



ACCT#A00125804039

**101 Dates Drive - Ithaca, NY 14850**  
**607-274-4011**

Name **Blayk, Bonzeanne R**  
 ATTD DR **William Larsen**  
 DOB/AGE **05/01/1956 65**  
 STATUS **REG REF**  
 MED REC # **M000597460**

PATIENT NAME/ADDRESS <b>Blayk, Bonzeanne R</b> <b>1668 Trumansburg Rd</b>	ADM DATE/TIME <b>10/05/21 15:37</b>	MEDIS DATE/TIME <b>LA BRSP</b>	PRIORITY <b>-</b>	LOCATION <b>-</b>	SERVICE <b>-</b>	ROOM/BED <b>-</b>	
<b>ITHACA NY 14850</b> PHONE 607-351-4879 EMPLOYER DATA BEAST INC	Date of Birth <b>05/01/1956 65</b>	Age <b>65</b>	Sex <b>F</b>	Race <b>WHITE</b>	Ethnicity <b>NON-SPANIS</b>	Religion <b>PROTESTANT</b>	Marital St <b>DIVORCED</b>
Guarantor/Address <b>BLAYK, BONZEANNE ROSE</b> <b>1668 TRUMANSBURG RD</b>	Person to Notify/Address <b>QUVUS, LENORA</b> <b>20 W. TIOGA ST, SPENCER, NY, 14883</b>		Relationship <b>SIGNIFICANT OTHER</b>				
<b>ITHACA, NY 14850</b> Phone <b>607-351-4879</b> Employer <b>DATA BEAST</b>	Next of Kin/Address <b>WHELAN, ANNE MARIE</b> <b>721 W COURT ST, ITHACA, NY, 14850</b>		Relationship <b>FRIEND FEMALE</b>				
Financial Class <b>MEDICARE</b>	Home Phone <b>(607)279-3134</b>						
	Work Phone <b>607-273-6552</b>						

Insurance Information	
Ins <b>MEDICARE</b>	<b>MOLINA HEALTH CARE</b>
Addr <b>NATIONAL GOVERNMENT</b>	<b>PO BOX 22615</b>
City <b>INDIANAPOLIS</b>	<b>LONG BEACH</b>
St/Zip <b>IN, 46207-7091</b>	<b>CA, 90801</b>
Pol # <b>3AY9FA4CH54</b>	<b>A N33246W</b>
Name <b>Blayk, Bonzeanne R</b>	<b>BLAYK, BONZEANNE ROSE</b>

Accident Info	Reason for Visit <b>Transsexualism</b>	
Accident Date	Admission Comments <b>SA M0096/HA N0035</b>	
Primary Care Physician <b>Midura, Alan T</b>	Attending Physician <b>Larsen, William</b>	Emergency Department/Urgent Care Physician
Admitting Physician	Referring Physician	
Clerk <b>Murray, Samantha</b>	Pt's Email <b>bonzesaunder@gmail.com</b>	

**Allergies:** hydrochlorothiazide, ampicillin, latex

Code Status :



03011