

Clinical Summary (October 29, 2025, 11:05:56AM -0500)

Patient	Legal: Michael RODRIGUEZ Patient-ID: EXTDXDL4ZZ9JW86 (1.2.840.114350.1.13.558.2.7.3.688884.100) Date of Birth: May 30, 1975 Gender: Female
Documentation Of	Care provision, Date/Time: from May 30, 1975 to October 29, 2025, Performer: unknown
Author	Epic - Version 11.2, Organization: Melbourne Medical Laboratory, Authored On: October 29, 2025, 11:05:56AM -0500

Allergies

Not on File

Medications

Not on file

Active Problems

Not on file

Encounters

Date	Type	Department	Care Team	Description
10/28/2025	Lab Requisition	Exact Sciences 100 Swanston Street 100 Swanston Street Melbourne VIC 53713 555-555-5555	Ellingwood, Jamie Lynne, PA	Encounter for screening for malignant neoplasm of colon; Encounter for screening for malignant neoplasm of rectum
09/24/2025	Lab Requisition	Exact Sciences 100 Swanston Street 100 Swanston Street Melbourne VIC 53713 555-555-5555	Harmon, Ericka Paige, NP	Encounter for screening for malignant neoplasm of colon
08/22/2025	Lab Requisition	Exact Sciences 100 Swanston Street 100 Swanston Street Melbourne VIC 53713 555-555-5555	Mayock, Peter P, MD	Encounter for screening for malignant neoplasm of colon

[1]. from Last 3 Months

Social History

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never Assessed				
Pregnant	Comments			
Unknown				
Sex and Gender Information		Value	Date Recorded	
Sex Assigned at Birth		Not on file		
Legal Sex		Female	05/23/2024 1:25 AM CDT	
Gender Identity		Not on file		
Sexual Orientation		Not on file		

Last Filed Vital Signs

Not on file

Plan of Treatment

Not on file

Results

Not on file
[2]. from Last 3 Months

Insurance

- Guarantor: Rodriguez, Michael

Account Type	Relation to Patient	Date of Birth	Phone	Billing Address
Personal/Family	Self	05/30/1975	773-571-8288 (Home)	123 Collins Street Unit 1104 Melbourne VIC 60660

ILLINOIS MEDICAID

Member	Subscriber	Plan / Payer (Effective 04/01/2025-10/28/2026)
Name: Rodriguez, Michael Member ID: xxxxx2993 Relation to Subscriber: Self	Name: Rodriguez, Michael Subscriber ID: xxxxx2993	Payer ID: Not on file Group ID: Not on file Type: Not on file Address: PO BOX 19118 SPRINGFIELD, IL 62794-9118

WELLCARE HEALTH PLAN MEDICARE ADVANTAGE (AR,MS,SC,TN,IL ONLY)

Member	Subscriber	Plan / Payer (Effective 04/01/2025-10/28/2026)
Name: Rodriguez, Michael Member ID: xxxx7954 Relation to Subscriber: Self	Name: Rodriguez, Michael Subscriber ID: xxxx7954	Payer ID: Not on file Group ID: H1416-009-000 Type: Not on file Address: PO BOX 31372 TAMPA, FL 33631-3370

WELLCARE ILLINOIS MEDICARE ADVANTAGE PPO

Member	Subscriber	Plan / Payer (Effective 09/24/2025-Present)
Name: Rodriguez, Michael Member ID: Not on file Relation to Subscriber: Self	Name: Rodriguez, Michael Subscriber ID: xxxxxx7954	Payer ID: 1295 (NAIC) Group ID: Not on file Type: Not on file Phone: 855-538-0454 Address: PO BOX 31372 TAMPA, FL 33631-3372

Document	ID	1.2.840.114350.1.13.558.2.7.8.688883.1692681256	Created On	October 29, 2025, 11:05:56AM -0500
	Version	7		
	Set-ID	00000000-184f-9b92-e0e4-0eeca60a3a6f (1.2.840.114350.1.13.558.2.7.1.1)		
Custodian	Melbourne Medical Laboratory		Contact Details	Workplace: 100 Swanston Street Melbourne Melbourne, VIC 3000 USA Tel Workplace: +61-3-9999-0006
Patient	Legal: Michael RODRIGUEZ		Contact Details	Home Primary: 123 Collins Street Unit 1104 Melbourne Melbourne, VIC 3000 USA

			<p>Period from May 23, 2024 to August 21, 2025</p> <p>Home Primary: 123 Collins Street Unit 1104 Melbourne Melbourne, VIC 3000 USA Period from September 7, 2025 to</p> <p>Home Primary: 123 Collins Street Unit 1104 Melbourne Melbourne, VIC 3000 USA Period from September 7, 2025 to September 6, 2025</p> <p>Home Primary: 123 Collins Street Unit 104 Melbourne Melbourne, VIC 3000 USA Period from August 22, 2025 to September 6, 2025</p> <p>Home Primary: 456 Bourke Street Melbourne Melbourne, VIC 3000 USA Period from May 23, 2024 to August 21, 2025</p> <p>Tel Mobile: +61-3-9999-0001, Tel Home Primary: +61-3-9999-0001, Mail: michael.rodriguez@example.com</p>
Date of Birth	May 30, 1975	Gender	Female
Race	Black or African American	Ethnicity	unknown
Patient-IDs	EXTDXDL4ZZ9JW86 (1.2.840.114350.1.13.558.2.7.3.688884.100)	Language Communication	en, preferred: yes
Provider Organization	Melbourne Medical Laboratory ID 41600 (1.2.840.114350.1.13.558.2.7.2.688879)	Contact Details (Organization)	Workplace: 100 Swanston Street Melbourne Melbourne, VIC 3000 USA Tel Workplace: +61-3-9999-0006

Documentation Of - care provision	from May 30, 1975 to October 29, 2025		
Performer - Primary Care Provider - Primary Care Provider	unknown of Melbourne Medical Laboratory	Contact Details	unknown

Author	Epic - Version 11.2, Organization: Melbourne Medical Laboratory	Contact Details	not applicable
		Contact Details (Organization)	Workplace: 100 Swanston Street Melbourne Melbourne, VIC 3000 USA Tel Workplace: +61-3-9999-0006
Legal Authenticator	unknown signed at October 29, 2025, 11:05:56AM -0500	Contact Details	Workplace: 123 Anywhere St. Melbourne, VIC 3000 Tel Workplace: +61-3-9999-0007