

Referral Queue ID: 480562379

Patient Referral

Patient Information:

Patient:	Anderson, Emma	Home Phone:	(201) 247-0817
SSN:		Work Phone:	Ext:
Address:	12 wadworth terrace	DOI:	07/10/2024
	CRANFORD, NJ 07016	DOB:	10/29/1959
		Cell Phone:	(201) 247-0817

Employer Contact:

Employer Location:	Plainfield Board of Education	Contact:	Wendy Hardy
Address:	1200 Myrtle Ave	Role:	Additional Contact
	Plainfield, NJ 070631139	Phone:	(908) 731-4323
Auth. by:		Ext.:	
		Fax:	

Program:

Billing Information:

Carrier:	D&H Alternative Risk Solutions	Billing:	D&H Alternative Risk Solutions
Address:	PO Box 68	Address:	PO Box 68
	Newton, NJ 078600068		Newton, NJ 078600068
Phone:	(973) 940-1851	Claim #:	
Fax:	(908) 684-9911		
Notes:	Alt name, Dietz & Hammer		

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

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Therapy Referral Information:

Referral Status: New Referral

REFERRAL PRESCRIPTION

Provider Type: Physical Therapist

Requested

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

Body Part


Part	Laterality
Hip	Left
Knee	Left
Lower Leg	Left

Additional Notes

Auto Create - Physical Therapy Referral

Date: 07/12/2024

Referring Provider: Neola Gushway-Henry, MD



Number of Visits to Date: 0

Authorized

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

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