Molina Healthcare of New York, Inc. 5232 Witz Drive North Syracuse, NY 13212-6501



Temporary Return Service Requested

005690-000001-000003-011758 2204599 1060CK013

BONZEANNE BLAYK 1668 TRUMANSBURG RD ITHACA NY 14850





This is NOT a bill. **ESTO NO ES UNA FACTURA**

Questions? Please contact Customer Service at (800) 223-7242 Toll Free

"This is just a psychiatric cover up for a case of police brutality." - Bonze Annette Rose Blayk to Clifford Ehmke MD 10/10/18

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Date:	11/07/2018
Group Name:	Molina Healthcare of New York
Patient Name:	BLAYK, BONZEANNE ROSE
Contract Number:	AN33246W
Claim Number:	18274331407
Dates of Service:	09/19/2018 - 09/24/2018
DRG Code:	3422
Provider Name:	CAYUGA MEDICAL CENTER AT ITHACA

PATIENT EXPLANATION OF BENEFITS

Day Cr		Svs No	Service Date	Service	Billed Amount	Denied Amount	Ex Codes	Allowed Amount	Medicare Allowed	Medicaid Paid	Deductible Amount	Co Pay Amountt	Co Ins Amount	Third Party Payment	Paid Amount
(01 (0202	09/19/18	Hospital - Inpatient	\$1,537.00	<u>\$1,537.00</u>		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(04 (0206	09/19/18	Hospital - Inpatient	\$4,752.00	\$4,752.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(08 0	0250	09/19/18	Hospital - Inpatient	\$66.25	\$66.25		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(01 (0270	09/19/18	Hospital - Inpatient	\$26.50	<u>\$26.50</u>		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	2 <mark>7</mark> (0300	09/19/18	Hospital - Inpatient	\$1,568.00	\$1,568.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(01 (0301	09/19/18	Hospital - Inpatient	<mark>\$38.00</mark>	<u>\$38.00</u>		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(04 (0320	09/19/18	Hospital - Inpatient	\$1,119.00	\$1,119.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(05 (0350	09/19/18	Hospital - Inpatient	\$5,663.00	\$5,663.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(01 (0360	09/19/18	Hospital - Inpatient	\$2,672.00	<u>\$2,672.00</u>		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(01 (0370	09/19/18	Hospital - Inpatient	\$180.00	<u>\$180.00</u>		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(01 (0450	09/19/18	Hospital - Inpatient	\$983.00	\$983.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2	0 0	0636	09/19/18	Hospital - Inpatient	\$479.75	\$479.75		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1	2 0	0710	09/19/18	Hospital - Inpatient	\$231.00	\$231.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
()1 (0730	09/19/18	Hospital - Inpatient	\$70.00	<u>\$70.00</u>		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

			Totals	\$19,385.50	\$19,385.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Explanation Code		Charges denied for failure to report admission to Cayuga Medical Center - "Setup" for admission to Behavioral Service Unit AS IF I had not been assaulted by Ofc. G.I. Herz and Lt. John Joly of the Ithaca Police Department on the morning of September 19 2018.										
	S	TART DATE		DENIED AMT	EXPLANATION							
1	DAY	9/19/18		\$5,506.50	Beaten, Tased, Nose & S to induce Retrograde						tamine = 3	00mg
4-5	DAYS	9/19/18		\$11,534.00	Stay in PACU Post-Anaes	thesia Recovery	v Unit - H	HOSPITALIZ	ATION FOR	POLYTRAUI	AM	
				\$17,040.50	SUBTOTAL for all charge	s incurred from	n 9/19/18	to 9/24/1	8 prior t	O TRANSFEI	R TO BSU	
27	DAYS	9/19/18		\$1,568.00	Total duration of hospi			-				mg
					under a thoroughly po	-						
					of the "Behavioral So Judge Scott A. Mille:						a perore	