

Path Req - June 22, 2023

Order Number: 107998 Bill Type: Third-Party Bill

CHAPMAN, JOHN

EMA ID: 27310563

PMS ID: Sex: DOB: Phone: MRN:
CHAJ0056 Male 09/02/1954 (559) 707-1203 CHAJ0056

LAB INFORMATION

LAB NAME

STD-Davis- *Sagis*

ORDER #

107998

STREET ADDRESS

4141 S. Staples Suite 300, Corpus Christi, TX 78411

PHONE

3618825560

ACCOUNT #

PATIENT INFORMATION

LAST NAME

CHAPMAN

FIRST NAME

JOHN

M.I.

R

GUARANTOR INFORMATION

BILL TYPE

Third-Party Bill

SSN

XXX-XX-5488

DATE OF BIRTH

09/02/1954

SEX

Male

MRN

CHAJ0056

LAST NAME

CHAPMAN

FIRST NAME

JOHN

M.I.

ROY

STREET ADDRESS

7901 SPIDERMAN DR

RELATIONSHIP TO PATIENT

Self

STREET ADDRESS

7901 SPIDERMAN DR

STREET ADDRESS CONTD.

STREET ADDRESS CONTD.

CITY

CORPUS CHRISTI

STATE

TX

ZIP CODE

78414

CITY

CORPUS CHRISTI

STATE

TX

ZIP CODE

78414

HOME PHONE

5597071203

CELL PHONE

5597071204

EMPLOYER NAME

HOME PHONE

5597071203

WORK PHONE

PRIMARY BILLING / INSURANCE INFORMATION

SUBSCRIBER NAME

JOHN CHAPMAN

RELATIONSHIP

Self

SUB. DOB

09/02/1954

COMPANY NAME

Medicare of Texas

GRP/CONTRACT #

MEMBER ID #

9UA6P50RM88

STREET ADDRESS

P O BOX 3110

CITY

MECHANICSBURG

STATE

PA

ZIP CODE

170551826

STREET ADDRESS CONTD.

EMPLOYER NAME

SECONDARY BILLING / INSURANCE INFORMATION

SUBSCRIBER NAME

JOHN CHAPMAN

RELATIONSHIP

Self

SUB. DOB

09/02/1954

COMPANY NAME

TRICARE FOR LIFE

GRP/CONTRACT #

MEMBER ID #

254965488

STREET ADDRESS

P O BOX 7890

CITY

MADISON

STATE

WI

ZIP CODE

537077890

STREET ADDRESS CONTD.

EMPLOYER NAME

Location

Procedure

PATH REQUISITION

Clinical Information

ICD

Accession

SD23-184292

A. left clavicular neck

Shave Removal

Morphology: inflamed pigmented papule with hemorrhagic crusting
DDX: Irritated NevusD48.5
L53.8Chapman, Jr
Sagis Dx

B. right superior lateral midback

Shave Removal

Morphology: bright cherry-red papules
DDX: Cherry AngiomasD48.5
L53.8

Electronically Signed By: Nathan A Davis, MD, 06/22/2023 08:45 AM CDT

Nathan A Davis, MD (Primary Provider) (Bill Under)

(361) 882-5560 Work

(361) 882-6011 Fax

NPI: 1841443231

South Texas Dermatology
4141 South Staples Suite 300
Corpus Christi, TX 78411-2155

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