





Order Number: 117107 Bill Type: Third-Party Bill

PMS ID Sex DOB MRN. 0433-9240882283 Male 07/15/1980 226934316917123

LAB INFORMATION		diameter 2							
Sagis DX					PHONE	MOD7399	Α		
ORDER # 117107	STREET ADDRESS							BILL TYPE Third-F	Party Bill
PATIENT INFORMATION	N	7 5 1 1 1			GUARANTOR INFORM	ATION			
BAKER		REED		Mili	LAST NAME BAKER	Allanonanoscopolistos	FIRST NAME REED		MI
	07/15/1980		MRN 226934316	917123	RELATIONSHIP TO PATIENT				
STREET ADDRESS 18975 COLLINS AVE UN		TVICIO 1	220004010	317120	STREET ADDRESS 18975 COLLINS AVE UN	UT 5105			
STREET ADDRESS CONTD	11 3103				STREET ADDRESS CONTD.	VII 5105			
CITY COLE OF A CITY		STATE	ZIP CODE		CITY		STATE	ZIP CODE	
	CELL PHONE		331605447 EMPLOYER NAME		SUNNY ISLES BEACH		FL WORK PHONE	33160	5447
	6462266111		, en dock file						a company and a second
PRIMARY BILLING / INS	SUHANCE II	RELATIONSHIP	V	SUB DOB	COMPANY NAME		GRP/CONTRAC	T# MEMBER ID	
REED BAKER STREET ADDRESS		Self		07/15/1980	UMR STREET ADDRESS CONTD.			001208	83178
PO BOX 30541		STATE	ZIP CODE		EMPLOYER NAME	MEDICARE #		MEDICAID #	
SALT LAKE CITY			841300541		EWPLOTER NAME	MEDICARE #	W-35-74-F-0127-0110	MEDICAID	
					QUISITION				
Location	Procedure	9	Clinical						
1			Omnour	Information		ICD	Ac	cession #	
A. left scrotum	Biopsy by H and E	Shave Metho	Marabal	ogy: subcuta	neous cyst with prominent			cession #	SD23-000738 BAKER, REED Sagis Dx
A. left scrotum B. right superior medial lower back	H and E		Morphol follicular DDX: Cy	ogy: subcuta · pore yst	brown macule		3.5	cession #	SD23-000738 BAKER, REED
B. right superior medial	H and E Biopsy by H and E	Shave Metho	d Morphol DDX: Cy Morphol DDX: Dy	ogy: subcuta r pore yst ogy: irregular ysplastic Nev	brown macule us brown macule	D48	3.5	cession #	BAKER, REED Sagis Dx



Order Number: 117107 Bill Type: Third-Party Bill

BAKER, REED

DOR

EMÁ ID: 25275887

MRN

0433-9240882283 Male 07/15/1980 2269343169 7123

E. left inferior upper back	Biopsy by Shave Method H and E	Morphology: irregular brown macule DDX: Dysplastic Nevus	D48.5	SD23-000738 BAKER, REE
F. right inferior upper back	Biopsy by Shave Method H and E	Morphology: irregular brown macule DDX: Dysplastic Nevus	D48.5	Sagis Dx

Electronically Signed By: Madelyn Lipman, MD, 12/28/2022 04:43 PM EST

3+1+1

D. 24,24,1

E. 3+,2-,1 F. 2+,2-1



Order Number: 117086 Bill Type: Third-Party Bill



ELLER, BETSIE EMA ID: 24030770

MEN

0433-9722553824 Female 12/07/1987 226934316901775

LAB INFORMATION	5550					er en		of the latest of	6112411 V		
Sagis DX					PHONE	MOE	7399A				
DRUER# STREET ADDRESS					, , , , , , , , , , , , , , , , , , , ,				Third-Party Bill		
PATIENT INFORMATIO	N			No. or Super	GUARANTOR IN	FORMATIO	N				
LAST NAME ELLER	FIRST NAME BETSIE			M.I.	LAST NAME ELLER		B	FIRST NAME BETSIE		M.I.	
XXX-XX-5750	12/07/1987		MRN 226934316	901775	RELATIONSHIP TO PATIENT						
STREET ADDRESS 789 W YAMATO RD AP	T 111				STREET ADDRESS	RD APT 111					
STREET ADDRESS CONTD					789 W YAMATO RD APT 111 STREET ADDRESS CONTD.						
CITY DOCA DATON			ZIP CODE		CITY					ZIP CODE	
BOCA RATON HOME PHONE	CELL PHONE EMI		334314466 EMPLOYER NAME)	BOCA RATON HOME PHONE			FL 3343		466	
PRIMARY BILLING / IN	9547409046										
SUBSCRIBER NAME	SUMANUE II	RELATIONSHIP	Nas en ales	SUB DOB	COMPANY NAME	n et manifesta		RP/CONTRACT#	MEMBER ID #		
BETSIE ELLER Self STREET ADDRESS				12/07/1987	GOLDEN RULE II STREET ADDRESS CONTD.	NSURANCE	СО		096357	720	
PO BOX 31374		STATE	ZIP CODE		EMPLOYER NAME	MEDICAF	NF s		MEDICAID #		
SALT LAKE CITY			841310374								
Location	Procedure		Clinical	PATH REG	QUISITION	hose to dead	ICD	Acce	ssion #	1	
A. left medial trapezial neck	Biopsy by Shave Method H and E		d Morpho DDX: D	logy: irregular ysplastic Nevi	r brown macule		D48.5			BAKER, RE	
B. left inferior lateral lower back	Biopsy by Shave Method H and E		d Morpho DDX: D	logy: irregular ysplastic Nevi	brown macule D48.5		D48.5			11/10864	
C. right anterior medial distal thigh	Biopsy by Shave Method H and E Morphology: irreg DDX: Dysplastic I		logy: irregular ysplastic Nevi	ar brown macule D48		D48.5					
D. left lateral abdomen	Biopsy by Shave Method H and E		d Morphol DDX: D	Morphology: irregular brown macule DDX: Dysplastic Nevus			D48.5			117086-0	