

**CABALLERO, ANA**

EMA ID: 27982746

**Path Req - May 23, 2023**

Order Number: 6072 Bill Type: Third-Party Bill

PMS ID: 11115209 Sex: Female Date: 05/29/1994 (773) 559-9717 52381

<b>LAB INFORMATION</b>				<b>PATIENT INFORMATION</b>				<b>GUARANTOR INFORMATION</b>							
LAB NAME Sagis DX (Elkay)				PHONE				ACCOUNT #							
ORDER # 6072				STREET ADDRESS				BILL TYPE Third-Party Bill							
LAST NAME CABALLERO				FIRST NAME ANA				LAST NAME CABALLERO				FIRST NAME ANA			
DOB 05/29/1994				SEX Female				DOB 05/29/1994				SEX Female			
STREET ADDRESS 7703 BUTLER LAKES CT				STREET ADDRESS 7703 BUTLER LAKES CT				STREET ADDRESS 7703 BUTLER LAKES CT				STREET ADDRESS 7703 BUTLER LAKES CT			
CITY ROSENBERG				STATE TX				CITY ROSENBERG				STATE TX			
HOME PHONE 7735599717				CELL PHONE 7735599717				HOME PHONE 7735599717				CELL PHONE 7735599717			
<b>PRIMARY BILLING / INSURANCE INFORMATION</b>				<b>PRIMARY BILLING / INSURANCE INFORMATION</b>				<b>PRIMARY BILLING / INSURANCE INFORMATION</b>				<b>PRIMARY BILLING / INSURANCE INFORMATION</b>			
SUBSCRIBER NAME ANA CABALLERO				RELATIONSHIP Self				SUB DOB 05/29/1994				COMPANY NAME UMR			
STREET ADDRESS PO BOX 30541				STREET ADDRESS PO BOX 30541				STREET ADDRESS PO BOX 30541				STREET ADDRESS PO BOX 30541			
CITY SALT LAKE CITY				STATE UT				CITY SALT LAKE CITY				STATE UT			
<b>PATH REQUISITION</b>				<b>PATH REQUISITION</b>				<b>PATH REQUISITION</b>				<b>PATH REQUISITION</b>			
Location				Procedure				Clinical Information				ICD			
A. right suprapubic skin				Biopsy by Shave Method H and E				Morphology: papule DDX: Neoplasm of Uncertain Behavior Notes: R/O neoplasm vs other				D48.5			
0.6 x 0.6 x 0.1 cm B															

SD23-146756

Caballero, Ana  
Sagis Dx

Electronically Signed By: Syed Omar Ali, MD, 05/23/2023 11:41 AM CDT

5/27

Ana Hernandez  
VA VG  
Grosser

**Syed Omar Ali, MD (Primary Provider) (Bill Under)**  
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