AB Dermatology
41 10th, DHA
New York, NY 10018
T (123) 123-1234
F (917) 970-9200
www.ease-ehr.com

INSURANCE

Demographics							
ID	6290	MRN		DOS	06-01-2025	Print Date	06-24-2025
Name	Jim		Sanchez	DOB	12-29-1948	Gender	Male
Address	1803 Riverside Dr #1L			City	New York	State	NY
Zip	10034			Phone	Cell : (555) 555-0874		
Clinician	Farhan Munawar			Provider	Farhan Munawar		
Referring Physician				PCP			

Primary Insurance							
Ins Carrier	Medicare			Payment Source	Medicare	Exp Date	Invalid date
Address	483 10 Avenue, st 310 P.O. Box 6239			Auth #		Visits	
Subscriber Information				**Relation: Self**			
Name	Jim		Test	DOB	12-29-48	Gender	Male
Address	1803 Riverside Dr #1L			City	New York	State	NY
Zip	10034			Phone	(123) 552-1155		
Pin #	7407794806	Type #		Group #			

Secondary Insurance							
Ins Carrier	UHC Choice Plus#06111			Payment Source	Insurance	Exp Date	Invalid date
Address	30555			Auth #		Visits	
Subscriber Information				**Relation: Self**			
Name	Jim		Test	DOB	12-29-48	Gender	Male
Address	1803 Riverside Dr #1L			City	New York	State	NY
Zip	10034			Phone	(123) 552-8575		
Pin #	2736386724	Type #		Group #	3906750		

DATED: 06-24-2025