

03/23/11 09: 02 FAMILY MEDICINE ASSOCIATES OF ITHACA Page # 1
Patient Referral

Patient (Account #4166)
Saunders, Kevin E DOB : 05/01/1956
1668 TYNDENBURGH RD Ins : 9 MEDICAID NY
ITHACA, NY 14850 Age : 54
M-Phone: (607)-277-5808 C-Phone: PCP : Hrusman, Robert J. MD
W-Phone: (607)-277-5808 PCP PH#: (607)-277-4341

Insurance
COP:9 Policy#: AHS3246W Insured : Kevin S Saunders
Medicaid Ny ShipMn: DOB : 05/01/1956
PO Box 4414 PrgAd: Group # :
Albany, NY 12204 ShipAd: PlanName:
Exp Date: 09/00/00

Referring Doctor
Hrusman, Robert J. MD Phone# : (607)-277-4341
299 W State St Fax# : (607)-277-1506
ITHACA, NY 14850 NPI : 1831245725
Specialty :

Referred To Doctor
CMC Radiology Department Phone# : (607)-274-4227
101 Dates Drive Fax# : (607)-274-4620
ITHACA, NY 14850 NPI :
Specialty : AD RADIOLOGY, DIAGNOSTIC

Referral Information
Referral # : Initial Consult # :
Visits : UNLIMITED Referral Type :
Effective Date: 03/23/2011 Expiration Date : 03/21/2012

Diagnosis :
611.72
CPT(s) :

Referral Note :
RIGHT BREAST U/S. ORDERS FAXED.--VM

Referral Reason :

Referral Appointment
CMC RADIOLOGY DEPARTMENT Date: 03/24/2011 Time: 8:30am

Referring Doctor's Signature:

Robert J. Hrusman

Electronically signed by agent of provider: Valerie White on 03/23/11 at 9:01 am

Handwritten: Saunders, Kevin, MS?

Handwritten: 23