

PMS ID: Sex: DOB: Phone: MRN:
 113132PAT000176972 Male 05/10/1996 (973) 303-0794 MM0000021915

PATIENT INFORMATION				GUARANTOR INFORMATION		
LAST NAME Heussler		FIRST NAME Ryan		LAST NAME Heussler		FIRST NAME Ryan
SSN	DATE OF BIRTH 05/10/1996	SEX Male	MRN MM0000021915	RELATIONSHIP TO PATIENT Self		
STREET ADDRESS 8 Foster				STREET ADDRESS 8 Foster		
STREET ADDRESS CONTD.				STREET ADDRESS CONTD.		
CITY Bloomfield		STATE NJ	ZIP CODE 07003	CITY Bloomfield		STATE NJ
HOME PHONE	CELL PHONE 9733030794	EMPLOYER NAME		HOME PHONE		WORK PHONE
PRIMARY BILLING / INSURANCE INFORMATION						
SUBSCRIBER NAME		RELATIONSHIP Employer		COMPANY NAME D & H Alternative Risk Solutions		MEMBER ID # IWC087588
STREET ADDRESS PO BOX 69				STREET ADDRESS CONTD. 83 Spring St suite 104		
CITY Newton		STATE NJ	ZIP CODE 07860	EMPLOYER NAME TOWNSHIP OF IRVINGTON		
DIAGNOSES						
Diagnosis	ICD Code	Description				
1	M54.16	Radiculopathy, lumbar region				
PT Rx - Lumbar Spine						
<p>Indication: Lumbar Radiculopathy - lumbar spine - M54.16 Protocol: evaluate and treat per diagnosis/objective exam Recommend frequency of 2-3 times per week for 6 weeks - Therapeutic Exercises: All exercises prn per therapist. - Manual Therapy: All manual therapy prn per therapist. - Modalities: All modalities prn per therapist.</p> <p>Provider: Jay S Reidler Priority: normal</p>						

Electronically Signed By: Jay S Reidler, 04/22/2024 04:38 PM EDT