

Other Outside Provider

Requisition #4253737

Ordered Date: 3/14/2024 Printed/Collected: 3/14/2024 10:17:13 AM / _____ AM | PM (if different)

Other Outside Provider Account #

OB GYN Associates of Montgomery
495 Taylor Rd.
Montgomery, AL 36117
Phone: (334)279-9333
Fax: (334)279-9057

Patient ID: 111701
Name: MARZETTE, DAEDRA
Sex at Birth: Female
Race: Black or African American
Ethnicity: Not Hispanic or Latino
Gender Identity:
Sexual Orientation:
DOB: 9/12/1992
SSN:

Address: 785 WILLIAMSON ROAD
MONTGOMERY, AL 36109
Home:(334)510-0593

Referring Physician: Brooke Watts

UPIN #
NPI # 1659150183
State Medical License # 1-15052

Insurance Information	Primary	Secondary
Bill Type:	Insurance	
Ins Name	BLUE CROSS BLUE SHIELD	
Ins Address	P.O. BOX 2294	
	BIRMINGHAM, AL 35298	
Policy / ID Number	QAU873384177	
Group Number	37655	
Insured's Name	DAEDRA MARZETTE	
Relationship to Patient	Self	
Insured Employer		
Diagnosis	N97.8	

Tests	Diagnosis	Additional Info
Prolactin	N97.8	Source: Not Applicable
Day 21 Progesterone	N97.8	Source: Not Applicable

Electronically signed by Brooke Watts Date: 3/14/2024

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