

Patient: Bonzeanne R Blayk Account Number: A00122466261 Facility: Cayuga Medical Center

Service Date/Time: 07/27/21 17:06	Med Rec Num: M000597460
Room-Bed:	Obs Pt: N
Length of Stay: 1	Patient Class: REF-MEDICARE
Discharge Date/Time:	Abs Fin Class: MEDICARE
Discharge Disposition: HOME	Status: Final
Product Line:	Status Date: 08/06/21
	Reg Type: Referred

From Institution:	Birthdate: 05/01/1956
Admit Priority: ELECTIVE	File Est DOB:
Admission Source: HOME	Age: 65
Admitted thru ED:	Age At Reg : 65
Arrival Mode:	Birth Sex: F
Ambulance Run Number:	Legal Sex: F
Readmission Code:	ABS Sex: F
Expected Length of Stay:	Marital Status: DIVORCED
Admission Legal Status:	Language: ENGLISH
Country of Origin:	Zip: 14850
Ethnicity: AMERICAN	County: TOMPKINS
Additional Ethnicities:	Race: WHITE
	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:	Midura, Alan T	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
07/27/21 17:06		1		LAB

Maternity Data

Length of Labor:	Number of Live Births: 0
Delivery Date/Time:	Number of Stillborns: 0
Delivery Method:	

Cayuga Medical Center LIVE
101 Dates Drive
Ithaca, NY 14850

PATIENT ABSTRACT

Page: 2
Date: 08/06/21 11:15
User: MEDITECH, INFCE

Patient: Bonzeanne R Blayk Account Number: A00122466261 Facility: Cayuga Medical Center

Stillborn Data

Newborn Data

Account Number Medical Record Number Sex Weight Height

ABS Financial Class: MEDICARE
Client:

Status: UR
Balance: 378.00
UR Balance: 378.00
AR Balance: 0.00
BD Balance: 0.00
Billed Charges: 0.00

---Standard Insurance Order---

Insurance Policy Number
MCR
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
07/27/21	ICD-10	F64.0	Transsexualism			ABS	

APC Data

APC Source: Other Vendor APC Version: July 1, 2021 APC Version
HCPCS/CPT Version: January 1, 2020 Version Primary Grouper Version: Version 38
APC Date: 07/27/21
Last Interactive Group: Last Batch Group:
APC Status: Final APC Status Comment:

HCPCS/CPT	Date	SubCat	Qty APC	MCR Pay	Copay	Total Pay
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Tot MCR Pay: Tot Pat Resp:
Tot Copay: Tot Est Reimb:
Tot Outlier: Tot Posted Charges: 378.00

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:

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Page: 3
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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: