

Cayuga Medical Center LIVE
101 Dates Drive
Ithaca, NY 14850

ATTESTATION STATEMENT

Page: 1
Date: 08/06/21 11:15
User: MEDITECH, INFCE

NAME: Bonzeanne R Blayk

Account Number: A00122466261

Reg Date/Time: 07/27/21 17:06
Attending Provider: Law, Adam
Discharge Date/Time:
Discharge Disposition: HOME
ABS Fin Class: MEDICARE
Patient Class: REF-MEDICARE
Primary Code Set: ICD-10

Med Rec Num: M000597460
Birth Sex: F
Legal Sex: F
ABS Sex: F
Age: 65
Birthdate: 05/01/1956
Length of Stay: 1
ABS Status: Final

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 |
|----------------|----------|-------|----------------|
| 07/27/21 | ICD-10 | F64.0 | Transsexualism |
| POA | | | |
| HCC/Rx | | | |

Group Name: Medicare Inpatient

Group Version: Version 38

Code Set: ICD-10

DRG:

Cost Weight:

Est. REIMB:

Status:

Arithmetic LOS:

Geometric LOS:

Outlier:

MS DRG:

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: _____