## **Concentra Medical Centers (NJ)**

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

**Patient Referral Referral Queue ID:** 480497770

**Patient Information:** 

Patient: Jara, Catherine M. Home Phone: (908) 304-4753

SSN: 148-80-8524 Work Phone: Ext:

DOI: 10/21/2022 Cell Phone: (908) 304-4753 Address: 42 Steiner Place

N PLAINFIELD, NJ 07060 DOB: 10/26/1985

**Employer Contact:** 

Employer Location: Plainfield Board of Education Contact: Deborah Boyd Address: 1200 Myrtle Ave **Primary Contact** Role:

> Plainfield, NJ 070631139 Phone: (908) 731-4243 Ext.:

Auth. by: 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 Fax: (908) 684-9911

Alt name, Dietz & Hammer Notes:

Claim #:

\*\*NOTE TO THE ABOVE FACILITY OR PHYSICIAN:

Please send a copy of all reports on this patient to the payer and the center.

Service Date: 10/21/2022

## **Concentra Medical Centers (NJ)**

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

**Patient Referral Referral Queue ID:** 480497770

**Patient Information:** 

Home Phone: (908) 304-4753 Patient: Jara, Catherine M.

148-80-8524 SSN: Work Phone: Ext:

10/21/2022 Cell Phone: (908) 304-4753 Address: 42 Steiner Place DOI:

> N PLAINFIELD, NJ 07060 DOB: 10/26/1985

**Facility Referral Information:** 

Referral Status: Autoclose

Consult and treat

**Priority:** Routine

REFERRAL PRESCRIPTION

**Recommended Facility:** 

**Facility Type: Test Center** 

**Facility Service:** MRI

**Referral Purpose** 

**Referral Focus** Hemisphere Ruleout Contrast Knee Left N/A Without N/A Without

**Diagnosis** 

ICD9 Code ICD10 Code Description

843.8 S83.92XA SPRAIN OF UNSPECIFIED SITE OF LEFT KNEE, INITIAL ENCOUNTER-S83.92XA

**Additional Notes:** 

Auto Create - MRI, Left Knee; without contrast material

Date: 10/21/2022 Referring Provider: Anthony Tarasenko, MD

\*\*\* Provider Signature on File \*\*\*

\*\*NOTE TO THE ABOVE FACILITY OR PHYSICIAN:

Please send a copy of all reports on this patient to the payer and the center.

Service Date: 10/21/2022