

Concentra Medical Centers (NJ)

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

Service Date: 02/03/2023**Referral Queue ID:** 480508575**Patient Referral****Patient Information:****Patient:** Wright, Ruth**SSN:****Address:** 1704 Aspen Court
PISCATAWAY, NJ 08854**Home Phone:**(732) 310-5253**Work Phone:****DOI:** 01/23/2023**DOB:** 12/15/1959**Ext:****Cell Phone:**(732) 310-5253**Employer Contact:****Employer Location:**Plainfield Board of Education**Address:** 1200 Myrtle Ave
Plainfield, NJ 070631139**Auth. by:****Contact:** Deborah Boyd**Role:** Primary Contact**Phone:** (908) 731-4243 **Ext.:****Fax:****Program:****Billing Information:****Carrier:** D&H Alternative Risk Solutions**Address:** PO Box 68
Newton, NJ 078600068**Phone:** (973) 940-1851**Fax:** (908) 684-9911**Notes:** Alt name, Dietz & Hammer**Billing:** D&H Alternative Risk Solutions**Address:** PO Box 68
Newton, NJ 078600068**Claim #:******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: 480508575

Patient Referral

Patient Information:

Patient:	Wright, Ruth	Home Phone:	(732) 310-5253
SSN:		Work Phone:	
Address:	1704 Aspen Court PISCATAWAY, NJ 08854	DOI:	01/23/2023
		DOB:	12/15/1959
		Ext:	
		Cell Phone:	(732) 310-5253

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
846	S33.5XXA	SPRAIN OF LIGAMENTS OF LUMBAR SPINE, INITIAL ENCOUNTER-S33.5XXA

Additional Notes

Auto Create - Physical Therapy Referral

Date: 02/03/2023

Referring Provider: Anthony Tarasenko, MD
*** Provider Signature on File ***

Number of Visits to Date:0

Authorized

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

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