

Concentra Medical Centers (NJ)

2 City Hall Plaza Ste 302 Rahway, NJ 07065
Phone: (732) 381-3636 Fax: (732) 381-5977

Service Date: 09/29/2023**Referral Queue ID:** 480533715**Patient Referral****Patient Information:**

Patient:	Drisdorn, Veronica T.	Home Phone:	(732) 877-3290
SSN:	XXX-XX-5065	Work Phone:	Ext:
Address:	389 East Milton Avenue FL 2 RAHWAY, NJ 07065	DOI:	08/23/2023
		DOB:	12/01/1959
		Cell Phone:	(732) 877-3290

Employer Contact:

Employer Location:	City of Rahway-Admin	Contact:	Michelle Dalesandris
Address:	1 City Hall Plz, Rahway, NJ 070655022	Role:	Primary Contact
Auth. by:		Phone:	(732) 827-2177
		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		

****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: 480533715

Patient Referral**Patient Information:**

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Address:	389 East Milton Avenue FL 2	DOI:	08/23/2023
	RAHWAY, NJ 07065	DOB:	12/01/1959
		Cell Phone:	(732) 877-3290

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
847.0	S16.1XXA	STRAIN OF MUSCLE, FASCIA AND TENDON AT NECK LEVEL, INIT-S16.1XXA
840.3	S46.912A	STRAIN UNSP MUSC/FASC/TEND AT SHLDR/UP ARM, LEFT ARM, INIT-S46.912A
E812.9	V89.2XXA	PERSON INJURED IN UNSP MOTOR-VEHICLE ACCIDENT, TRAFFIC, INIT-V89.2XXA

Additional Notes

Auto Create - Physical Therapy Referral

Date: 09/29/2023

Referring Provider: Sarla Chhabria, 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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