

Fictional Medical Record

Patient Information:

Name: Carlos E. Rodriguez

DOB: June 22, 1967

Gender: Male

Ethnicity: Hispanic

Address: 1234 Main Street, Suite 500, Miami, FL 33136

Phone: (305) 555-1234

Email: carlos.rodriguez@example.com

SSN: 312-56-7723

Insurance Information:

Provider: Humana

Policy Number: HMO-1234567890123456

Member ID: 9876543210

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

Facility: Jackson Memorial Hospital