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

Date: 2 | 5 | 2024

	Attention: CAROLINIA
	TO: DH ALTERNATIVE RISK
	Fax #: 973-940-1862
Re:	JON SCOTT Claim # 1/MC 084802
From: # of pages	Andrea Vachon x2151 Pre-Cert Department Manager Tel: 201-475-0019. Fax: 201-475-8740 Email: andreav@gardenstateortho.com  s: (including this page)
# or pages	s: (including this page)
Offi	ice Notes dated
Pres	scription for Physical Therapy, Occupational Therapy or Work Conditioning
Pres	scription for FCE
X Pres	scription for MRI/OT/US/EMG
Wo	rk Status Note
MG	G-2/C-4 Form

## Order Form

GSOA - Clifton

925 CLIFTON AVE, STE 106 CLIFTON, NJ, 07013-2724

973-330-0700 973-928-2805

Reg/Ctrl# (CD-): 105972

Erik C. Zachwieja, MD NPI: 1386061588

Orthopedic Surgery

Scott, Dejon, Male, 10/08/1992 ID: 1216091

♀ 35 GROVE PL, EAST ORANGE, NJ 07017-4706

Today: 02/15/2024 10:17 AM Order Date: 02/14/2024 03:45 PM

Primary Insurance Name: DH ALTERNATIVE RISK SOLUTIONS Insurance Address: PO BOX 68 , NEWTON , NJ , 07860-0069

Subscriber Number: IWC086802

Insured Name: Irvington Police Department, Address: 1 CIVIC SQ, IRVINGTON, NJ 07111-2997

Priority

Diagnostic Name MRI: Knee, left, W/O Contrast Assessment(s) Instructions

- \$80,02XA, Contusion of left knee,

for their next appt.

initial encounter

Please provide disc to patient

Routine

Electronically Signed By: Erik C. Zachwieja, MD

\* Signature of Patient/Guardian

Order generated by eClinicalWorks (www.eclinicalworks.com)

Scott, Dejon, M, 10/08/1992