

Fictional Medical Record

Patient Information:

Name: Carlos E. Rodriguez

DOB: June 22, 1967

Gender: Male

Ethnicity: Hispanic

Address: 1442 Palm Tree Blvd, Miami, FL 33176

Phone: (786) 555-9312

Email: carlos.rodriguez67@example.com

SSN: 312-56-7723

Insurance Information:

Provider: Humana

Plan: Humana Medicare Advantage PPO

Member ID: HUM99384710

Group Number: 730193

Payer ID: 61101

Medical Details:

Primary Diagnosis: Chronic Obstructive Pulmonary Disease (COPD)

ICD-10 Code: J44.9

Date of Diagnosis: February 10, 2025

Physician: Dr. Amanda Lee, DO (NPI: 1765092039)

Facility: Jackson Memorial Hospital