

ORTHOPAEDIC HOSPITAL OF WISCONSIN, LLC

Other Name: Doing Business As: ORTHOPAEDIC HOSPITAL OF WISCONSIN

Organization Subpart: NO

 NPI: 1669584983

 Last Updated: 2009-12-08

Details

Name	Value																														
NPI	1669584983																														
Enumeration Date	2006-08-31																														
NPI Type	2- Organization																														
Status	Active																														
Authorized Official Information	Name: BRIAN J CRAMER Title: CEO Phone: 414-961-6846																														
Mailing Address	475 W RIVER WOODS PKWY GLENDALE, WI 53212-1081 United States  Phone: 414-961-6800   Fax: 414-961-6778 <a href="#">View Map</a>																														
Primary Practice Address	475 W RIVER WOODS PKWY GLENDALE, WI 53212-1081 United States  Phone: 414-961-6800   Fax: 414-961-6778 <a href="#">View Map</a>																														
Health Information Exchange	<table><tr><th>Endpoint Type</th><th>Endpoint</th><th>Endpoint Description</th><th>Use</th><th>Content Type</th><th>Affiliation</th><th>Endpoint Location</th></tr><tr><td colspan="7"></td></tr></table>	Endpoint Type	Endpoint	Endpoint Description	Use	Content Type	Affiliation	Endpoint Location																							
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Other Identifiers	<table><tr><th>Issuer</th><th>State</th><th>Number</th></tr><tr><td>Other</td><td></td><td>*****</td></tr><tr><td>MEDICAID</td><td>WI</td><td>11023600</td></tr><tr><td>Other</td><td></td><td>137685900</td></tr><tr><td>Other</td><td></td><td>7375295</td></tr><tr><td>Other</td><td></td><td>*****</td></tr><tr><td>Other</td><td></td><td>=====010</td></tr><tr><td>MEDICAID</td><td>IN</td><td>200490820A</td></tr><tr><td>Other</td><td></td><td>2076664</td></tr><tr><td>Other</td><td></td><td>*****</td></tr></table>	Issuer	State	Number	Other		*****	MEDICAID	WI	11023600	Other		137685900	Other		7375295	Other		*****	Other		=====010	MEDICAID	IN	200490820A	Other		2076664	Other		*****
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