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

Service Date: 04/03/2023

Referral Queue ID: 480514584

Patient Referral

Patient Information:

Patient: Soto, Angel M.
SSN: 135-80-1861
Address: 514 sayre ave
PERTH AMBOY, NJ 08861

Home Phone: (848) 459-1589
Work Phone:
Ext:
DOI: 04/01/2023
Cell Phone: (848) 459-1589
DOB: 05/01/1985

Employer Contact:

Employer Location: City of Perth Amboy-Police D
Address: 260 High St
Perth Amboy, NJ 088614451
Auth. by:

Contact: Maria Rivera
Role: Additional Injury Contact
Phone: (732) 771-2508 **Ext.:**
Fax:

Program:

Billing Information:

Carrier: D&H Alternative Risk Solutions
Address: PO Box 68
Newton, NJ 078600068

Billing: D&H Alternative Risk Solutions
Address: PO Box 68
Newton, NJ 078600068

Phone: (973) 940-1851
Fax: (908) 684-9911

Claim #:

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.

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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
847.0	S16.1XXA	STRAIN OF MUSCLE, FASCIA AND TENDON AT NECK LEVEL, INIT-S16.1XXA
920.1	S00.83XA	CONTUSION OF OTHER PART OF HEAD, INITIAL ENCOUNTER-S00.83XA
728.85	M62.838	OTHER MUSCLE SPASM-M62.838

Additional Notes

Auto Create - Physical Therapy Referral

Date: 04/03/2023

Referring Provider: Shanthi Reddy, MD
****** Provider Signature on File ******

Number of Visits to Date: 0

Authorized

Total Treatments:
Treatments per Week:
Treatment Duration:
Authorization Comments:

Auth Number:
Effective Date:
Expiration Date:
Units Authorized:

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