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

**Service Date:** 11/15/2023

**Patient Referral** 480538528 Referral Queue ID:

**Patient Information:** 

Patient: Norris, Dorothy Home Phone: (908) 233-4308

SSN: Address:

Work Phone: Ext: DOI: 718 Castleman Drive 10/13/2023 Cell Phone: (908) 627-2824

DOB: 08/22/1961 WESTFIELD, NJ 07090

**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 Information:** 

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SSN:

Address:

718 Castleman Drive WESTFIELD, NJ 07090 Work Phone: Ext:

DOI: 10/13/2023 DOB: 08/22/1961

**Therapy Referral Information:** 

Referral Status: Pending Referral Dept

REFERRAL PRESCRIPTION

**Provider Type:** Physical Therapist

Requested

**Total Treatments:** 6 **Request Comments: Auto Generated** Treatments per Week: 3

**Treatment Duration:** 2 Weeks

**Diagnosis** 

**ICD9** Code **ICD10 Code Description** 

CONTUSION OF RIGHT KNEE, INITIAL ENCOUNTER-S80.01XA 924.1 S80.01XA

**Body Part** 

**Part** Laterality Knee Right

**Additional Notes** 

Auto Create - Physical Therapy Referral

Date: 11/15/2023 Anthony Tarasenko, MD Referring Provider:

\*\*\* Provider Signature on File \*\*\*

Cell Phone: (908) 627-2824

Service Date: 11/15/2023

Number of Visits to Date:0

**Authorized** 

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

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