Concentra Medical Centers (NJ)
2 City Hall Plaza Ste 302 Rahway, NJ 07065
Phone: (732) 381-3636 Fax: (732) 381-5977

Service Date: 09/22/2023

Referral Queue ID: 480533059

Patient Referral

Patient Information:

Patient: Woods, Taylor A.
SSN: XXX-XX-6224
Address: 400 Matawan ave 127G
CLIFFWOOD, NJ 07721

Home Phone: (908) 463-1370
Work Phone:
Ext:
DOI: 09/16/2023
Cell Phone: (908) 463-1370
DOB: 12/18/1996

Employer Contact:

Employer Location: City of Rahway-Admin Non D
Address: 1 City Hall Plz,
Rahway, NJ 070655022
Auth. by:

Contact: Michelle Dalesandris
Role: Primary Contact
Phone: (732) 827-2177 **Ext.:**
Fax:

Program:

Billing Information:

Carrier: D&H Alternative Risk Solutions
Address: PO Box 68
Newton, NJ 078600068

Billing: D&H Alternative Risk Solutions
Address: PO Box 68
Newton, NJ 078600068

Phone: (973) 940-1851
Fax: (908) 684-9911

Claim #:

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: Pending Referral Dept

REFERRAL PRESCRIPTION

Provider Type: Physical Therapist

Requested

Total Treatments: 6
Treatments per Week: 3
Treatment Duration: 2 Weeks

Request Comments:
Auto Generated

Diagnosis

ICD9 Code	ICD10 Code	Description
845	S93.401A	SPRAIN OF UNSPECIFIED LIGAMENT OF RIGHT ANKLE, INIT ENCNTR-S93.401A

Additional Notes

Auto Create - Physical Therapy Referral

Date: 09/22/2023

Referring Provider: Sarla Chhabria, MD
****** Provider Signature on File ******

Number of Visits to Date: 0

Authorized

Total Treatments:
Treatments per Week:
Treatment Duration:
Authorization Comments:

Auth Number:
Effective Date:
Expiration Date:
Units Authorized:

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