

Referral Queue ID: 480531372

Patient Referral

Patient Information:

| | | | |
|-----------------|----------------------|--------------------|----------------|
| Patient: | Crawford, Andre A. | Home Phone: | (908) 672-3170 |
| SSN: | XXX-XX-3762 | Work Phone: | Ext: |
| Address: | 19 Melrose Ave | DOI: | 09/06/2023 |
| | PLAINFIELD, NJ 07063 | DOB: | 06/19/1964 |
| | | Cell Phone: | (908) 672-3170 |

Employer Contact:

| | | | |
|---------------------------|-------------------------------|-----------------|--------------------|
| Employer Location: | Plainfield Board of Education | Contact: | Wendy Hardy |
| Address: | 1200 Myrtle Ave | Role: | Additional Contact |
| | Plainfield, NJ 070631139 | Phone: | (908) 731-4323 |
| Auth. by: | | Ext.: | |
| | | Fax: | |

Program:

Billing Information:

| | | | |
|-----------------|--------------------------------|-----------------|--------------------------------|
| Carrier: | D&H Alternative Risk Solutions | Billing: | D&H Alternative Risk Solutions |
| Address: | PO Box 68 | Address: | PO Box 68 |
| | Newton, NJ 078600068 | | Newton, NJ 078600068 |
| Phone: | (973) 940-1851 | Claim #: | |
| Fax: | (908) 684-9911 | | |
| Notes: | Alt name, Dietz & Hammer | | |

****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: 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 |
|-----------|------------|---|
| 840.3 | S46.912A | STRAIN UNSP MUSC/FASC/TEND AT SHLDR/UP ARM, LEFT ARM, INIT-S46.912A |

Additional Notes

Auto Create - Physical Therapy Referral

Date: 09/08/2023

Referring Provider: Neola Gushway-Henry, 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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