Concentra Medical Centers (NJ)
16 Ethel Rd Edison, NJ 08817
Phone: (732) 248-0088 Fax: (732) 248-4408

Service Date: 12/13/2023

Referral Queue ID: 480541242

Patient Referral

Patient Information:

Patient: Marcano-Centeno, Orlando
SSN: XXX-XX-9860
Address: 792 May Ave.
PERTH AMBOY, NJ 08861

Home Phone:(732) 881-2171
Work Phone:
Ext:
DOI: 12/11/2023
Cell Phone:(732) 881-2171
DOB: 08/14/1961

Employer Contact:

Employer Location: City of Perth Amboy-DPW
Address: 260 High St
Perth Amboy, NJ 08861445´
Auth. by:

Contact: Maria Rivera
Role: Additional Injury Contact
Phone: (732) 771-2508 **Ext.:**
Fax:

Program:

Billing Information:

Carrier: D&H Alternative Risk Solutions
Address: PO Box 68
Newton, NJ 078600068

Billing: D&H Alternative Risk Solutions
Address: PO Box 68
Newton, NJ 078600068

Phone: (973) 940-1851
Fax: (908) 684-9911
Notes: Alt name, Dietz & Hammer

Claim #:

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

Request Comments:
Auto Generated

Diagnosis

ICD9 Code	ICD10 Code	Description
840.3	S46.911A	STRAIN UNSP MUSC/FASC/TEND AT SHLDR/UP ARM, RIGHT ARM, INIT-S46.911
841.7	S56.911A	STRAIN OF UNSP MUSC/FASC/TEND AT FORARM LV, RIGHT ARM, INIT-S56.911
923.11	S50.01XA	CONTUSION OF RIGHT ELBOW, INITIAL ENCOUNTER-S50.01XA
E888.9	W19.XXXA	UNSPECIFIED FALL, INITIAL ENCOUNTER-W19.XXXA

Body Part

Part	Laterality
Shoulder	Right
Elbow	Right
Forearm	Right

Additional Notes

Auto Create - Physical Therapy Referral

Date: 12/13/2023

Referring Provider: Shanthi Reddy, MD

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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