



**Path Req - May 23, 2023**

Order Number: 833480 Bill Type: Third-Party Bill

PMS ID: Sex: DOB: Phone: MRN:  
102586PAT000177380 Male 09/28/1948 (908) 922-7561 MM0000090227

LAB INFORMATION							
LAB NAME Sagis DX (Elkay)				PHONE		ACCOUNT #	
ORDER # 833480		STREET ADDRESS				BILL TYPE Third-Party Bill	
PATIENT INFORMATION				GUARANTOR INFORMATION			
LAST NAME Rivas		FIRST NAME Lucio		M.I. D		LAST NAME Rivas	
DATE OF BIRTH 09/28/1948		SEX Male		MRN MM0000090227		RELATIONSHIP TO PATIENT Self	
STREET ADDRESS 1924 SW 2nd Terrace				STREET ADDRESS CONTD.			
CITY Cape Coral		STATE FL		ZIP CODE 33991		CITY Cape Coral	
CELL PHONE 9089227561		EMPLOYER NAME Retired		HOME PHONE		WORK PHONE	
BILLING / INSURANCE INFORMATION							
INSURANCE NAME Humana Rivas		RELATIONSHIP Self		SUB. DOB		COMPANY NAME Humana Medicare PPO/PFFS	
PO BOX 14601		STREET ADDRESS CONTD.		GRP/CONTRACT #		MEMBER ID # H69578540	
CITY Lexington		STATE KY		ZIP CODE 405124601		EMPLOYER NAME	
PATH REQUISITION							
Location A. left lateral dorsal wrist 1.0x0.9x0.1cm		Procedure Shave Removal		Clinical Information Morphology: DDX: Neoplasm of Unspecified Behavior vs. Squamous Cell Carcinoma vs. Basal Cell Carcinoma Notes: Please check margins		ICD D49.2	
						Accession # SD23-151955  Rivas, Lucio Sagis Dx	

Electronically Signed By: Dunnett Durando, DO, 05/23/2023 11:35 AM EDT



left lateral dorsal wrist  
Rivas, Lucio  
DO: Durando, Dunnett  
DOB: 09/28/1948 - DOS: 05/23/2023  
ACC#:



05/24/2023

RIVAS, LUCIO D

SA23-7235