



Cayuga
MEDICAL CENTER

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



ACCT# A00089439863

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 BLAYK, BONZE ANNE ROSE 1668 TRUMANSEBURG ROAD ITHACA NY 14850 PHONE 607-351-4879 EMPLOYER DATABEAST INC	ADM DATE/TIME 12/26/18 1425	DIS DATE/TIME	PRIORITY ELECTIVE	LOCATION IMGBW	SERVICE	ROOM/BED
	DATE OF BIRTH 05/01/1956	AGE 62	SEX F	RACE WHITE	ETHNICITY NON-SPANIS	RELIGION CHRISTIAN
GUARANTOR/ADDRESS BLAYK, BONZE A 1668 TRUMANSEBURG ROAD ITHACA NY 14850 PHONE 607-351-4879 EMPLOYER DATABEAST INC	PERSON TO NOTIFY/ADDRESS WHELAN, ANNE MARIE 721 W COURT ST, ITHACA, NY 14850 HOME PHONE 607-273-6552					RELATIONSHIP FRIEND-F
	NEXT OF KIN/ADDRESS WHELAN, ANNE MARIE 721 W COURT ST, ITHACA, NY 14850 HOME PHONE 607-273-6552					RELATIONSHIP FRIEND-F
FINANCIAL CLASS MCD						

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 ONSET OF SYMPTOMS/ILLNESS	REASON FOR VISIT STRAIN OF MUSC/TEND THE ROTATOR CUFF OF LEFT SHOUL	
ACCIDENT DATE 12/26/18	ADMISSION COMMENTS KRI0109	
PRIMARY CARE PHYSICIAN Robert Breiman MD	ATTENDING PHYSICIAN Benjamin Donohue MD	EMERGENCY DEPARTMENT/URGENT CARE PHYSICIAN
ADMITTING PHYSICIAN	REFERRING PHYSICIAN	
CLERK	PT'S EMAIL	

Allergies :
No Known Allergies

CODE STATUS:

