONE 2392690728		CELL PHONE 2392690728		EMPLOYER NAME		WORK PHONE	
<b>BILLING / INSURANCE INFORMATION</b>				SUB. DOB 09/19/1972		COMPANY NAME BCBS of FL HMO	
PATIENT NAME ISAKSEN		RELATIONSHIP Spouse		GRP/CONTRACT # 99999G5F		MEMBER ID # VMBH16504887	
STREET ADDRESS PO BOX 1798				STREET ADDRESS CONTD.			
CITY Jacksonville		STATE FL		ZIP CODE 322310014		EMPLOYER NAME	
<b>PATH REQUISITION</b>							
<b>Location</b>		<b>Procedure</b>		<b>Clinical Information</b>		<b>ICD</b>	
A. left frontal hairline 0.2 x 0.2 x 0.1		Biopsy by Shave Method H and E		Morphology: 0.6 cm pink pearly papule DDX: Neoplasm of Unspecified Behavior vs. Basal Cell Carcinoma vs. Squamous Cell Carcinoma		D49.2	
						<b>Accession #</b> SD23-151980	

Electronically Signed By: Shanna Miranti, PA-C, 05/23/2023 09:36 AM EDT

left frontal hairline  
ISAKSEN, MARC  
PA-C: Miranti, Shanna  
DOB: 09/19/1972 - DOS: 05/23/2023  
ACC#:

05/24/2023

ISAKSEN, MARC

SA23-7259

Shanna Miranti, PA-C (Primary Provider) (Bill Under)  
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(239) 596-9076 Fax  
NPI: 1265408025 Supervisor: Gehris, Robin MD

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