

Client		Order	
Account #:	LAWIM	Billing Type:	Medicaid
Name:	IthacaMed (Dr. Law)	Collected:	07/22/2020 15:22
Address:	404 N. Cayuga St. Ithaca NY, 14850	Order #:	70715CE14564
		Bar #:	LAWIM#70715CE14564_
			

A101088953



Cayuga
MEDICAL CENTER
A Member of Cayuga Health System

Cayuga Medical Center

101 Dates Drive
Ithaca, NY 14850
Fax: 607-274-4481
(607)274-4474

Patient	Primary Insurance	Secondary Insurance
Clinic Pat. ID: 16460 Name: BLAYK,BONZEANNE R MRN#: M000597460 SSN#: XXX-XX-9647 Race: Sex/DOB/Age: Female 05/01/1956 64 Years Address: 1668 TRUMANSBURG RD ITHACA, NY 14850 Phone: (607)351-4879	Network: Type: Medicaid Name: MOLINA HEALTHCARE OF NY (MEDICAID REPLACEMENT - HMO) Address: PO BOX 22615 LONG BEACH, CA 90801 Policy #: AN33246W Group #: Subscriber: BLAYK,BONZEANNE ROSE - Self Subscriber DOB: 05/01/1956 Subscriber Address: 1668 TRUMANSBURG RD ITHACA, NY 14850	Network: Type: Name: Address: Policy #: Group #: Subscriber: Subscriber DOB: Subscriber Address:

Guarantor	Ordering Physician	Miscellaneous
Guarantor: BLAYK,BONZEANNE R Address: 1668 TRUMANSBURG RD ITHACA, NY 14850 Phone: (607)351-4879 DOB: 05/01/1956 Relationship: Self	Physician: Law,Adam Physician #: ADA0008 UPIN #: NPI #: 1023014974	Floor # / Room #: ES ORDER:757188H14564 Entered By: ATHENA ORDER Req #: 16044 Ordering Location:

Specimens	Temperature	Diagnosis Codes
1 mL Serum	SST	Refrigerated
BMP	Basic Metabolic Panel (CPT: 80048)	I10

Scanned

Electronically Signed By: Law,Adam , MD , 07/22/2020 15:22

Law