

Cayuga Medical Center LIVE  
101 Dates Drive  
Ithaca, NY 14850

PATIENT ABSTRACT

Page: 1  
Date: 07/27/20 04:36  
User: MEDITECH, INFCE

Patient: BONZEANNE R BLAYK Account Number: A00101088953 Facility: Cayuga Medical Center

Service Date/Time:	07/22/20 17:21	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:	07/27/20
		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
------	-----------	------	-------------	------

Services:

Start Date/Time	Registration Service	Specialty	Days	Main Specialty
-----------------	----------------------	-----------	------	----------------

Special Care Units/Locations

Start Date/Time	End Date/Time	Days	Special Care Unit	Location
07/22/20 17:21		1		LAB - REFERRED SPECIMEN

ABS Financial Class: MEDICAID

Client:

Status: UR

Balance: 68.00

Cayuga Medical Center LIVE  
101 Dates Drive  
Ithaca, NY 14850

PATIENT ABSTRACT

Page: 2  
Date: 07/27/20 04:36  
User: MEDITECH, INFCE

Patient: BONZEANNE R BLAYK      Account Number: A00101088953      Facility: Cayuga Medical Center  
UR Balance:                              68.00  
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	I10	Essential (primary) hypertension	No	ABS		X

Diagnosis Data:

Primary Code Set: ICD-10

Eff Date	Code Set	Code	Name	Alt	No	Src	POA
07/22/20	ICD-10	I10	Essential (primary) hypertension			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:                              68.00
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):  
First Assist CPT:  
First Assist Modifier:  
First Assist: