

Referral Queue ID: 480570851

Patient Referral

Patient Information:

Patient:	Salmon, De'Shante	Home Phone:	(908) 858-4734
SSN:		Work Phone:	Ext:
Address:	538 W 7th Street Apt C8 PLAINFIELD, NJ 07060	DOI:	10/07/2024
		DOB:	04/24/2003
		Cell Phone:	(908) 858-4734

Employer Contact:

Employer Location:	Plainfield Board of Education	Contact:	Wendy Hardy
Address:	1200 Myrtle Ave Plainfield, NJ 070631139	Role:	Additional Contact
Auth. by:		Phone:	(908) 731-4323
		Ext.:	
		Fax:	

Program:

Billing Information:

Carrier:	D&H Alternative Risk Solutions	Billing:	D&H Alternative Risk Solutions
Address:	PO Box 68 Newton, NJ 078600068	Address:	PO Box 68 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: New Referral

REFERRAL PRESCRIPTION

Provider Type: Physical Therapist

Requested

Total Treatments:	6	Request Comments:
Treatments per Week:	3	Auto Generated
Treatment Duration:	2 Weeks	

Body Part

Part	Laterality
Shoulder	Left

Additional Notes

Auto Create - Physical Therapy Referral

Date: 10/09/2024

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:

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