

Cayuga Medical Center LIVE  
 101 Dates Drive  
 Ithaca, NY 14850

PATIENT ABSTRACT

Page: 1  
 Date: 07/21/20 11:45  
 User: MEDITECH, INFCE

Patient: BONZEANNE R BLAYK Account Number: A00101014728 Facility: Cayuga Medical Center

Service Date/Time: 07/17/20 18:41	Med Rec Num: M000597460
Room-Bed:	Obs Pt: N
Length of Stay: 1	Patient Class: REF-NY
Discharge Date/Time:	Abs Fin Class: MEDICAID
Discharge Disposition: HOME	Status: Final
Product Line:	Status Date: 07/21/20
	Reg Type: Referred

From Institution:	Birthdate: 05/01/1956
Admit Priority: ELECTIVE	File Est DOB:
Admission Source: PHYSICIANS OFFICE	Age: 64
Admitted thru ED:	Age At Reg : 64
Arrival Mode:	Sex: F
Ambulance Run Number:	Marital Status: DIVORCED
Readmission Code:	Language: ENGLISH
Expected Length of Stay:	Zip: 14850
Admission Legal Status:	County:
	Country of Origin:
Ethnicity NON-SPANISH; NON-HIS.	Race WHITE
Additional Ethnicities	Additional Races

Weight :  
 Weight (g) :  
 Height :  
 Height (in) :

Discharge Data

Discharge Date/Time:  
 Discharge Disposition: HOME  
 Discharge Location:  
 Discharge Comment:  
 To Institution:

Provider Data

	Name	Specialty	Type
Primary Care Provider:	Breiman, Robert	MED	MD
Attend Provider:	Law, Adam	INTMED	MD
Family Provider:			
Referring Provider:			

Other Providers

Name	Specialty	Type	Association	Date
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Services:

Start Date/Time	Registration Service	Specialty	Days	Main Specialty
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Special Care Units/Locations

Start Date/Time	End Date/Time	Days	Special Care Unit	Location
07/17/20 18:41		1		LAB - REFERRED SPECIMEN

ABS Financial Class: MEDICAID  
 Client:

Status: UR  
 Balance: 407.00

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UR Balance: 407.00  
AR Balance: 0.00  
BD Balance: 0.00  
Billed Charges: 0.00

---Standard Insurance Order---

Insurance Policy Number  
MOLINA  
SP

Patient's Reason for Visit Diagnosis (1st Dx is Admit Dx if Admit checkbox selected)

Primary Code Set: ICD-10

Code Set	Code	Name	Alt	Source	Admit Visit
ICD-10	F64.0	Transsexualism	No	ABS	X

Diagnosis Data:

Primary Code Set: ICD-10

Eff Date	Code Set	Code	Name	Alt	No	Src	POA
07/17/20	ICD-10	F64.0	Transsexualism			ABS	

EAPG Data

APG Source: None APG Version: 3.15  
HCPCS/CPT Version: January 1, 2020 Version Primary Grouper Version: Version 37  
Last Interactive Group: Last Batch Group:

Total APG Claim

Total Reimbursement:	Total Full APG Weight:
Total APG Payment:	Total Adjusted APG Weight:
Total Transition Payment:	Total Claim Payment:
Total Non Transition Payment:	Charges: 407.00
Total Existing Payment:	Outlier:
Total Blended Payment:	
Total Add On:	

Other Data:

HISPANIC: 0  
MOMS MR #:  
SYSTOLIC BLOOD PRESSURE ON ARRIVAL:  
HEART RATE ON ARRIVAL:  
ANESTHESIA TYPE:  
MS DRG:  
MS DRG DESCRIPTION:  
MS DRG CASE WEIGHT:  
MS DRG LENGTH OF STAY:  
MS DRG EXPECTED REIMBURSEMENT:  
SEVERITY OF ILLNESS:  
NY APR DRG LENGTH OF STAY:  
ABS OR TIME:  
Birthweight (g):