


Client		Order	
Account #:	<b>A22</b>	Billing Type:	<b>Insurance</b>
Name:	<b>Family Medicine Associates</b>	Collected:	<b>12/15/2020 14:55</b>
Address:	209 W. State St Ithaca, NY 14850	Order #:	<b>A220011888</b>
<b>A 109287987</b>		Bar #:	<b>A22#A220011888_</b>
			



**Cayuga Medical Center**

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

Patient		Primary Insurance		Secondary Insurance	
Clinic Pat. ID:	4566-0	Network:		Network:	
Name:	<b>BLAYK,BONZEANNE R</b>	Type:	<b>Undetermined</b>	Type:	
MRN#:	M000597460	Name:	MOLINA HEALTHCARE	Name:	
SSN#:	XXX-XX-9647	Address:	PO BOX 22615 LONG BEACH, CA 90801	Address:	
Race:	CAUCASIAN	Policy #:	AN33246W	Policy #:	
Sex/DOB/Age:	Female 05/01/1956 64 Years	Group #:		Group #:	
Address:	1668 TRUMANSBURG RD ITHACA, NY 14850	Subscriber:	BLAYK,BONZEANNE R - Self	Subscriber:	
Phone:	6073514879	Subscriber DOB:	05/01/1956	Subscriber DOB:	
		Subscriber Address:	1668 TRUMANSBURG RD  ITHACA, NY 14850	Subscriber Address:	
Guarantor		Ordering Physician		Miscellaneous	
Guarantor:	BLAYK,BONZEANNE R	Physician:	Midura,Alan T	Floor # / Room #:	/ A22
Address:	1668 TRUMANSBURG RD  ITHACA, NY 14850	Physician #:	ALA0003	Entered By:	MEDENT ORDER
Phone:		UPIN #:		Req #:	23869
DOB:	05/01/1956	NPI #:	1285714469	Ordering Location:	
Relationship:	Self				


**Notes**

1sst

Specimens	Temperature	Diagnosis Codes
3 mL Serum	SST Refrigerated	
CMP	Comprehensive Metabolic Panel (CPT: 80053)	Z00.00
LIPID	Lipid Profile (CPT: 80061)	Z00.00

**Sub0018**  
**SCANNED**

Electronically Signed By: Midura,Alan T , MD , 12/15/2020 17:14

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