

Referral Queue ID: 480534177

Patient Referral

Patient Information:

Patient:	Sias, Patricia A.	Home Phone:	(908) 500-6747
SSN:	XXX-XX-0029	Work Phone:	Ext:
Address:	37 Treetop Rd	DOI:	10/04/2023
	MIDDLESEX, NJ 08846	DOB:	06/09/1960
		Cell Phone:	(908) 500-6747

Employer Contact:

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

Referral Queue ID: 480534177

Patient Referral

Patient Information:

Patient:	Sias, Patricia A.	Home Phone:	(908) 500-6747
SSN:	XXX-XX-0029	Work Phone:	Ext:
Address:	37 Treetop Rd	DOI:	10/04/2023
	MIDDLESEX, NJ 08846	DOB:	06/09/1960
		Cell Phone:	(908) 500-6747

Therapy Referral Information:

Referral Status: Pending Auth

REFERRAL PRESCRIPTION

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
924.2	S90.31XA	CONTUSION OF RIGHT FOOT, INITIAL ENCOUNTER-S90.31XA

Additional Notes

Auto Create - Physical Therapy Referral

Date: 10/04/2023

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:

****NOTE TO THE ABOVE FACILITY OR PHYSICIAN:**
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Referral Queue ID: 480534312

Patient Referral

Patient Information:

Patient:	Sias, Patricia A.	Home Phone:	(908) 500-6747
SSN:	XXX-XX-0029	Work Phone:	Ext:
Address:	37 Treetop Rd	DOI:	10/04/2023
	MIDDLESEX, NJ 08846	DOB:	06/09/1960
		Cell Phone:	(908) 500-6747

Employer Contact:

Employer Location:	Plainfield Board of Education	Contact:	Wendy Hardy
Address:	1200 Myrtle Ave	Role:	Additional Contact
	Plainfield, NJ 070631139	Phone:	(908) 731-4323
Auth. by:		Ext.:	
		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	Claim #:	
Fax:	(908) 684-9911		
Notes:	Alt name, Dietz & Hammer		

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Referral Queue ID: 480534312

Patient Referral

Patient Information:

Patient:	Sias, Patricia A.	Home Phone:	(908) 500-6747
SSN:	XXX-XX-0029	Work Phone:	Ext:
Address:	37 Treetop Rd	DOI:	10/04/2023
	MIDDLESEX, NJ 08846	DOB:	06/09/1960
		Cell Phone:	(908) 500-6747

Therapy Referral Information:

Referral Status: Pending Referral Dept

REFERRAL PRESCRIPTION

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
923.11	S50.01XA	CONTUSION OF RIGHT ELBOW, INITIAL ENCOUNTER-S50.01XA

Additional Notes

Auto Create - Physical Therapy Referral

Date: 10/04/2023

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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Referral Queue ID: 480534313

Patient Referral

Patient Information:

Patient:	Sias, Patricia A.	Home Phone:	(908) 500-6747
SSN:	XXX-XX-0029	Work Phone:	Ext:
Address:	37 Treetop Rd	DOI:	10/04/2023
	MIDDLESEX, NJ 08846	DOB:	06/09/1960
		Cell Phone:	(908) 500-6747

Employer Contact:

Employer Location:	Plainfield Board of Education	Contact:	Wendy Hardy
Address:	1200 Myrtle Ave	Role:	Additional Contact
	Plainfield, NJ 070631139	Phone:	(908) 731-4323
Auth. by:		Ext.:	
		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	Claim #:	
Fax:	(908) 684-9911		
Notes:	Alt name, Dietz & Hammer		

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Patient Referral

Patient Information:

Patient:	Sias, Patricia A.	Home Phone:	(908) 500-6747	Ext:	
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Address:	37 Treetop Rd	DOI:	10/04/2023	DOB:	06/09/1960
	MIDDLESEX, NJ 08846				

Therapy Referral Information:

Referral Status: Pending Referral Dept

REFERRAL PRESCRIPTION

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
847	S13.9XXA	SPRAIN OF JOINTS AND LIGAMENTS OF UNSP PARTS OF NECK, IN

Additional Notes

Auto Create - Physical Therapy Referral

Date: 10/04/2023

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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Referral Queue ID: 480534316

Patient Referral

Patient Information:

Patient:	Sias, Patricia A.	Home Phone:	(908) 500-6747	
SSN:	XXX-XX-0029	Work Phone:		Ext:
Address:	37 Treetop Rd	DOI:	10/04/2023	Cell Phone:
	MIDDLESEX, NJ 08846	DOB:	06/09/1960	(908) 500-6747

Employer Contact:

Employer Location:	Plainfield Board of Education	Contact:	Wendy Hardy
Address:	1200 Myrtle Ave	Role:	Additional Contact
	Plainfield, NJ 070631139	Phone:	(908) 731-4323
Auth. by:		Ext.:	
		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	Claim #:	
Fax:	(908) 684-9911		
Notes:	Alt name, Dietz & Hammer		

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Patient Referral

Patient Information:

Patient:	Sias, Patricia A.	Home Phone:	(908) 500-6747	
SSN:	XXX-XX-0029	Work Phone:		Ext:
Address:	37 Treetop Rd	DOI:	10/04/2023	Cell Phone:
	MIDDLESEX, NJ 08846	DOB:	06/09/1960	(908) 500-6747

Therapy Referral Information:

Referral Status: Pending Referral Dept

REFERRAL PRESCRIPTION

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
924.1	S80.01XA	CONTUSION OF RIGHT KNEE, INITIAL ENCOUNTER-S80.01XA

Additional Notes

Auto Create - Physical Therapy Referral

Date: 10/04/2023

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

Number of Visits to Date: 0

Authorized

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