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

Service Date: 12/19/2023

Referral Queue ID: 480541776

Patient Referral

Patient Information:

Patient: Eddy, Ashley S.
SSN: XXX-XX-3204
Address: 292 Watchung Ave
NORTH PLAINFIELD, NJ 07060

Home Phone:(908) 380-7318
Work Phone:
Ext:
DOI: 12/18/2023
Cell Phone:(908) 380-7318
DOB: 05/28/1988

Employer Contact:

Employer Location: Plainfield Board of Education
Address: 1200 Myrtle Ave
Plainfield, NJ 070631139
Auth. by:

Contact: Wendy Hardy
Role: Additional Contact
Phone: (908) 731-4323 **Ext.:**
Fax:

Program:

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

Claim #:

****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 Referral Dept

REFERRAL PRESCRIPTION

Provider Type: Physical Therapist

Requested

Total Treatments: 6
Treatments per Week: 3
Treatment Duration: 2 Weeks

Request Comments:
Auto Generated

Diagnosis

ICD9 Code	ICD10 Code	Description
840.9	S43.401A	UNSPECIFIED SPRAIN OF RIGHT SHOULDER JOINT, INIT ENCNTR-S43.401A

Body Part

Part	Laterality
Shoulder	Right

Additional Notes
Auto Create - Physical Therapy Referral

Date: 12/19/2023

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

Number of Visits to Date:0

Authorized

Total Treatments:
Treatments per Week:
Treatment Duration:
Authorization Comments:

Auth Number:
Effective Date:
Expiration Date:
Units Authorized:

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