

Path Req - May 23, 2023

Order Number: 832846 Bill Type: Third-Party Bill

PMS ID: Sex: DOB: Phone: MRN:
WED524570 Male 03/29/1953 (561) 410-0533 WED524570

| LAB INFORMATION | | | | | | | | | |
|--|-----------------------------------|---|----------------------|--|--|--------------------------|---|-------------|-----------------------------|
| LAB NAME Water's Edge Dermatology Lab | | | | | PHONE | | ACCOUNT # MOD25 | | |
| ORDER # 832846 | | STREET ADDRESS | | | | | BILL TYPE Third-Party Bill | | |
| PATIENT INFORMATION | | | | | GUARANTOR INFORMATION | | | | |
| LAST NAME Forman | | FIRST NAME Berton | | M.I. J | LAST NAME Forman | | FIRST NAME Berton | | M.I. JEFF |
| SSN | | DATE OF BIRTH 03/29/1953 | | SEX Male | MRN WED524570 | | RELATIONSHIP TO PATIENT Self | | |
| STREET ADDRESS 8412 Egret Meadow Blvd | | | | | STREET ADDRESS 8412 Egret Meadow Blvd | | | | |
| STREET ADDRESS CONTD. | | | | | STREET ADDRESS CONTD. | | | | |
| CITY West Palm Beach | | STATE FL | | ZIP CODE 33412 | | CITY West Palm Beach | | STATE FL | |
| HOME PHONE 5614100533 | | CELL PHONE 5614100533 | | EMPLOYER NAME | | HOME PHONE 5614100533 | | WORK PHONE | |
| PRIMARY BILLING / INSURANCE INFORMATION | | | | | | | | | |
| SUBSCRIBER NAME Berton Forman | | | RELATIONSHIP Self | | SUB. DOB 03/29/1953 | | COMPANY NAME BCBS Out of State Plans Commercial PPO | | GRP/CONTRACT # 999971450 |
| STREET ADDRESS PO BOX 1798 | | | STATE FL | | ZIP CODE 322310014 | | MEMBER ID # XJFH31442798 | | STREET ADDRESS CONTD. |
| CITY Jacksonville | | | STATE FL | | ZIP CODE 322310014 | | EMPLOYER NAME | | Blue Medicare |
| PATH REQUISITION | | | | | | | | | |
| Location | Procedure | Clinical Information | ICD | | | | | | |
| A. left inferior mucosal lip | Biopsy by Shave Method H and E | Morphology: irregular growth DDX: Neoplasm of Unspecified Behavior vs. Squamous Cell Carcinoma vs. actinic cheilitis 7/5/21, JTR | D49.2 | <div> <div>S23-16772 A</div> <div>Forman, B</div> <div>Waters Edge(R)</div> </div> <div> <div>SD23-161912</div> <div>Forman, Berton</div> <div>Sagis Dx</div> </div> | | | | | |
| B. left anterior distal upper arm | Biopsy by Shave Method H and E | Morphology: irregular growth DDX: Neoplasm of Unspecified Behavior vs. Dysplastic Nevus vs. Melanoma vs. lentigo 9/7/21, JTR | D49.2 | <div> <div>S23-16772 B</div> <div>Forman, B</div> <div>Waters Edge(R)</div> </div> <div> <div>832846-B</div> </div> | | | | | |

Electronically Signed By: Justin Platzter, MD, 05/23/2023 03:03 PM EDT

Justin Platzter, MD (Primary Provider) (Bill Under)
 (561) 296-7710 Work
 (561) 296-7709 Fax
 NPI: 1487834693

West Palm Beach WED
 2031 Palm Beach Lakes Blvd
 West Palm Beach, FL 33409-6501

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