



Fax

Concentra Medical Center
116 Corporate Blvd
Suite E
South Plainfield, NJ 07080
P:908-757-1424
F:908-757-5678

TO: Plainfield BOE

FROM: CMC

FAX: 973-940-1852

FAX:

PHONE:

PHONE:

SUBJECT:

DATE: 02/03/2023

NO. PAGES:

COMMENTS:

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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: 480508574

Patient Referral**Patient Information:**

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

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
842.1	S63.91XA	SPRAIN OF UNSP PART OF RIGHT WRIST AND HAND, INIT ENCNTR
842.1	S63.92XA	SPRAIN OF UNSP PART OF LEFT WRIST AND HAND, INIT ENCNTR-5

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:

****NOTE TO THE ABOVE FACILITY OR PHYSICIAN:**
Please send a copy of all reports on this patient to the payer and the center.

Concentra Medical Centers (NJ)
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Phone: (908) 757-1424 Fax: (908) 757-5678

Service Date: 02/03/2023

Referral Queue ID: 480508574

Patient Referral

Patient Information:

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

Employer Contact:

Employer Location:	Plainfield Board of Education	Contact:	Deborah Boyd
Address:	1200 Myrtle Ave	Role:	Primary Contact
	Plainfield, NJ 070631139	Phone:	(908) 731-4243
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		

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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	Home Phone:	(732) 310-5253
SSN:		Work Phone:	
Address:	1704 Aspen Court	DOI:	01/23/2023
	PISCATAWAY, NJ 08854	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-S

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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Phone: (908) 757-1424 Fax: (908) 757-5678

Service Date: 02/03/2023

Referral Queue ID: 480508575

Patient Referral

Patient Information:

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

Employer Contact:

Employer Location:	Plainfield Board of Education	Contact:	Deborah Boyd
Address:	1200 Myrtle Ave Plainfield, NJ 070631139	Role:	Primary Contact
Auth. by:		Phone:	(908) 731-4243 Ext.:
		Fax:	

Program:

Billing Information:

Carrier:	D&H Alternative Risk Solutions	Billing:	D&H Alternative Risk Solutions
Address:	PO Box 68 Newton, NJ 078600068	Address:	PO Box 68 Newton, NJ 078600068
Phone:	(973) 940-1851	Claim #:	
Fax:	(908) 684-9911		
Notes:	Alt name, Dietz & Hammer		

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