Concentra Medical Centers (NJ) 116 Corporate Blvd Ste E SOUTH PLAINFIELD, NJ 07080 Phone: (908) 757-1424 Fax: (908) 757-5678

Patient Referral 480568894 Referral Queue ID:

Patient Information:

Wilson, Rasaul

Home Phone: (484) 916-8802

Patient: SSN:

Address:

1313 Astor Place

Work Phone: Ext: DOI: 09/10/2024 Cell Phone: (484) 916-8802

Service Date: 09/19/2024

PLAINFIELD, NJ 07060

DOB: 01/14/1988

Employer Contact:

Employer Location: Plainfield Board of Education Address: 1200 Myrtle Ave

Contact: Wendy Hardy Role: **Additional Contact**

Plainfield, NJ 070631139

Phone: (908) 731-4323 Ext.:

Auth. by:

Fax:

Claim #:

Program:

r_referral

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

**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: Address: Work Phone:

DOI:

DOB: PLAINFIELD, NJ 07060

Cell Phone: (484) 916-8802

Ext:

Service Date: 09/19/2024

Therapy Referral Information:

1313 Astor Place

Referral Status: New Referral

REFERRAL PRESCRIPTION

09/10/2024

01/14/1988

Provider Type: Physical Therapist

Requested

Total Treatments: 6 **Request Comments: Auto Generated** Treatments per Week:

Treatment Duration: 2 Weeks

Diagnosis

ICD9 Code **ICD10 Code Description**

UNSPECIFIED SPRAIN OF LEFT SHOULDER JOINT, INITIAL ENCOUNTER-S43.4 840.9 S43.402A

Body Part

Part Laterality Shoulder Left

Additional Notes

Auto Create - Physical Therapy Referral

Date: 09/19/2024 Referring Provider: Neola Gushway-Henry, MD Alles

Number of Visits to Date:0

Authorized

Total Treatments: Auth Number: Treatments per Week: **Effective Date: Treatment Duration: Expiration Date: Units Authorized: Authorization Comments:**

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