

Referral Queue ID: 480556995

Patient Referral

Patient Information:

Patient:	Naicken, Merrillue	Home Phone:	(732) 423-5621
SSN:	XXX-XX-5890	Work Phone:	Ext:
Address:	911 Harrison Ave	DOI:	04/22/2024
	SOUTH PLAINFIELD, NJ 07080	DOB:	03/27/1985
		Cell Phone:	(732) 423-5621

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.

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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	

Diagnosis

ICD9 Code	ICD10 Code	Description
843.8	S76.011A	STRAIN OF MUSCLE, FASCIA AND TENDON OF RIGHT HIP, INIT-S76.011A
924.1	S80.01XA	CONTUSION OF RIGHT KNEE, INITIAL ENCOUNTER-S80.01XA
845	S96.911A	STRAIN OF UNSP MSL/TND AT ANK/FT LEVEL, RIGHT FOOT, INIT-S96.911A

Body Part

Part	Laterality
Knee	Right
Hip	Right
Ankle	Right

Additional Notes

Auto Create - Physical Therapy Referral

Date: 05/17/2024

Referring Provider: Maholly Ramos, PA



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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