

Concentra Medical Centers (NJ)16 Ethel Rd Edison, NJ 08817
Phone: (732) 248-0088 Fax: (732) 248-4408**Service Date:** 11/10/2023**Referral Queue ID:** 480538184**Patient Referral****Patient Information:****Patient:** GONZALEZ, MAGALIZ**SSN:** XXX-XX-6866**Address:** 5302 BRISTOL STATION COURT
CARTERET, NJ 07008**Home Phone:**(732) 829-0405**Work Phone:****Ext:****DOI:** 10/19/2023**Cell Phone:**(732) 829-0405**DOB:** 01/25/1962**Employer Contact:****Employer Location:**City of Perth Amboy**Address:** 260 High St
Perth Amboy, NJ 08861445**Auth. by:****Contact:** Maria Rivera**Role:** Additional Injury Contact**Phone:** (732) 771-2508 **Ext.:****Fax:****Program:****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
Newton, NJ 078600068**Phone:** (973) 940-1851**Fax:** (908) 684-9911**Notes:** Alt name, Dietz & Hammer**Claim #:******NOTE TO THE ABOVE FACILITY OR PHYSICIAN:**

Please send a copy of all reports on this patient to the payer and the center.

Referral Queue ID: 480538184

Patient Referral**Patient Information:**

Patient:	GONZALEZ, MAGALIZ	Home Phone:	(732) 829-0405
SSN:	XXX-XX-6866	Work Phone:	Ext:
Address:	5302 BRISTOL STATION COURT	DOI:	10/19/2023
	CARTERET, NJ 07008	DOB:	01/25/1962
		Cell Phone:	(732) 829-0405

Therapy Referral Information:

Referral Status: Pending Referral Dept

REFERRAL PRESCRIPTION

Provider Type: Physical Therapist

Requested

Total Treatments:	6	Request Comments:
Treatments per Week:	3	Auto Generated
Treatment Duration:	2 Weeks	

Diagnosis

ICD9 Code	ICD10 Code	Description
908.9	S49.91XA	UNSP INJURY OF RIGHT SHOULDER AND UPPER ARM, INIT ENC NTR-S49.91XA

Body Part

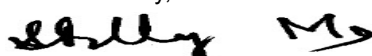
Part	Laterality
Shoulder	Right
Upper Arm	Right

Additional Notes

Auto Create - Physical Therapy Referral

Date: 11/10/2023

Referring Provider: Shanthi Reddy, MD



Number of Visits to Date: 0

Authorized

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

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