

**Garden State Orthopaedic Associates, P.A.
Pre-Cert/Authorization Department
400 Franklin Turnpike, Suite 110
Mahwah, NJ 07430**

Date: 12/11/2024

Attention: LUCIA

To: DH ALTERNATIVE RISK

Fax #: 973-940-1852

Re: ROBERT COOPER

Claim # PJWC089774

From: Candy Wright ext 2151
Pre-Cert Department Supervisor
Tel: 201-475-0019. Fax : 201-475-8740
Email: candacew@gardenstateortho.com

of pages: 2 (including this page)

 Office Notes dated _____

X

Prescription for Physical Therapy, Occupational Therapy or Work Conditioning

 Prescription for FCE

 Prescription for MRI/CT/US/EMG _____

 Work Status Note

 Visco Injection

 Other

Order Form**GSOA - Paramus**

22 MADISON AVE, STE 202
PARAMUS, NJ, 07652-2721
201-587-7767 201-587-8090

Req/Ctrl# (CD-): 175994

Steven B. Shamash, DO

NPI: 1780841312

Hand Surgery

Cooper, Robert, Male, 06/27/1971 ID: 547361

Today: 12/11/2024 08:58 AM

263 INTERVALE RD, TEANECK, NJ 07666-6354

Order Date: 12/10/2024 09:00 AM

Primary Insurance Name: DH ALTERNATIVE RISK SOLUTIONS

Insurance Address: PO BOX 68 , NEWTON , NJ , 07860-0069

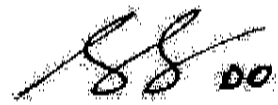
Subscriber Number: PJWC089774

Insured Name: TEANECK DPW,

Address: 1600 RIVER RD, TEANECK, NJ 07666

Priority	Test Name	Assessment(s)	Instructions
Routine	OCCUPATIONAL THERAPY Notes: 2 x 4	- S63.641D, Sprain of metacarpophalangeal (MCP) joint of right thumb, subsequent encounter	

COMMENTS: EVALUATION AND TREATMENT



Electronically Signed By: Steven B. Shamash, DO

Signature of Patient/Guardian

Order generated by eClinicalWorks (www.eclinicalworks.com)

Cooper, Robert, M, 06/27/1971