



Path Req - May 22, 2023

Order Number: 833726 Bill Type: Third-Party Bill

PMS ID: Sex: DOB: Phone: MRN:
1128614 Male 06/26/1970 (305) 469-9459 1128614

PATIENT INFORMATION				GUARANTOR INFORMATION			
PATIENT NAME GOVEA, JOSE M		STREET ADDRESS 8531 NW 139TH TER APT 1401		GUARANTOR NAME GOVEA, JOSE M		STREET ADDRESS 8531 NW 139TH TER APT 1401	
DATE OF BIRTH 06/26/1970		SEX Male		RELATIONSHIP TO PATIENT Self		STATE FL	
MRN 1128614		ZIP CODE 330166706		CITY MIAMI LAKES		ZIP CODE 330166706	
HOME PHONE 3054699459		CELL PHONE 3054699459		EMPLOYER NAME BCBS Out of State Plans Commercial PPO		WORK PHONE 7869537715	
PRIMARY BILLING / INSURANCE INFORMATION				MEMBER ID # WAJ657918341297			
SUBSCRIBER NAME JOSE GOVEA		RELATIONSHIP Self		STREET ADDRESS PO BOX 1798		EMPLOYER NAME	
DATE OF BIRTH 06/26/1970		SEX Male		CITY JACKSONVILLE		STATE FL	
MRN 1128614		ZIP CODE 322310014		CITY JACKSONVILLE		STATE FL	
PATH REQUISITION				Accession # SD23-151985			
Location web space right		Procedure Shave Removal		Clinical Information Morphology: pink cauliflower-like papules DDX: Wart		ICD B07.8 L53.8 L29.8	
0.6 x 0.4 x 0.2						Govea, Jose Sagis Dx	

Electronically Signed By: Yvette Tivoli, DO, 05/22/2023 02:24 PM EDT

1st webspace right foot
GOVEA, JOSE M
DO: Tivoli, Yvette
DOB: 06/26/1970 - DOS: 05/22/2023
ACC#:

05/24/2023

GOVEA, JOSE M

SA23-7264