


Path Req - May 16, 2023

Order Number: 44762 Bill Type: Third-Party Bill

PMS ID: Sex: DOB: Phone: MRN:
104072PAT000008388 Male 09/17/1951 (713) 252-3477 MM0000008414

LAB INFORMATION					
LAB NAME Sagis DX (Elkay)		PHONE		ACCOUNT # MOD6127B	
ORDER # 44762	STREET ADDRESS			BILL TYPE Third-Party Bill	
PATIENT INFORMATION			GUARANTOR INFORMATION		
LAST NAME POWELL		FIRST NAME JONATHAN		LAST NAME POWELL	
SSN		DATE OF BIRTH 09/17/1951		RELATIONSHIP TO PATIENT Self	
SEX Male		MRN MM0000008414		FIRST NAME JONATHAN	
M.I. A		STREET ADDRESS 1106 PINE CIRCLE		M.I. Abraham	
STREET ADDRESS CONTD.		STREET ADDRESS CONTD.			
CITY TAYLOR LAKE VILLAGE		STATE TX		ZIP CODE 77586	
HOME PHONE		CELL PHONE 713-252-3477		WORK PHONE	
EMPLOYER NAME Retired		CITY TAYLOR LAKE VILLAGE		STATE TX	
		ZIP CODE 77586			
PRIMARY BILLING / INSURANCE INFORMATION					
SUBSCRIBER NAME JONATHAN POWELL		RELATIONSHIP Self		SUB DOB	
STREET ADDRESS P.O. Box 30783		COMPANY NAME United HealthCare Shared Services		GRP/CONTRACT # 78360001	
CITY Salt Lake City		STATE UT		MEMBER ID # 23352191GEHA	
ZIP CODE 841300783		EMPLOYER NAME			
PATH REQUISITION					
Location	Procedure	Clinical Information	ICD	Accession	SD23-14087E
A. right inferior upper back	Biopsy by Shave Method H and E	Morphology: erythematous pigmented plaque with variegation of color DDX: Irritated Nevus vs. Melanoma vs. ISK	D48.5	Sagis	 Powell, Jonathan Sagis Dx

Electronically Signed By: Narin Apisamthanarax, MD, 05/16/2

1.0 x 1.0 x 0.1 cm Q

Kailei Dominguez
VA VG
GrosserNarin Apisamthanarax, MD (Primary Provider) (Bill Under)
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