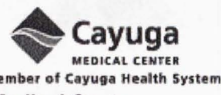


Client	Order
Account #: <b>LAWIM</b> Name: <b>IthacaMed (Dr. Law)</b> Address: 404 N. Cayuga St. Ithaca NY, 14850	Billing Type: <b>Medicaid</b> Collected: <b>10/05/2021 14:45</b> Order #: <b>96506CE14564</b> Bar #: <b>LAWIM#96506CE14564_</b>
	



**Cayuga Medical Center**  
101 Dates Drive  
Ithaca, NY 14850  
Fax: 607-274-4481  
(607)274-4474

*A17S804039*

Patient	Primary Insurance	Secondary Insurance
Clinic Pat. ID: 16460 Name: <b>BLAYK,BONZEANNE R</b> 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: <b>Medicaid</b> 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:

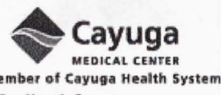
Guarantor	Ordering Physician	Miscellaneous
Guarantor: BLAYK,BONZEANNE R Address: 1668 TRUMANSBURG RD ITHACA, NY 14850 Phone: (607)351-4879 DOB: 05/01/1956 Relationship: Self	Physician: Larsen, William Physician #: WIL0068 UPIN #: NPI #: 1124409099	Floor # / Room #: ES ORDER:1022914H14564 Entered By: ATHENA ORDER Req #: 58915 Ordering Location:

Specimens	Temperature	Diagnosis Codes
<b>4 mL Whole Blood</b>	<b>LAV</b>	<b>Refrigerated</b>
CBCD	CBC Auto Diff (CPT: 85025) <b>Notes:</b> Electronically signed by WILLIAM LARSEN	F64.0
<b>2 mL Serum</b>	<b>SST</b>	<b>Refrigerated</b>
EST	Estradiol (CPT: 82670) <b>Notes:</b> Electronically signed by WILLIAM LARSEN	F64.0
TEST	Testosterone (CPT: 84403) <b>Notes:</b> Electronically signed by WILLIAM LARSEN	F64.0

Electronically Signed By: Larsen, William , NP , 10/05/2021 14:45

*Scanned*  
*Samoaak*

Client		Order	
Account #:	<b>LAWIM</b>	Billing Type:	<b>Medicaid</b>
Name:	<b>IthacaMed (Dr. Law)</b>	Collected:	<b>10/05/2021 14:45</b>
Address:	404 N. Cayuga St. Ithaca NY, 14850	Order #:	<b>96506CE14564</b>
		Bar #:	<b>LAWIM#96506CE14564_</b>
			



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(607)274-4474

*A17S804039*

Patient		Primary Insurance	Secondary Insurance
Clinic Pat. ID:	16460	Network:	Network:
Name:	<b>BLAYK,BONZEANNE R</b>	Type:	Type:
MRN#:	M000597460	Name:	Name:
SSN#:	XXX-XX-9647	MOLINA	MOLINA
Race:		HEALTHCARE OF	HEALTHCARE OF
Sex/DOB/Age:	Female 05/01/1956 65	NY (MEDICAID	NY (MEDICAID
Years		REPLACEMENT -	REPLACEMENT -
Address:	1668 TRUMANSBURG	HMO)	HMO)
RD		Address:	Address:
ITHACA, NY 14850		PO BOX 22615	PO BOX 22615
Phone:	(607)351-4879	LONG BEACH, CA	LONG BEACH, CA
		90801	90801
		Policy #:	Policy #:
		AN33246W	AN33246W
		Group #:	Group #:
		Subscriber:	Subscriber:
		BLAYK,BONZEANNE	BLAYK,BONZEANNE
		ROSE - Self	ROSE - Self
		Subscriber	Subscriber
		DOB:	DOB:
		05/01/1956	05/01/1956
		Subscriber	Subscriber
		Address:	Address:
		1668	1668
		TRUMANSBURG RD	TRUMANSBURG RD
		ITHACA, NY 14850	ITHACA, NY 14850

Guarantor	Ordering Physician	Miscellaneous
Guarantor:	Physician:	Floor # / Room #:
BLAYK,BONZEANNE R	Larsen, William	ES ORDER:1022914H14564
Address:	Physician #:	Entered By:
1668 TRUMANSBURG	WIL0068	ATHENA ORDER
RD	UPIN #:	Req #:
ITHACA, NY 14850		58915
Phone:	NPI #:	Ordering Location:
(607)351-4879	1124409099	
DOB:		
05/01/1956		
Relationship:		
Self		

Specimens	Temperature	Diagnosis Codes
<b>4 mL Whole Blood</b>	<b>LAV</b>	<b>Refrigerated</b>
	CBCD	CBC Auto Diff (CPT: 85025) F64.0
		<b>Notes:</b> Electronically signed by WILLIAM LARSEN
<b>2 mL Serum</b>	<b>SST</b>	<b>Refrigerated</b>
	EST	Estradiol (CPT: 82670) F64.0
		<b>Notes:</b> Electronically signed by WILLIAM LARSEN
	TEST	Testosterone (CPT: 84403) F64.0
		<b>Notes:</b> Electronically signed by WILLIAM LARSEN

Electronically Signed By: Larsen, William , NP , 10/05/2021 14:45

*Scanned*  
*Samoaak*