

Cayuga Medical Center LIVE
101 Dates Drive
Ithaca, NY 14850

ATTESTATION STATEMENT

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

NAME: BONZEEANNE R BLAYK

Account Number: A00101014728

Reg Date/Time: 07/17/20 18:41

Med Rec Num: M000597460

Attending Provider: Law, Adam

SEX: F

Discharge Date/Time:

AGE: 64

Discharge Disposition:HOME

Birthdate: 05/01/1956

ABS FIN CLASS: MEDICAID

Length of Stay: 1

Patient Class: REF-NY

ABS STATUS: Final

Primary Code Set: ICD-10

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

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

Diagnosis Data:

Effective Date	Code Set	Code	Name
07/17/20	ICD-10	F64.0	Transsexualism

POA

HCC/Rx

Group Name: NY Inpatient Medicaid APR

Group Version: Version 37

Code Set: ICD-10

DRG:

Cost Weight:

Est. REIMB:

Status:

I certify that the narrative descriptions of the principal and secondary diagnoses and the major procedures performed are accurate and complete to the best of my knowledge.

DATE: _____