

PMS ID: Sex: DOB: Phone: MRN:  
113132PAT000179001 Male 04/25/1967 (551) 313-3895 MM0000023942

PATIENT INFORMATION				GUARANTOR INFORMATION			
LAST NAME Bullock		FIRST NAME James		LAST NAME Bullock		FIRST NAME James	
SSN XXX-XX-7013		DATE OF BIRTH 04/25/1967		SEX Male		MRN MM0000023942	
STREET ADDRESS 249 arlington ave				RELATIONSHIP TO PATIENT Self			
STREET ADDRESS CONTD.				STREET ADDRESS CONTD.			
CITY east orange		STATE NJ		ZIP CODE 07018		CITY east orange	
HOME PHONE 5513133895		CELL PHONE 5513133895		EMPLOYER NAME Township of Irvington		WORK PHONE	
PRIMARY BILLING / INSURANCE INFORMATION							
SUBSCRIBER NAME		RELATIONSHIP Employer		SUB. DOB		COMPANY NAME D & H Alternative Risk Solutions	
STREET ADDRESS PO BOX 69		STATE NJ		ZIP CODE 07860		GRP/CONTRACT # IWC088558	
CITY Newton		STREET ADDRESS CONTD. 83 Spring St suite 104		EMPLOYER NAME Township of Irvington		MEMBER ID #	
DIAGNOSES							
Diagnosis	ICD Code	Description					
1	M54.16	Radiculopathy, lumbar region					
PT Rx - Lumbar Spine							
<p>Indication: Lumbar Radiculopathy - lumbar spine - M54.16 Protocol: evaluate and treat per diagnosis/objective exam Recommend frequency of 2-3 times per week for 4 weeks - Therapeutic Exercises: All exercises prn per therapist. - Manual Therapy: All manual therapy prn per therapist. - Modalities: All modalities prn per therapist.</p> <p>Provider: Jay S Reidler Priority: normal</p> <p>Time frame: 4 week(s)</p>							

Electronically Signed By: Jay S Reidler, 08/08/2024 12:26 PM EDT