

Referral Queue ID: 480523206

Patient Referral

Patient Information:

Patient:	Wilson, Vanessa Y.	Home Phone:	(908) 338-8111
SSN:	XXX-XX-8179	Work Phone:	Ext:
Address:	33 Westervelt Ave 514	DOI:	06/22/2023
	PLAINFIELD, NJ 07060	DOB:	09/01/1961
		Cell Phone:	(908) 338-8111

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: Pending Referral Dept

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
840.9	S46.812A	STRAIN OF MUSC/FASC/TEND AT SHLDR/UP ARM, LEFT ARM, INIT-S46.812A

Additional Notes

Auto Create - Physical Therapy Referral

Date: 06/23/2023

Referring Provider: Jeffrey Taylor, PA-C
*** Provider Signature on File ***

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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