## Concentra Medical Centers (NJ) 16 Ethel Rd Edison, NJ 08817 Phone: (732) 248-0088 Fax: (732) 248-4408

**Service Date: 11/16/2023** 

**Patient Referral** Referral Queue ID: 480538747

**Patient Information:** 

Patient: Mendez, Jeramey I. Home Phone: (848) 314-0740

SSN: XXX-XX-2098 Work Phone: Ext:

DOI: 22 Chaucer Road 2FI 11/15/2023 Address: Cell Phone:(848) 314-0740

DOB: 11/24/1992 MANALAPAN, NJ 07726

**Employer Contact:** 

Employer Location:City of Perth Amboy-Police D Contact: Maria Rivera

Address: 260 High St Role: **Additional Injury Contact** Perth Amboy, NJ 08861445' Phone: (732) 771-2508 Ext.:

Auth. by: 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

> > Claim #:

Phone: (973) 940-1851 Fax: (908) 684-9911

Alt name, Dietz & Hammer Notes:

\*\*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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SSN: XXX-XX-2098 Work Phone:

**Address:** 22 Chaucer Road 2FI **DOI:** 11/15/2023 **Cell Phone:**(848) 314-0740

MANALAPAN, NJ 07726 **DOB**: 11/24/1992

**Therapy Referral Information:** 

Referral Status: Pending Referral Dept

Ext:

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

723.4 M54.10 RADICULOPATHY, SITE UNSPECIFIED-M54.10

**Body Part** 

PartLateralityLumbar SpineRightNeckRightHipRight

**Additional Notes** 

Auto Create - Physical Therapy Referral

**Date:** 11/16/2023 **Referring Provider:** Shanthi Reddy, MD

stilly Ms

**Service Date: 11/16/2023** 

Number of Visits to Date:0

**Authorized** 

Total Treatments:

Treatments per Week:

Treatment Duration:

Auth Number:

Effective Date:

Expiration Date:

Units Authorized:

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