

Concentra Medical Centers (NJ)368 Lakehurst Rd Ste 206 Toms River, NJ 08755
Phone: (732) 557-9980 Fax: (732) 557-9985**Service Date:** 08/03/2023**Referral Queue ID:** 440116762**Patient Referral****Patient Information:**

Patient:	Colon, Anthony	Home Phone:	(848) 250-3509
SSN:	XXX-XX-8476	Work Phone:	Ext:
Address:	602 Mississippi St	DOI:	08/02/2023
	TOMS RIVER, NJ 08755	DOB:	09/23/1994
		Cell Phone:	(848) 250-3509

Employer Contact:

Employer Location:	City of Perth Amboy-Fire Dep	Contact:	Maria Rivera
Address:	260 High St	Role:	Unspecified
	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: 440116762

Patient Referral**Patient Information:**

Patient:	Colon, Anthony	Home Phone:	(848) 250-3509
SSN:	XXX-XX-8476	Work Phone:	Ext:
Address:	602 Mississippi St	DOI:	08/02/2023
	TOMS RIVER, NJ 08755	DOB:	09/23/1994
		Cell Phone:	(848) 250-3509

Therapy Referral Information:

Referral Status: Pending Referral Dept

REFERRAL PRESCRIPTION

Provider Type: Physical Therapist

Requested

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

Diagnosis

ICD9 Code	ICD10 Code	Description
914	S60.511A	ABRASION OF RIGHT HAND, INITIAL ENCOUNTER-S60.511A
840.9	S43.401A	UNSPECIFIED SPRAIN OF RIGHT SHOULDER JOINT, INIT ENCINTR-S43.401A
843.8	S83.92XA	SPRAIN OF UNSPECIFIED SITE OF LEFT KNEE, INITIAL ENCOUNTER-S83.92XA
916	S80.812A	ABRASION, LEFT LOWER LEG, INITIAL ENCOUNTER-S80.812A
E888.9	W19.XXXA	UNSPECIFIED FALL, INITIAL ENCOUNTER-W19.XXXA

Additional Notes

Auto Create - Physical Therapy Referral

Date: 08/03/2023

Referring Provider: Maxwell Castor, PA-C



Number of Visits to Date:0

Authorized

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

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

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