Service Date: 10/04/2023

Referral Queue ID:

480534177

**Patient Referral** 

Patient Information:

Patient:

Address:

SSN:

Sias, Patricia A.

XXX-XX-0029

37 Treetop Rd

MIDDLESEX, NJ 08846

Home Phone: (908) 500-6747

Work Phone:

10/04/2023 06/09/1960 Cell Phone: (908) 500-6747

Ext:

**Employer Contact:** 

Employer Location: Plainfield Board of Education

Address:

1200 Myrtle Ave

Plainfield, NJ 070631139

Contact: Wendy Hardy
Role: Additional Contact

Phone: (908) 731-4323 Ext.:

Fax:

DOI:

DOB:

Auth. by:

Program:

**Billing Information:** 

Carrier: D&H Alternative Risk Solutions Address: PO Box 68

November ALL 070

Newton, NJ 078600068

(973) 940-1851

Phone: Fax:

(908) 684-9911

Notes:

Alt name, Dietz & Hammer

Billing: D&H Alternative Risk Solutions

Address: PO Box 68

Newton, NJ 078600068

Claim #:

<sup>\*\*</sup>NOTE TO THE ABOVE FACILITY OR PHYSICIAN:

Referral Queue ID:

480534177

**Patient Referral** 

Patient Information:

Patient: SSN:

Address:

Sias, Patricia A.

XXX-XX-0029

37 Treetop Rd

MIDDLESEX, NJ 08846

Home Phone: (908) 500-6747

Work Phone: DOI:

DOB:

10/04/2023 06/09/1960 Cell Phone: (908) 500-6747

Ext:

Service Date: 10/04/2023

**Therapy Referral Information:** 

Referral Status: Pending Auth

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

924.2

S90.31XA

CONTUSION OF RIGHT FOOT, INITIAL ENCOUNTER-S90.31XA

**Additional Notes** 

Auto Create - Physical Therapy Referral

Date: 10/04/2023

Referring Provider:

Anthony Tarasenko, MD

\*\*\* Provider Signature on File \*\*\*

Number of Visits to Date: 0

**Authorized** 

**Total Treatments:** 

Auth Number:

Treatments per Week:

**Effective Date:** 

**Treatment Duration:** 

**Expiration Date:** 

**Authorization Comments:** 

**Units Authorized:** 

\*\*NOTE TO THE ABOVE FACILITY OR PHYSICIAN:

Patient Referral Referral Queue ID: 480534312

Patient Information:

Patient: SSN:

Address:

Sias, Patricia A.

XXX-XX-0029

37 Treetop Rd

MIDDLESEX, NJ 08846

Home Phone: (908) 500-6747

Work Phone:

10/04/2023 06/09/1960

Ext: Cell Phone: (908) 500-6747

Service Date: 10/04/2023

**Employer Contact:** 

Employer Location: Plainfield Board of Education

1200 Myrtle Ave

Plainfield, NJ 070631139

Contact: Wendy Hardy

Role: Additional Contact Phone: (908) 731-4323 Ext.:

Fax:

DOI:

DOB:

Auth. by: Program:

Address:

**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:

#### Concentra Medical Centers (NJ) 116 Corporate Blvd Ste E SOUTH PLAINFIELD, NJ 07080

Phone: (908) 757-1424 Fax: (908) 757-5678

Service Date: 10/04/2023

Referral Queue ID:

480534312

Patient Referral

Patient Information:

Patient:

Address:

SSN:

Sias, Patricia A.

XXX-XX-0029

37 Treetop Rd

MIDDLESEX, NJ 08846

Home Phone: (908) 500-6747

Work Phone:

DOI:

DOB:

10/04/2023 06/09/1960

Cell Phone: (908) 500-6747

Ext:

**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

923.11

S50.01XA

CONTUSION OF RIGHT ELBOW, INITIAL ENCOUNTER-S50.01XA

**Additional Notes** 

Auto Create - Physical Therapy Referral

Date: 10/04/2023

Referring Provider:

Anthony Tarasenko, MD

\*\*\* Provider Signature on File \*\*\*

Number of Visits to Date: 0

**Authorized** 

**Total Treatments:** 

**Auth Number:** 

Treatments per Week:

Effective Date:

**Treatment Duration:** 

**Expiration Date:** 

**Authorization Comments:** 

**Units Authorized:** 

\*\*NOTE TO THE ABOVE FACILITY OR PHYSICIAN:

Referral Queue ID:

480534313

**Patient Referral** 

Patient Information:

Patient:

Sias, Patricia A.

SSN:

XXX-XX-0029

Address:

37 Treetop Rd

MIDDLESEX, NJ 08846

Home Phone: (908) 500-6747

Work Phone:

DOI:

10/04/2023

DOB: 06/09/1960

Cell Phone: (908) 500-6747

Service Date: 10/04/2023

**Employer Contact:** 

Employer Location: Plainfield Board of Education

1200 Myrtle Ave

Plainfield, NJ 070631139

Contact: Wendy Hardy

Additional Contact Phone: (908) 731-4323 Ext.:

Auth. by:

Address:

Program:

Billing Information:

Carrier: D&H Alternative Risk Solutions

Address: PO Box 68

Newton, NJ 078600068

(973) 940-1851

Phone: Fax:

(908) 684-9911

Notes:

Alt name, Dietz & Hammer

Fax:

Billing:

**D&H Alternative Risk Solutions** Address: PO Box 68

Newton, NJ 078600068

Claim #:

Service Date: 10/04/2023

Referral Queue ID:

480534313

**Patient Referral** 

Patient Information:

Patient:

Sias, Patricia A.

SSN: Address: XXX-XX-0029

37 Treetop Rd

MIDDLESEX, NJ 08846

Home Phone: (908) 500-6747

Work Phone:

DOI:

DOB:

10/04/2023

06/09/1960

Cell Phone: (908) 500-6747

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

847

S13.9XXA

SPRAIN OF JOINTS AND LIGAMENTS OF UNSP PARTS OF NECK, IN

Additional Notes

Auto Create - Physical Therapy Referral

Date: 10/04/2023

Referring Provider:

Anthony Tarasenko, MD

\*\*\* Provider Signature on File \*\*\*

Number of Visits to Date: 0

Authorized

**Total Treatments:** 

Treatments per Week:

Treatment Duration:

Auth Number:

**Effective Date:** 

**Expiration Date:** 

**Authorization Comments:** 

Units Authorized:

Service Date: 10/04/2023

Referral Queue ID:

480534316

**Patient Referral** 

Patient Information:

Patient: SSN:

Address:

Sias, Patricia A. XXX-XX-0029

37 Treetop Rd

MIDDLESEX, NJ 08846

Home Phone: (908) 500-6747

Work Phone:

10/04/2023

06/09/1960

Ext: Cell Phone: (908) 500-6747

**Employer Contact:** 

Employer Location: Plainfield Board of Education

1200 Myrtle Ave

Plainfield, NJ 070631139

Role:

Fax:

DOI:

DOB:

Auth. by:

Address:

Program:

Phone:

**Billing Information:** 

Carrier: D&H Alternative Risk Solutions

Address: PO Box 68

Newton, NJ 078600068

(973) 940-1851

Fax: (908) 684-9911

Alt name, Dietz & Hammer Notes:

Contact: Wendy Hardy

Address: PO Box 68

Additional Contact

Phone: (908) 731-4323 Ext.:

**D&H Alternative Risk Solutions** 

Newton, NJ 078600068

Claim #:

Billing:

Referral Queue ID:

480534316

**Patient Referral** 

Patient Information:

Patient: SSN:

Address:

Sias, Patricia A.

XXX-XX-0029

37 Treetop Rd

MIDDLESEX, NJ 08846

Home Phone: (908) 500-6747

Work Phone: DOI:

DOB:

10/04/2023

06/09/1960

Ext:

Cell Phone: (908) 500-6747

Service Date: 10/04/2023

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

924.1

S80.01XA

CONTUSION OF RIGHT KNEE, INITIAL ENCOUNTER-S80.01XA

Additional Notes

Auto Create - Physical Therapy Referral

Date: 10/04/2023

Referring Provider:

Anthony Tarasenko, MD

\*\*\* Provider Signature on File \*\*\*

Number of Visits to Date: 0

Authorized

**Total Treatments:** 

**Auth Number:** 

Treatments per Week:

**Effective Date:** 

Treatment Duration:

**Expiration Date:** 

Authorization Comments:

**Units Authorized:** 

\*\*NOTE TO THE ABOVE FACILITY OR PHYSICIAN: