

Confirmation of Order

PROVIDER: Janilcar Inc. dba New Hampshire Medical Supply
5001 New Hampshire Avenue NW

Washington, District of Columbia 20011-4117

Phone (202)726-3100

FAX (202)291-5259

DOC ID: 1|7995|333041

PHYSICIAN: MUSA MOMOH

1328 SOUTHERN AVE #309

***STOP IN/OUT OF USA

WASHINGTON, District of Columbia 20032-4689

License # CYNTHIA, OFC MG

Phone (202)574-9018

NPI 1184607277

Fax (888)814-0978

PATIENT: SMITH, NANCY A

2244 SAVANNAH TER SE APT G2

WASHINGTON, District of Columbia 20020-2052

Phone (240)556-4924

DOB 02/23/1972

Policy 122040735

Initial Date 04/25/2022

Revised Date

Recertification

Length of Need 12

(in months)

Prognosis

DIAGNOSIS

ICD-10 Code	Description
R39.81	Functional urinary incontinence
Z74.09	Other reduced mobility

EQUIPMENT/SERVICES

Qty	Proc. Code	Item Name/Narrative	Charge	Allow
300	A4554	Mckesson Classic Plus Underpad 23"x36" 10/BG 15/CS	0.46	0.46

Signature: _____

Date: _____



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