

**Referral Queue ID:** 480570782

## Patient Referral

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### **Patient Information:**

<b>Patient:</b>	Vega, Asuncion	<b>Home Phone:</b>	(201) 640-7227
<b>SSN:</b>	XXX-XX-4738	<b>Work Phone:</b>	<b>Ext:</b>
<b>Address:</b>	316 Franklin place Apt C5	<b>DOI:</b>	01/10/2024
	PLAINFIELD, NJ 07060	<b>DOB:</b>	05/05/1975
		<b>Cell Phone:</b>	(201) 640-7227

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### **Employer Contact:**

<b>Employer Location:</b>	Plainfield Board of Education	<b>Contact:</b>	Wendy Hardy
<b>Address:</b>	1200 Myrtle Ave	<b>Role:</b>	Additional Contact
	Plainfield, NJ 070631139	<b>Phone:</b>	(908) 731-4323
<b>Auth. by:</b>		<b>Ext.:</b>	
		<b>Fax:</b>	

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### **Program:**

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### **Billing Information:**

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

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**\*\*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: New Referral

### REFERRAL PRESCRIPTION

Provider Type: Physical Therapist

#### Requested

<b>Total Treatments:</b>	6	<b>Request Comments:</b>
<b>Treatments per Week:</b>	3	Auto Generated
<b>Treatment Duration:</b>	2 Weeks	

#### Diagnosis

ICD9 Code	ICD10 Code	Description
847.2	S39.012A	STRAIN OF MUSCLE, FASCIA AND TENDON OF LOWER BACK, INIT-S39.012A

#### Body Part

Part	Laterality
Lumbar Spine	Bilateral

#### Additional Notes

Auto Create - Physical Therapy Referral

Date: 10/09/2024

Referring Provider: Anthony Tarasenko, MD  
\*\*\* Provider Signature on File \*\*\*

Number of Visits to Date: 0

#### Authorized

<b>Total Treatments:</b>	<b>Auth Number:</b>
<b>Treatments per Week:</b>	<b>Effective Date:</b>
<b>Treatment Duration:</b>	<b>Expiration Date:</b>
<b>Authorization Comments:</b>	<b>Units Authorized:</b>

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