



Client	Order
Account #: LAWIM Name: IthacaMed (Dr. Law) Address: 404 N. Cayuga St. Ithaca NY, 14850	Billing Type: Medicaid Collected: 07/27/2021 17:05 Order #: 92691CE14564 Bar #: LAWIM#92691CE14564_

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 65 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:980501H14564 Entered By: ATHENA ORDER Req #: 51809 Ordering Location:

Specimens	Temperature	Diagnosis Codes
1 mL Serum	SST	Refrigerated
	EST	Estradiol (CPT: 82670) F64.0 Notes: Electronically signed by ADAM LAW
6 mL Serum	RED	Refrigerated
	TESTTOTBIO	Testosterone Total&Bioavail (CPT: 84410, 84403) F64.0 Notes: Electronically signed by ADAM LAW

SCANNED

CL

Electronically Signed By: Law,Adam , MD , 07/27/2021 09:15