

**Concentra Medical Centers (NJ)**

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

**Service Date:** 03/27/2023**Referral Queue ID:** 480513817**Patient Referral****Patient Information:**

<b>Patient:</b>	Calvit, Debra	<b>Home Phone:</b>	(908) 635-8744
<b>SSN:</b>	426-19-1595	<b>Work Phone:</b>	(732) 696-6923 <b>Ext:</b>
<b>Address:</b>	1289 WALD DR PLAINFIELD, NJ 07060	<b>DOI:</b>	03/27/2023 <b>Cell Phone:</b> (908) 635-8744
		<b>DOB:</b>	06/14/1959

**Employer Contact:**

<b>Employer Location:</b>	Plainfield Board of Education	<b>Contact:</b>	Linda Smith
<b>Address:</b>	1200 Myrtle Ave Plainfield, NJ 070631139	<b>Role:</b>	Unspecified
<b>Auth. by:</b>		<b>Phone:</b>	(908) 731-4325 <b>Ext.:</b>
		<b>Fax:</b>	

**Program:****Billing Information:**

<b>Carrier:</b>	D&H Alternative Risk Solutions	<b>Billing:</b>	D&H Alternative Risk Solutions
<b>Address:</b>	PO Box 68 Newton, NJ 078600068	<b>Address:</b>	PO Box 68 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		

**\*\*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: 480513817

## Patient Referral

### Patient Information:

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### 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	

#### Diagnosis

ICD9 Code	ICD10 Code	Description
843.8	S83.91XA	SPRAIN OF UNSPECIFIED SITE OF RIGHT KNEE, INITIAL ENCOUNTER-S83.91XA

#### Additional Notes

Auto Create - Physical Therapy Referral

Date: 03/27/2023

Referring Provider: Anthony Tarasenko, MD  
\*\*\* 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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