

Referral Queue ID: 480526687

Patient Referral**Patient Information:**

Patient:	Audet, Stephen J.	Home Phone:	(732) 261-2865
SSN:	XXX-XX-1505	Work Phone:	Ext:
Address:	638 Clark Ave.	DOI:	07/26/2023
	PERTH AMBOY, NJ 08861	DOB:	07/05/1965
		Cell Phone:	(732) 261-2865

Employer Contact:

Employer Location:	City of Perth Amboy-DPW	Contact:	Maria Rivera
Address:	260 High St	Role:	Additional Injury Contact
	Perth Amboy, NJ 08861445	Phone:	(732) 771-2508
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
959.7	S99.911A	UNSPECIFIED INJURY OF RIGHT ANKLE, INITIAL ENCOUNTER-S99.911A

Additional Notes

Auto Create - Physical Therapy Referral

Date: 07/26/2023

Referring Provider: Shanthy 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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