

F A X S H E E T

Date: Feb-19-2020 01:19:47
To: ORMC
Subject: Diagnostic Imaging
Fax Number: 845-333-9009
To Company:
From Name: Gurbisz, Diane
From Company: HMG Goshen GI-70 Hatfield
From Facility: HMG Goshen GI-70 Hatfield
Support Contact: 845-291-1260
Number of Page(s): 2

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Order Form

HMG Goshen GI-70 Hatfield

30 Hatfield Lane, Suite 104,
GOSHEN, NY, 10924-6735
845-291-1260 845-294-2312

Req/Ctrl# (CD-): 8827085

Aviva T Frommer, PA

NPI: 1104958909

Provider Code: AFP

Physician Assistant

MARRERO, NORKA L, Female, 11/15/1963 ID: 79385

845-313-6315 113 COLDEN HILL RD, NEWBURGH, NY 12550

Today: 02/19/2020 01:19 PM

Order Date: 02/10/2020 03:11 PM

Primary Insurance Name: MMP HEALTH PLAN, INC

Insurance Address: 303 SOUTH BROADWAY, TARRYTOWN, NY

Subscriber Number: 82108916700

Insured Name: MARRERO, NORKA L

Address: 113 COLDEN HILL RD, NEWBURGH, NY 12550

Diagnostic Name

Assessment(s)

Instructions

MR Enterography

- K50.90, Crohn disease

Notes: Torres, Jennifer 2/13/2020 10:00:12 AM> Auth

#A134081878 exp 3/29/20



Electronically Signed By: Aviva T Frommer, PA

Signature of Patient/Guardian