

Highlighted [REDACTED] Details for Fictional Medical Record

Patient Information:

Name: [REDACTED]

[REDACTED] [REDACTED]

Gender: Female

Ethnicity: [REDACTED]

Address: 1 [REDACTED] Westlake Drive, [REDACTED] WA 9[REDACTED]

Phone: [REDACTED] [REDACTED]

[REDACTED] linda.chen88@example.com

[REDACTED] [REDACTED]

Insurance Information:

Provider: Blue [REDACTED] of [REDACTED]

Plan: Blue [REDACTED] Platinum [REDACTED] [REDACTED]

Member ID: [REDACTED]

Group Number: [REDACTED]

Payer ID: [REDACTED]

Medical Details:

Primary Diagnosis: Systemic Lupus Erythematosus

ICD-10 Code: [REDACTED]

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

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

Facility: [REDACTED] Medical Center - [REDACTED]