
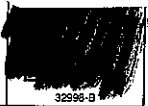


Path Req - June 22, 2023

Order Number: 32998 Bill Type: Third-Party Bill

PMS ID: Sex: DOB: Phone: MRN:  
10375600000901 Male 07/21/1953 (843) 830-5468 39192

LAB INFORMATION							
LAB NAME Sagis DX				PHONE		ACCOUNT #	
ORDER # 32998		STREET ADDRESS				BILL TYPE Third-Party Bill	
PATIENT INFORMATION				GUARANTOR INFORMATION			
LAST NAME MCQUEENEY		FIRST NAME DAVID		M.I. P		LAST NAME MCQUEENEY	
SSN XXX-XX-2750		DATE OF BIRTH 07/21/1953		SEX Male		MRN 39192	
STREET ADDRESS 2243-A GUERRY AVENUE				STREET ADDRESS 2243-A GUERRY AVENUE			
STREET ADDRESS CONTD.				STREET ADDRESS CONTD.			
CITY CHARLESTON		STATE SC		ZIP CODE 29414		CITY CHARLESTON	
HOME PHONE		CELL PHONE 8438305468		EMPLOYER NAME 911 RESTORATION OF CHARLESTON		WORK PHONE	
PRIMARY BILLING / INSURANCE INFORMATION							
SUBSCRIBER NAME DAVID MCQUEENEY		RELATIONSHIP Self		SUB. DOB		COMPANY NAME Humana Care Plan	
STREET ADDRESS PO Box 14601		STATE KY		ZIP CODE 40512		GRP/CONTRACT # MEMBER ID # H63002198	
CITY Lexington		STATE KY		ZIP CODE 40512		EMPLOYER NAME	
PATH REQUISITION							
Location	Procedure	Clinical Information	ICD	Accession #	Test #		
A. right posterior shoulder	Biopsy by Shave Method H and E	Morphology: macule DDX: Neoplasm of Uncertain Behavior vs. Dysplastic Nevus	D48.5		SD23-180414  MCQUEENEY, DAV Sagis Dx		
B. left clavicular skin	Biopsy by Shave Method H and E	Morphology: papule DDX: Neoplasm of Uncertain Behavior vs. Squamous Cell Carcinoma vs. excoriated folliculitis	D48.5				

Electronically Signed By: Carrie Zipperer, 06/22/2023 08:52 AM EDT

A) 0.8x0.5x0.1cm T

B) 0.8x0.8x0.2cm T

Nhi-Trinh  
VA VG  
GrosserCarrie Zipperer (Primary Provider)  
Sandra Hannegan, MD (Bill Under)  
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Charleston, SC 29407-7779

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