

Cayuga Medical Center LIVE 101 Dates Drive Ithaca, NY 14850	PATIENT ABSTRACT	Page: 1 Date: 10/13/21 07:56 User: MEDITECH, INFCE
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Patient: Bonzeanne R Blayk	Account Number: A00125804039	Facility: Cayuga Medical Center
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Service Date/Time: 10/05/21 15:37	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:	10/13/21
	Reg Type:	Referred

From Institution:	Birthdate:	05/01/1956
Admit Priority: ELECTIVE	File Est DOB:	
Admission Source: PHYSICIANS OFFICE	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
	County:	TOMPKINS
Ethnicity AMERICAN	Race	WHITE
Additional Ethnicities	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:	Larsen, William	MED	NP
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
10/05/21 15:37		1		LAB - REFERRED SPECIMEN

Maternity Data

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

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Stillborn Data

Newborn Data

Account Number Medical Record Number Sex Weight Height

ABS Financial Class: MEDICARE
Client:

Status: UR
Balance: 395.00
UR Balance: 395.00
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
10/05/21	ICD-10	F64.0	Transsexualism			ABS	

APC Data

APC Source: Other Vendor APC Version: October 1, 2021 APC Version
HCPCS/CPT Version: January 1, 2020 Version Primary Grouper Version: Version 39
APC Date: 10/05/21
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: 395.00

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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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: