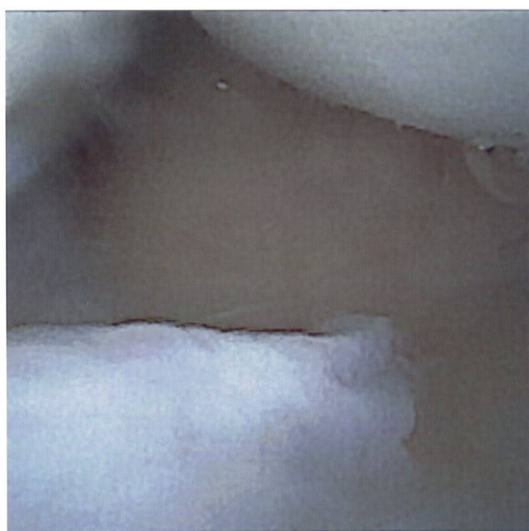




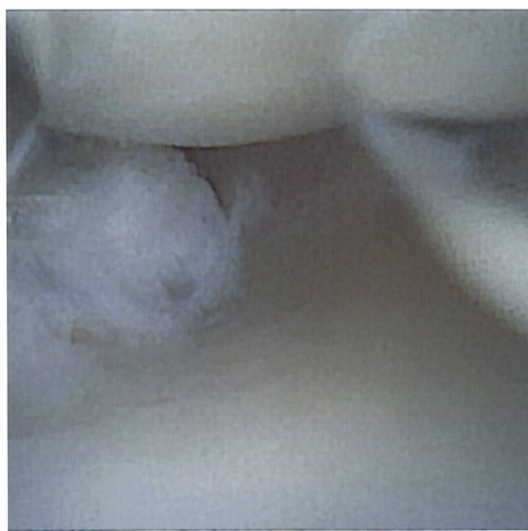
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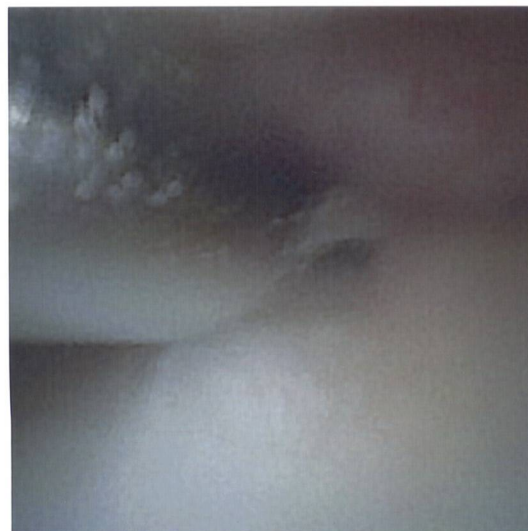
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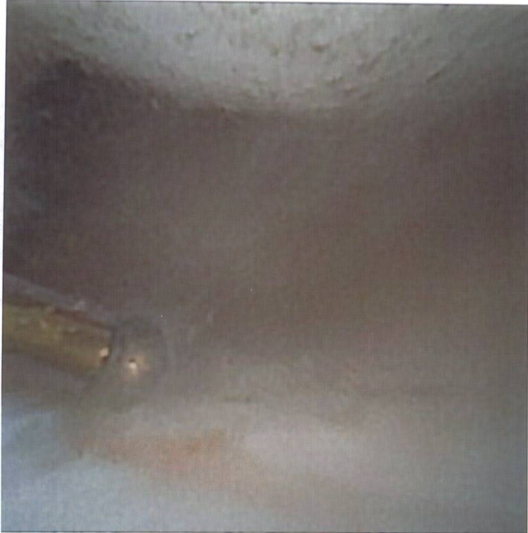
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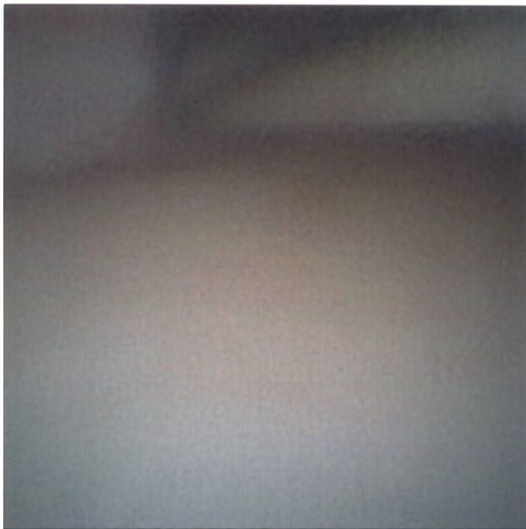
6



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8



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11

ALL CITY FAMILY HEALTHCARE CENTER
3632 NOSTRAND AVE BROOKLYN NY PH:718-332-4409

Date: 08/17/2022	Patient Name: NICAJ , PETER	BirthDate: 07/01/1971 - 51	DOS: 08/17/2022
SS#: 000-00-3415	Addr: 16 HIGH RIDGE ROAD PVT 1ST Hopewell Junction, NY 12533	Home: 347-993-4129	
Provider: %		Email:	
Patient #: 3303743		Cell:	

Emergency Contact:

MARICRIS
 NICAJ
 914-364-8917

Procedure:

Visit Reason : Left Wrist arthroscopy

NICAJ, PETER
 DOB: 07/01/1971 51y/o M
 Dr. Richard Pearl
 MRN: 3303743 DOS: 08/17/2022

Doctors Name : Dr. Richard Pearl

Visit Note : AUTH ATACHED

Primary Insurance: GCG RISK MANAGEMENT, INC. -	* WC * NYNF * lien * Medicare * MM WC	Claim# 005210056	Date of Injury: 12/29/2021
Secondary Insurance: -	* WC * NYNF * lien * Medicare * MM	Claim#	Date of Injury:

Primary Insurer: GCG Risk Management, Inc.

GCG Risk Management, Inc.
 100 Church Street Suite 810
 New York
 NY 10007

Date of Incident: 12/29/2021

Claim No: 005210056

Date of Incident:

Claim No:

Attorney Name:

Attorney Phone:

Adjuster First Name :

Adjuster Last Name :

Adjuster Phone :