

**Referral Queue ID:** 480551679

## Patient Referral

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### **Patient Information:**

|                 |                                      |                    |                               |
|-----------------|--------------------------------------|--------------------|-------------------------------|
| <b>Patient:</b> | Calvit, Debra                        | <b>Home Phone:</b> | (908) 635-8744                |
| <b>SSN:</b>     | XXX-XX-1595                          | <b>Work Phone:</b> | (732) 696-6923 <b>Ext:</b>    |
| <b>Address:</b> | 1289 WALD DR<br>PLAINFIELD, NJ 07060 | <b>DOI:</b>        | 03/26/2024 <b>Cell Phone:</b> |
|                 |                                      | <b>DOB:</b>        | 06/14/1959                    |

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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<br>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<br>Newton, NJ 078600068 | <b>Address:</b> | PO Box 68<br>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          |                 |                                   |

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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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|                 | PLAINFIELD, NJ 07060 | <b>DOB:</b>        | 06/14/1959                    |

### Therapy Referral Information:

Referral Status: Pending Referral Dept

### 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 |                          |

#### Body Part

| Part         | Laterality |
|--------------|------------|
| Lumbar Spine | Bilateral  |

#### Additional Notes

Auto Create - Physical Therapy Referral

Date: 03/26/2024

Referring Provider:

\*\*\* 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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