

Concentra Medical Centers (NJ)

116 Corporate Blvd Ste E SOUTH PLAINFIELD, NJ 07080
Phone: (908) 757-1424 Fax: (908) 757-5678

Service Date: 10/27/2022**Referral Queue ID:** 480498391**Patient Referral****Patient Information:****Patient:** Moreno, Marcella A.**SSN:** 125-46-7524**Address:** 133 Rutgers Rd
PISCATAWAY, NJ 08854**Home Phone:**(917) 709-2223**Work Phone:****DOI:** 10/26/2022**DOB:** 08/08/1959**Ext:****Cell Phone:**(917) 709-2223**Employer Contact:****Employer Location:**Plainfield Board of Education**Address:** 1200 Myrtle Ave
Plainfield, NJ 070631139**Auth. by:****Contact:** Deborah Boyd**Role:** Primary Contact**Phone:** (908) 731-4243 **Ext.:****Fax:****Program:****Billing Information:****Carrier:** D&H Alternative Risk Solutions**Address:** PO Box 68
Newton, NJ 078600068**Phone:** (973) 940-1851**Fax:** (908) 684-9911**Notes:** Alt name, Dietz & Hammer**Billing:** D&H Alternative Risk Solutions**Address:** PO Box 68
Newton, NJ 078600068**Claim #:******NOTE TO THE ABOVE FACILITY OR PHYSICIAN:****Please send a copy of all reports on this patient to the payer and the center.**

Referral Queue ID: 480498391

Patient Referral

Patient Information:

Patient:	Moreno, Marcella A.	Home Phone:	(917) 709-2223
SSN:	125-46-7524	Work Phone:	Ext:
Address:	133 Rutgers Rd	DOI:	10/26/2022
	PISCATAWAY, NJ 08854	DOB:	08/08/1959
		Cell Phone:	(917) 709-2223

Therapy Referral Information:

Referral Status: Pending Referral Dept

REFERRAL PRESCRIPTION

Provider Type: Physical Therapist

Requested

Total Treatments:	6	Request Comments:
Treatments per Week:	3	Auto Generated
Treatment Duration:	2 Weeks	

Diagnosis

ICD9 Code	ICD10 Code	Description
840.9	S43.401A	UNSPECIFIED SPRAIN OF RIGHT SHOULDER JOINT, INIT ENCNTN-S43.401A

Additional Notes

Auto Create - Physical Therapy Referral

Date: 10/27/2022

Referring Provider: Anthony Tarasenko, MD
*** Provider Signature on File ***

Number of Visits to Date:0

Authorized

Total Treatments:	Auth Number:
Treatments per Week:	Effective Date:
Treatment Duration:	Expiration Date:
Authorization Comments:	Units Authorized:

****NOTE TO THE ABOVE FACILITY OR PHYSICIAN:**
Please send a copy of all reports on this patient to the payer and the center.