

Cayuga Medical Center LIVE  
101 Dates Drive  
Ithaca, NY 14850

ATTESTATION STATEMENT

Page: 1  
Date: 02/09/22 12:55  
User: MEDITECH, INFCE

NAME: Bonzeanne R Blayk

Account Number: A00131752255

Reg Date/Time: 02/07/22 16:44  
Attending Provider: Law, Adam  
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
02/07/22	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: \_\_\_\_\_