

**Referral Queue ID:** 480550361

## Patient Referral

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### **Patient Information:**

<b>Patient:</b>	Harris Johnson, Gertrude	<b>Home Phone:</b>	(848) 459-7153
<b>SSN:</b>		<b>Work Phone:</b>	<b>Ext:</b>
<b>Address:</b>	32 golf view drive NEPTUNE, NJ 07753	<b>DOI:</b>	03/13/2024
		<b>DOB:</b>	01/20/1949
		<b>Cell Phone:</b>	(848) 459-7153

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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 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 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		

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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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### Patient Information:

**Patient:** Harris Johnson, Gertrude  
**SSN:**  
**Address:** 32 golf view drive  
NEPTUNE, NJ 07753

**Home Phone:**(848) 459-7153  
**Work Phone:**  
**DOI:** 03/13/2024  
**DOB:** 01/20/1949

**Ext:**  
**Cell Phone:**(848) 459-7153

### Therapy Referral Information:

**Referral Status:** Pending Referral Dept

### REFERRAL PRESCRIPTION

**Provider Type:**Physical Therapist

#### Requested

**Total Treatments:** 6  
**Treatments per Week:** 3  
**Treatment Duration:** 2 Weeks

**Request Comments:**  
Auto Generated

#### Diagnosis

ICD9 Code	ICD10 Code	Description
842.1	S63.91XA	SPRAIN OF UNSP PART OF RIGHT WRIST AND HAND, INIT ENCINTR-S63.91XA

#### Body Part

Part	Laterality
Hand	Right

#### Additional Notes

Auto Create - Physical Therapy Referral

**Date:** 03/13/2024

**Referring Provider:** Anthony Tarasenko, MD  
\*\*\* *Provider Signature on File* \*\*\*

**Number of Visits to Date:**0

#### Authorized

**Total Treatments:**  
**Treatments per Week:**  
**Treatment Duration:**  
**Authorization Comments:**

**Auth Number:**  
**Effective Date:**  
**Expiration Date:**  
**Units Authorized:**

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