



28 04 BROADWAY FAIR LAWN NEW JERSEY 07410
P: 201-475-8940 F: 201-475-8944

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DATE: 08/29/2024
PATIENT NAME: William Fischer
DATE OF BIRTH: 05/17/1962
ACCOUNT #: 1155375
ADDRESS: 84 OVERLOOK DR
DUMONT NJ 07628-2017
PHONE NUMBER: 201-723-1415

INSURANCE NAME: DH ALTERNATIVE RISK SOLUTIONS
ADDRESS: PO BOX 68, NEWTON, NJ, 07860-0069
PHONE NUMBER: 973-940-1851

CLAIM #: PJWC085037
DATE OF INJURY: 10-18-2017

DME Rx

DATE OF SURGERY: 10-17-2024
FACILITY: VALLEY

DIAGNOSIS: RIGHT KNEE
ICD10: M17.11

Equipment:

- ✓ NICE / BIOCRYO
- ✓ WALKER
- ✓ SHOWER CHAIR
- ✓ RAISED TOILET

Duration:

Extension:

ERIK C. ZACHWIEJA, MD -- NPI: 1386061588

8/29/2024 4:07 PM (EDT)