

Cayuga Medical Center LIVE
101 Dates Drive
Ithaca, NY 14850

ATTESTATION STATEMENT

Page: 1
Date: 09/28/22 13:06
User: MEDITECH, INFCE

NAME: Blayk, Bonzeanne R

Account Number: A00135688513

Reg Date/Time: 09/21/22 11:55
Attending Provider: Law, Adam
Discharge Date/Time:
Discharge Disposition: HOME
ABS Fin Class: MEDICAID
Patient Class: REF-NY
Primary Code Set: ICD-10

Med Rec Num: M000597460
Birth Sex: F
Legal Sex: F
ABS Sex: F
Age: 66
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
09/21/22	ICD-10	F64.0	Transsexualism
POA			
HCC/Rx			

Group Name: NY Inpatient Medicaid APR

Group Version: Version 39.1

Code Set: ICD-10

DRG:

Cost Weight:

Est. REIMB:

Status:

Arithmetic LOS:

Severity of Illness:

Risk of Mortality:

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: _____