

May 22, 2023

Number: 833736 Bill Type: Third-Party Bill

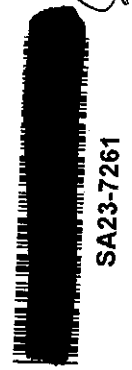
INFORMATION		PHONE	ACCOUNT #	BILL TYPE Third-Party Bill
DX (Elkay)		STREET ADDRESS		
83736		GUARANTOR INFORMATION		
LAST NAME STUBINS		FIRST NAME EDITH	M.I.	
SSN		DATE OF BIRTH 07/24/1930	SEX Female	MRN 1380073
STREET ADDRESS 8201 STIRLING RD		RELATIONSHIP TO PATIENT Self		
STREET ADDRESS CONTD. UNIT B		STREET ADDRESS 8201 STIRLING RD		
CITY COOPER CITY		STATE FL	ZIP CODE 333286009	WORK PHONE
HOME PHONE 3055105243		CELL PHONE 3055105243	EMPLOYER NAME	CITY COOPER CITY
PRIMARY BILLING / INSURANCE INFORMATION		SUB. DOB		
SUBSCRIBER NAME EDITH STUBINS		COMPANY NAME Humana Medicare HMO		
STREET ADDRESS PO BOX 14601		STREET ADDRESS CONTD.		
STATE KY		ZIP CODE 405124601		
PATH REQUISITION		ICD		
Procedure Biopsy by Shave Method H and E		Clinical Information Morphology: papule DDX: Neoplasm of Unspecified Behavior vs. Irritated Seborrheic Keratosis vs. Squamous Cell Carcinoma		
Accession #		Test #		
SD23-151982		Stubins, Edith Sagis Dx		

Electronically Signed By: Robert A Snyder, MD, 05/22/2023 02:13 PM EDT

right superior lateral mafa...
STUBINS, EDITH
MD: Snyder, Robert
DOB: 07/24/1930 - DOS: 05/22/2023
CC#:

05/24/2023

STUBINS, EDITH



SA23-7261

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