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

Service Date: 09/11/2023

**Patient Referral** 480531603 Referral Queue ID:

**Patient Information:** 

Patient: Payton, Andre Home Phone: (848) 426-9469

SSN: XXX-XX-4086 Work Phone: Ext:

DOI: 09/11/2023 Cell Phone: (848) 426-9469 Address: 22 royal drive 60

> DOB: 12/31/1982 PISCATAWAY, NJ 08854

**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 Ext.:

Auth. by: 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

> > Claim #:

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

Notes: Alt name, Dietz & Hammer

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

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**Patient Information:** 

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Home Phone: (848) 426-9469

SSN: XXX-XX-4086 Work Phone: Ext: DOI: 09/11/2023 Cell Phone: (848) 426-9469

Service Date: 09/11/2023

Revision: 05/23/2010

Address: 22 royal drive 60 PISCATAWAY, NJ 08854

DOB: 12/31/1982

**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** 

S83.92XA SPRAIN OF UNSPECIFIED SITE OF LEFT KNEE, INITIAL ENCOUNTER-S83.92XA 843.8

**Additional Notes** 

Auto Create - Physical Therapy Referral

Date: 09/11/2023 **Referring Provider:** Neola Gushway-Henry, MD

Number of Visits to Date:0

**Authorized** 

**Auth Number: Total Treatments:** 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.