

**Concentra Medical Centers (NJ)**

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

**Service Date:** 12/02/2022**Referral Queue ID:** 480502119**Patient Referral****Patient Information:**

<b>Patient:</b>	Indyk, Elzbieta	<b>Home Phone:</b>	(732) 910-2230
<b>SSN:</b>	144-78-4074	<b>Work Phone:</b>	<b>Ext:</b>
<b>Address:</b>	44 Mason Street	<b>DOI:</b>	11/30/2022
	METUCHEN, NJ 08840	<b>DOB:</b>	07/08/1970
		<b>Cell Phone:</b>	(732) 910-2230

**Employer Contact:**

<b>Employer Location:</b>	Plainfield Board of Education	<b>Contact:</b>	Deborah Boyd
<b>Address:</b>	1200 Myrtle Ave	<b>Role:</b>	Primary Contact
	Plainfield, NJ 070631139	<b>Phone:</b>	(908) 731-4243
<b>Auth. by:</b>		<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	<b>Address:</b>	PO Box 68
	Newton, NJ 078600068		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: 480502119

## Patient Referral

### Patient Information:

<b>Patient:</b>	Indyk, Elzbieta	<b>Home Phone:</b>	(732) 910-2230
<b>SSN:</b>	144-78-4074	<b>Work Phone:</b>	
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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
840.9	S43.401A	UNSPECIFIED SPRAIN OF RIGHT SHOULDER JOINT, INIT ENCNTN-S43.401A

#### Additional Notes

Auto Create - Physical Therapy Referral

Date: 12/02/2022

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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