

Fictional Medical Record

Patient Information:

Name: Carlos E. Rodriguez

DOB: June 22, 1957

Gender: Male

Ethnicity: Hispanic

Address: 1234 Main St, Apt 5B, New York, NY 10001

Phone: (212) 555-1234

Email: carlos.rodriguez67@example.com

SSN: 312-56-7723

Insurance Information:

Provider: Humana

Policy Number: HMO-123456789

Effective Date: 01/01/2024

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

Referring Physician: Dr. Michael Chen

Facility: Jackson Memorial Hospital