

## 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) 555-8312

Email: carlos.rodriguez@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: 1234567890)

Facility: Jackson Memorial Hospital