## **Concentra Medical Centers (NJ)**

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

Referral Queue ID: 480509356 Patient Referral

**Patient Information:** 

Patient: Rios, Ivette Home Phone: (848) 207-8552

**SSN**: 154-60-1735 **Work Phone**: **Ext**:

**Address:** 414 Padewreski Ave 11c **DOI:** 01/23/2023 **Cell Phone:** (848) 207-8552

PERTH AMBOY, NJ 08861 **DOB:** 08/25/1972

**Employer Contact:** 

Employer Location:City of Perth Amboy-General Contact: Maria Rivera

Address: 260 High St Role: Additional Injury Contact

Perth Amboy, NJ 088614451 **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

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

Notes: Alt name, Dietz & Hammer

Claim #:

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

Please send a copy of all reports on this patient to the payer and the center.

Service Date: 02/10/2023

## **Concentra Medical Centers (NJ)**

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

Referral Queue ID: 480509356 Patient Referral

**Patient Information:** 

Patient: Rios, Ivette Home Phone: (848) 207-8552

**SSN**: 154-60-1735 **Work Phone**: **Ext**:

**Address:** 414 Padewreski Ave 11c **DOI:** 01/23/2023 **Cell Phone:** (848) 207-8552

PERTH AMBOY, NJ 08861 **DOB:** 08/25/1972

**Facility Referral Information:** 

Referral Status: Autoclose

Consult and treat

Priority: Routine

REFERRAL PRESCRIPTION

**Recommended Facility:** 

Facility Type: Test Center

Facility Service: MRI

**Referral Purpose** 

Referral FocusHemisphereRuleoutContrastElbowLeftN/AWithoutN/AWithout

**Diagnosis** 

ICD9 Code ICD10 Code Description

923.1 S50.02XA CONTUSION OF LEFT ELBOW, INITIAL ENCOUNTER-S50.02XA

**Additional Notes:** 

Auto Create - MRI, Left Elbow; without contrast material(s)

Date: 2/10/2023 Referring Provider: Shanthi Reddy, MD

Stilly

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

Please send a copy of all reports on this patient to the payer and the center.

Service Date: 02/10/2023