



**Cayuga**  
MEDICAL CENTER

A Member of Cayuga Health System  
101 Dates Drive - Ithaca, NY 14850  
607-274-4011



ACCT# A00088518428

NAME **BLAYK, BONZE ANNE ROS**  
ATTD DR  
DOB/AGE **05/01/1956 62**  
STATUS **REG ER**  
MED REC# **M000597460**

PATIENT NAME/ADDRESS <b>BLAYK, BONZE ANNE ROSE</b> 1668 TRUMANSEBURG ROAD  ITHACA NY 14850 PHONE 607-351-4879 EMPLOYER <b>DATABEAST INC</b>	ADM DATE/TIME <b>09/19/18 0428</b>	DIS DATE/TIME	PRIORITY <b>EMERGENCY</b>	LOCATION <b>ED</b>	SERVICE	ROOM/BED
	DATE OF BIRTH <b>05/01/1956</b>	AGE <b>62</b>	SEX <b>F</b>	RACE <b>WHITE</b>	ETHNICITY <b>NON-SPANIS</b>	RELIGION <b>CHRISTIAN</b>
GUARANTOR/ADDRESS <b>BLAYK, BONZE A</b> 1668 TRUMANSEBURG ROAD  ITHACA NY 14850 PHONE 607-351-4879 EMPLOYER <b>DATABEAST INC</b>	PERSON TO NOTIFY/ADDRESS <b>WHELAN, ANNE MARIE</b> 721 W COURT ST, ITHACA, NY 14850 HOME PHONE <b>607-273-6552</b>					RELATIONSHIP <b>FRIEND-F</b>
	NEXT OF KIN/ADDRESS <b>WHELAN, ANNE MARIE</b> 721 W COURT ST, ITHACA, NY 14850 HOME PHONE <b>607-273-6552</b>					RELATIONSHIP <b>FRIEND-F</b>
FINANCIAL CLASS <b>MCD</b>						

INSURANCE INFORMATION  
 INS **MEDICAID**  
 ADDR **320 WEST STATE STREET**  
 CITY **ITHACA**  
 ST/ZIP **NY 14850**  
 POL # **AN33246W**  
 NAME **BLAYK, BONZE ANNE ROSE**

ACCIDENT INFO <b>ONSET OF SYMPTOMS/ILLNESS</b>	REASON FOR VISIT <b>ASSAULTED</b>	
ACCIDENT DATE <b>09/19/18</b>	ADMISSION COMMENTS <b>0 ER COPAY</b>	
PRIMARY CARE PHYSICIAN <b>No Primary Care Phys, NOPCP</b>	ATTENDING PHYSICIAN	EMERGENCY DEPARTMENT/URGENT CARE PHYSICIAN <b>Kirk Hinkley MD</b>
ADMITTING PHYSICIAN	REFERRING PHYSICIAN	
CLERK	PT'S EMAIL	

**Allergies :**  
**No Known Allergies**

CODE STATUS:

