

**Concentra Medical Centers (NJ)**

615 Division St ELIZABETH, NJ 07201  
Phone: (908) 289-5646 Fax: (908) 351-1099

**Service Date:** 11/07/2022**Referral Queue ID:** 480499385**Patient Referral****Patient Information:**

<b>Patient:</b>	Alvarado, Paul F.	<b>Home Phone:</b>	(908) 875-9384
<b>SSN:</b>	145-19-8263	<b>Work Phone:</b>	<b>Ext:</b>
<b>Address:</b>	145 Valley View Rd	<b>DOI:</b>	10/28/2022
	HILLSIDE, NJ 07205	<b>DOB:</b>	11/18/1986
		<b>Cell Phone:</b>	(908) 875-9384

**Employer Contact:**

<b>Employer Location:</b>	Hillside Township-DPW	<b>Contact:</b>	Scott Anderson
<b>Address:</b>	Liberty & Hillside Avenues	<b>Role:</b>	Primary Contact
	HILLSIDE, NJ 07205	<b>Phone:</b>	(973) 926-1110
<b>Auth. by:</b>		<b>Ext.:</b>	
		<b>Fax:</b>	(973) 926-1165

**Program:****Billing Information:**

<b>Carrier:</b>	D&H Alternative Risk Solutions	<b>Billing:</b>	D&H Alternative Risk Solutions
<b>Address:</b>	PO Box 68	<b>Address:</b>	PO Box 68
	Newton, NJ 078600068		Newton, NJ 078600068
<b>Phone:</b>	(973) 940-1851	<b>Claim #:</b>	
<b>Fax:</b>	(908) 684-9911		
<b>Notes:</b>	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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HILLSIDE, NJ 07205

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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
923.3	S60.111A	CONTUSION OF RIGHT THUMB WITH DAMAGE TO NAIL, INIT ENCNTN-S60.111A
927.3	S67.01XA	CRUSHING INJURY OF RIGHT THUMB, INITIAL ENCOUNTER-S67.01XA

**Additional Notes**

Auto Create - Physical Therapy Referral

**Date:** 11/07/2022

**Referring Provider:** Che Liu, MD  
\*\*\* *Provider Signature on File* \*\*\*

**Number of Visits to Date:**0**Authorized**

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

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