



Aldrich, William
EMA ID: 16951766

Path Req - May 23, 2023

Order Number: 832730 Bill Type: Third-Party Bill

MAY 24 2023

PMS ID: Sex: DOB: Phone: MRN:
WED2038 Male 05/14/1951 (561) 624-2451 WED2038

LAB INFORMATION

LAB NAME Water's Edge Dermatology Lab	PHONE	ACCOUNT # MOD25	
ORDER # 832730	STREET ADDRESS		BILL TYPE Third-Party Bill

PATIENT INFORMATION

LAST NAME Aldrich	FIRST NAME William	M.I.	
SSN	DATE OF BIRTH 05/14/1951	SEX Male	MRN WED2038
STREET ADDRESS 4580 Square Lake Drive			
STREET ADDRESS CONTD.			
CITY Palm Beach Gardens	STATE FL	ZIP CODE 33418	
HOME PHONE 5616242451	CELL PHONE 5616242451	EMPLOYER NAME	

GUARANTOR INFORMATION

LAST NAME Aldrich	FIRST NAME William	M.I.
RELATIONSHIP TO PATIENT Self		
STREET ADDRESS 4580 Square Lake Drive		
STREET ADDRESS CONTD.		
CITY Palm Beach Gardens	STATE FL	ZIP CODE 33418
HOME PHONE 5616242451	WORK PHONE	

PRIMARY BILLING / INSURANCE INFORMATION

SUBSCRIBER NAME William Aldrich	RELATIONSHIP Self	SUB. DOB 05/14/1951	COMPANY NAME United HealthCare UHC Medicare PPO/POS/PFFS	GRP/CONTRACT # 82135	MEMBER ID # 959731808
STREET ADDRESS			STREET ADDRESS CONTD.		
CITY	STATE	ZIP CODE	EMPLOYER NAME		

PATH REQUISITION

Location	Procedure	Clinical Information	ICD	
A. left chest	Biopsy by Shave Method H and E	Morphology: irregular growth DDX: Neoplasm of Unspecified Behavior vs. Squamous Cell Carcinoma vs. VV	D49.2	<div>S23-16776 A Aldrich, W [Redacted] Water's Edge(R)</div> <div>SD23-151916 [QR Code] Aldrich, William Sagis Dx</div>

Electronically Signed By: Justin Platzer, MD, 05/23/2023 02:09 PM EDT

GXSK:LF-FRI