

Concentra Medical Centers (NJ)16 Ethel Rd Edison, NJ 08817
Phone: (732) 248-0088 Fax: (732) 248-4408**Service Date:** 12/07/2023**Referral Queue ID:** 480540684**Patient Referral****Patient Information:**

Patient:	Torres, Jose R.	Home Phone:	(732) 397-5067
SSN:	XXX-XX-5702	Work Phone:	Ext:
Address:	76 John St	DOI:	11/16/2020
	CARTERET, NJ 07008	DOB:	11/25/1980
		Cell Phone:	(732) 397-5067

Employer Contact:

Employer Location:	City of Perth Amboy-DPW	Contact:	Maria Rivera
Address:	260 High St	Role:	Additional Injury Contact
	Perth Amboy, NJ 08861445	Phone:	(732) 771-2508
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.

Referral Queue ID: 480540684

Patient Referral**Patient Information:**

Patient:	Torres, Jose R.	Home Phone:	(732) 397-5067
SSN:	XXX-XX-5702	Work Phone:	Ext:
Address:	76 John St	DOI:	11/16/2020
	CARTERET, NJ 07008	DOB:	11/25/1980
		Cell Phone:	(732) 397-5067

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
Shoulder	Left	N/A	Without
		N/A	Without

Diagnosis

ICD9 Code	ICD10 Code	Description
908.9	S49.92XA	UNSP INJURY OF LEFT SHOULDER AND UPPER ARM, INIT ENCNTR-S49.92XA

Additional Notes:

Auto Create - MRI, Left Shoulder; without contrast material(s)

Date: 12/7/2023**Referring Provider:** Shanthi Reddy, MD****NOTE TO THE ABOVE FACILITY OR PHYSICIAN:**

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