

Path Req - June 21, 2023

Order Number: 32995 Bill Type: Third-Party Bill

PMS ID: Sex: DOB: Phone: MRN:  
6126 Male 03/03/1938 (843) 554-7637 3547

LAB INFORMATION					
LAB NAME Sagis DX			PHONE		ACCOUNT #
ORDER # 32995	STREET ADDRESS			BILL TYPE Third-Party Bill	
PATIENT INFORMATION			GUARANTOR INFORMATION		
LAST NAME KROHN		FIRST NAME RUDOLPH	M.I. R	LAST NAME KROHN	
SSN XXX-XX-4402	DATE OF BIRTH 03/03/1938	SEX Male	MRN 3547	RELATIONSHIP TO PATIENT Self	
STREET ADDRESS 4734 HOLBIRD DRIVE			STREET ADDRESS 4734 HOLBIRD DRIVE		
STREET ADDRESS CONTD.			STREET ADDRESS CONTD.		
CITY NORTH CHARLESTON		STATE SC	ZIP CODE 29405	CITY NORTH CHARLESTON	
HOME PHONE 8435547637	CELL PHONE 8432096160	EMPLOYER NAME		HOME PHONE 8435547637	WORK PHONE
PRIMARY BILLING / INSURANCE INFORMATION					
SUBSCRIBER NAME RUDOLPH KROHN		RELATIONSHIP Self	SUB. DOB 03/03/1938	COMPANY NAME Medicare of South Carolina - J11	GRP/CONTRACT # 6QC0G15CY00
STREET ADDRESS			STREET ADDRESS CONTD.		
CITY		STATE	ZIP CODE	EMPLOYER NAME	
SECONDARY BILLING / INSURANCE INFORMATION					
SUBSCRIBER NAME RUDOLPH KROHN		RELATIONSHIP Self	SUB. DOB 03/03/1938	COMPANY NAME Aetna Health Plans	GRP/CONTRACT # 285629012
STREET ADDRESS PO Box 981106			STREET ADDRESS CONTD.		
CITY El Paso		STATE TX	ZIP CODE 799981106	EMPLOYER NAME	
PATH REQUISITION					
Location	Procedure	Clinical Information	ICD	Accession #	Test #
A. left distal posterior upper arm	Biopsy by Shave Method H and E	Morphology: papule DDX: Neoplasm of Uncertain Behavior vs. Squamous Cell Carcinoma vs. Irritated Seborrheic Keratosis	D48.5		SD23-180418

Electronically Signed By: Sandra Hannegan, MD, 06/21/2023 03:27 PM EDT

1.4x1.0x0.5cm M⑤

KROHN, RUDOLPH  
Sagis DxSagis  
Nhi Trinh  
VA VG  
GrosserSandra Hannegan, MD (Primary Provider) (Bill Under)  
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