

Highlighted [REDACTED] Details for Fictional Medical Record

Patient Information:

Name: Priya K. [REDACTED]

[REDACTED] [REDACTED]

Gender: Female

Ethnicity: Indian

Address: 3490 Sycamore Road, Fremont, CA 94555 [REDACTED]

Phone: (510) 555-6271

[REDACTED] priya.patel90@example.com

[REDACTED] 578-92-3164

Insurance Information:

Provider: Cigna

Plan: Cigna 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] 12, [REDACTED]

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

Facility: [REDACTED] Health Care