

Referral Queue ID: 480532284

Patient Referral

Patient Information:

Patient:	Cabbell, Quanta H.	Home Phone:	(732) 248-9190		
SSN:	XXX-XX-3931	Work Phone:		Ext:	
Address:	68 Sunrise Drive	DOI:	09/15/2023	Cell Phone:	(732) 803-1551
	EDISON, NJ 08817	DOB:	06/18/1979		

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
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.

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EDISON, NJ 08817

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DOB: 06/18/1979

Therapy Referral Information:

Referral Status: Opt-out

REFERRAL PRESCRIPTION

Provider Type: Physical Therapist

Requested

Total Treatments: 6
Treatments per Week: 3
Treatment Duration: 2 Weeks

Request Comments:
Auto Generated

Diagnosis

ICD9 Code	ICD10 Code	Description
842	S66.912A	STRAIN OF UNSP MUSC/FASC/TEND AT WRS/HND LV, LEFT HAND, I

Additional Notes

Auto Create - Physical Therapy Referral

Date: 09/15/2023

Referring Provider: Neola Gushway-Henry, MD
*** Provider Signature on File ***

Number of Visits to Date: 0

Authorized

Total Treatments:
Treatments per Week:
Treatment Duration:
Authorization Comments:
PT always scheduled out for this client

Auth Number:
Effective Date:
Expiration Date:
Units Authorized:

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