



**Cayuga**  
MEDICAL CENTER

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



ACCT# A00088954623

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

PATIENT NAME/ADDRESS <b>BLAYK, BONZE ANNE ROSE</b> <b>1668 TRUMANSEBURG ROAD</b>  <b>ITHACA NY 14850</b> PHONE <b>607-351-4879</b> EMPLOYER <b>DATABEAST INC</b>	ADM DATE/TIME <b>11/01/18 1359</b>	DIS DATE/TIME	PRIORITY <b>ELECTIVE</b>	LOCATION <b>IMGBW</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> <b>1668 TRUMANSEBURG ROAD</b>  <b>ITHACA NY 14850</b> PHONE <b>607-351-4879</b> EMPLOYER <b>DATABEAST INC</b>	PERSON TO NOTIFY/ADDRESS <b>WHELAN, ANNE MARIE</b> <b>721 W COURT ST, ITHACA, NY 14850</b> HOME PHONE <b>607-273-6552</b>					RELATIONSHIP <b>FRIEND-F</b>
	NEXT OF KIN/ADDRESS <b>WHELAN, ANNE MARIE</b> <b>721 W COURT ST, ITHACA, NY 14850</b> HOME PHONE <b>607-273-6552</b>					RELATIONSHIP <b>FRIEND-F</b>
FINANCIAL CLASS <b>MCD</b>						

INSURANCE INFORMATION  
 INS **MOLINA HEALTH CARE**  
 ADDR **PO BOX 22615**  
 CITY **LONG BEACH**  
 ST/ZIP **CA 90801**  
 POL # **AN33246W**  
 NAME **BLAYK, BONZE ANNE ROSE**

ACCIDENT INFO <b>ONSET OF SYMPTOMS/ILLNESS</b>	REASON FOR VISIT <b>PAIN IN LEFT SHOULDER</b>	
ACCIDENT DATE <b>11/01/18</b>	ADMISSION COMMENTS	
PRIMARY CARE PHYSICIAN <b>Robert Breiman MD</b>	ATTENDING PHYSICIAN <b>Benjamin Donohue MD</b>	EMERGENCY DEPARTMENT/URGENT CARE PHYSICIAN
ADMITTING PHYSICIAN	REFERRING PHYSICIAN	
CLERK	PT'S EMAIL	

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

CODE STATUS:

