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: 480537444

Patient Information:

Patient: Kuhn, Theresa M.

SSN: XXX-XX-1396

Address: 1911 Terrace Ave

SOUTH PLAINFIELD, NJ 07080

Home Phone: (908) 295-6519

Work Phone: Ext: **Service Date:** 11/03/2023

DOI: 11/01/2023 Cell Phone: (908) 295-6519 DOB: 06/19/1982

Additional Contact

Phone: (908) 731-4323 Ext.:

Employer Contact:

Employer Location: Plainfield Board of Education Address: 1200 Myrtle Ave

Plainfield, NJ 070631139

Fax:

Claim #:

Role:

Auth. by:

Program:

r_referral

Billing Information:

Carrier: D&H Alternative Risk Solutions

Address: PO Box 68

Newton, NJ 078600068

Billing: **D&H Alternative Risk Solutions**

Address: PO Box 68

Contact: Wendy Hardy

Newton, NJ 078600068

Phone: (973) 940-1851 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.

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DOB: 06/19/1982 Cell Phone: (908) 295-6519

Service Date: 11/03/2023

Therapy Referral Information:

Referral Status: Pending Referral Dept

REFERRAL PRESCRIPTION

Provider Type: Physical Therapist

Requested

SSN:

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

Treatment Duration: 2 Weeks

Diagnosis

ICD9 Code ICD10 Code Description

SPRAIN OF UNSPECIFIED SITE OF RIGHT KNEE, INITIAL ENCOUNTER-S83.91X 843.8 S83.91XA

Body Part

Part Laterality Knee Right

Additional Notes

Auto Create - Physical Therapy Referral

Date: 11/03/2023 Referring Provider: Neola Gushway-Henry, MD Alles

Number of Visits to Date:0

Authorized

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

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