

Cayuga Medical Center LIVE
101 Dates Drive
Ithaca, NY 14850

ATTESTATION STATEMENT

Page: 1
Date: 10/13/21 07:56
User: MEDITECH, INFCE

NAME: Bonzeanne R Blayk

Account Number: A00125804039

Reg Date/Time: 10/05/21 15:37
Attending Provider: Larsen, William
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
10/05/21	ICD-10	F64.0	Transsexualism

POA
HCC/Rx

Group Name: Medicare Inpatient

Group Version: Version 39

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: _____