

**Referral Queue ID:** 480573398

## Patient Referral

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### Patient Information:

<b>Patient:</b>	Grimes, Daniel	<b>Home Phone:</b>	(908) 644-6355
<b>SSN:</b>		<b>Work Phone:</b>	<b>Ext:</b>
<b>Address:</b>	120 randolph rd apt 40 PLAINFIELD, NJ 07060	<b>DOI:</b>	10/31/2024
		<b>DOB:</b>	12/28/1996
		<b>Cell Phone:</b>	(908) 644-6355

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### Employer Contact:

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

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### Program:

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### Billing Information:

<b>Carrier:</b>	D&H Alternative Risk Solutions	<b>Billing:</b>	D&H Alternative Risk Solutions
<b>Address:</b>	PO Box 68 Newton, NJ 078600068	<b>Address:</b>	PO Box 68 Newton, NJ 078600068
<b>Phone:</b>	(973) 940-1851	<b>Claim #:</b>	
<b>Fax:</b>	(908) 684-9911		
<b>Notes:</b>	Alt name, Dietz & Hammer		

### Referral Contact:

**Contact:** Carolina Shell  
**Role:** Adjuster  
**Phone:** (973) 940-1851 **Ext.:** 239  
**Fax:** (973) 940-1852  
**Email:**

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**\*\*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 Claim

### REFERRAL PRESCRIPTION

**Provider Type:** Physical Therapist

#### Requested

<b>Total Treatments:</b>	6	<b>Request Comments:</b>
<b>Treatments per Week:</b>	3	Auto Generated
<b>Treatment Duration:</b>	2 Weeks	

#### Diagnosis

ICD9 Code	ICD10 Code	Description
845	S93.402A	SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, INIT ENCNTR-S93.402A

#### Body Part

Part	Laterality
Ankle	Left

#### Additional Notes

Auto Create - Physical Therapy Referral

**Date:** 11/05/2024

**Referring Provider:** Anthony Tarasenko, MD  
\*\*\* Provider Signature on File \*\*\*

**Number of Visits to Date:** 0

#### Authorized

<b>Total Treatments:</b>	<b>Auth Number:</b>
<b>Treatments per Week:</b>	<b>Effective Date:</b>
<b>Treatment Duration:</b>	<b>Expiration Date:</b>
<b>Authorization Comments:</b>	<b>Units Authorized:</b>

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