

Highlighted [REDACTED] Details for Fictional Medical Record

Patient Information:

Name: Priya K. [REDACTED]

[REDACTED] [REDACTED]

Gender: Female

Ethnicity: [REDACTED]

Address: [REDACTED] Sycamore Road, [REDACTED] [REDACTED] [REDACTED]

Phone: [REDACTED] [REDACTED]

[REDACTED] priya.patel90@example.com

[REDACTED] [REDACTED]

Insurance Information:

Provider: [REDACTED]

Plan: [REDACTED] Open Access Plus

Member ID: CIG93810456

Group Number: [REDACTED]

Payer ID: [REDACTED]

Medical Details:

Primary Diagnosis: Major Depressive Disorder, Recurrent [REDACTED]

ICD-10 Code: F33.1

Date of Diagnosis: [REDACTED] [REDACTED] [REDACTED]

Physician: Dr. [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Facility: [REDACTED] Health Care