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

Service Date: 07/22/2024

Patient Referral 480563147 Referral Queue ID:

Patient Information:

Patient: Walker, Gary Home Phone: (732) 947-7516

SSN: Address:

Work Phone: Ext: DOI: 07/19/2024 726 watchung ave apt Cell Phone: (732) 947-7516

DOB: 10/30/1965 PLAINFIELD, NJ 07060

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 Ext.:

Auth. by: Fax:

Program:

r_referral

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

> > Claim #:

Phone: (973) 940-1851 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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Patient Referral Referral Queue ID: 480563147

Patient Information:

Patient: Walker, Gary

Home Phone: (732) 947-7516

SSN:

Address:

726 watchung ave apt

Work Phone: Ext: DOI: 07/19/2024

PLAINFIELD, NJ 07060

DOB: 10/30/1965 Cell Phone: (732) 947-7516

Service Date: 07/22/2024

Therapy Referral Information:

Referral Status: New Referral

REFERRAL PRESCRIPTION

Provider Type: Physical Therapist

Requested

Total Treatments: 6 **Request Comments: Auto Generated** Treatments per Week:

Treatment Duration: 2 Weeks

Diagnosis

ICD9 Code ICD10 Code Description

SPRAIN OF LIGAMENTS OF LUMBAR SPINE, INITIAL ENCOUNTER-S33.5XXA 846 S33.5XXA

724.4 M54.16 RADICULOPATHY, LUMBAR REGION-M54.16

Body Part

Part Laterality Lumbar Spine Right

Additional Notes

Auto Create - Physical Therapy Referral

Date: 07/22/2024 **Referring Provider:** Neola Gushway-Henry, MD

Number of Visits to Date:0

Authorized

Auth Number: **Total Treatments:** Treatments per Week: **Effective Date: Treatment Duration: Expiration Date: Units Authorized: Authorization Comments:**

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