

**Referral Queue ID:** 480559509

## Patient Referral

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### **Patient Information:**

|                 |                   |                    |                |
|-----------------|-------------------|--------------------|----------------|
| <b>Patient:</b> | Decaro, Tonja M.  | <b>Home Phone:</b> | (610) 837-6548 |
| <b>SSN:</b>     | XXX-XX-4139       | <b>Work Phone:</b> | <b>Ext:</b>    |
| <b>Address:</b> | 247 WALNUT STREET | <b>DOI:</b>        | 06/10/2024     |
|                 | BATH, PA 18014    | <b>DOB:</b>        | 04/22/1964     |
|                 |                   | <b>Cell Phone:</b> | (201) 388-4260 |

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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  |
|-----------|------------|--|
| 845       | S93.402A   | SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, INIT ENCNTR-S93.402A |
| 845       | S96.912A   | STRAIN OF UNSP MSL/TND AT ANK/FT LEVEL, LEFT FOOT, INIT-S96.912A   |

#### Body Part

| Part  | Laterality |
|-------|------------|
| Ankle | Left       |

#### Additional Notes

Auto Create - Physical Therapy Referral

Date: 06/12/2024

Referring Provider: Sheryl Cekot, NP  
\*\*\* 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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