

Concentra Medical Centers (NJ)

16 Ethel Rd Edison, NJ 08817
Phone: (732) 248-0088 Fax: (732) 248-4408

Service Date: 06/26/2023**Referral Queue ID:** 480523259**Patient Referral****Patient Information:**

Patient:	Dorsey, Robert A.	Home Phone:	(908) 422-5777
SSN:	XXX-XX-8907	Work Phone:	Ext:
Address:	430 West Seventh Street 2C	DOI:	06/22/2023
	RUTHERFORD, NJ 07070	DOB:	05/13/1957
		Cell Phone:	(908) 422-5777

Employer Contact:

Employer Location:	Plainfield Board of Education	Contact:	Wendy Hardy
Address:	1200 Myrtle Ave	Role:	Additional Contact
	Plainfield, NJ 070631139	Phone:	(908) 731-4323
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: 480523259

Patient Referral**Patient Information:**

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Address:	430 West Seventh Street 2C	DOI:	06/22/2023
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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
842	S66.912A	STRAIN OF UNSP MUSC/FASC/TEND AT WRS/HND LV, LEFT HAND, INIT-S66.912A

Additional Notes

Auto Create - Physical Therapy Referral

Date: 06/26/2023

Referring Provider: Shanthy Reddy, MD



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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