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

Patient Referral Referral Queue ID: 480539910

Patient Information:

Patient: Toledo, Dina

XXX-XX-8682

SSN: DOI: Address: 231 Columbus Drive

> DOB: 11/09/1990 FRANKLIN PARK, NJ 08823

Employer Contact:

Employer Location: Plainfield Board of Education

Address: 1200 Myrtle Ave

Plainfield, NJ 070631139

Auth. by:

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 Home Phone: (732) 668-8578

Work Phone: Ext:

11/30/2023 Cell Phone:(732) 668-8578

Service Date: 11/30/2023

Contact: Wendy Hardy

Role: **Additional Contact**

Phone: (908) 731-4323 Ext.:

Fax:

Billing:

Address: PO Box 68

D&H Alternative Risk Solutions

Newton, NJ 078600068

Claim #:

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

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Patient Referral Referral Queue ID: 480539910

Patient Information:

Patient: Toledo, Dina

Home Phone: (732) 668-8578

SSN: XXX-XX-8682 Work Phone: Ext: DOI: 11/30/2023

Address: 231 Columbus Drive FRANKLIN PARK, NJ 08823

DOB: 11/09/1990

Therapy Referral Information:

Referral Status: Pending Referral Dept

REFERRAL PRESCRIPTION

Provider Type: Physical Therapist

Requested

Total Treatments: 6 **Request Comments: Auto Generated** Treatments per Week:

Treatment Duration: 2 Weeks

Diagnosis

ICD9 Code **ICD10 Code** Description

E888.9 W19.XXXA UNSPECIFIED FALL, INITIAL ENCOUNTER-W19.XXXA

Body Part

Part Laterality

Knee Left

Additional Notes

Auto Create - Physical Therapy Referral

Date: 11/30/2023 Anthony Tarasenko, MD Referring Provider:

*** Provider Signature on File ***

Cell Phone:(732) 668-8578

Service Date: 11/30/2023

Number of Visits to Date:0

Authorized

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

**NOTE TO THE ABOVE FACILITY OR PHYSICIAN:

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