Concentra Medical Centers (NJ) 116 Corporate BIVd Ste E SOUTH PLAINFIELD, NJ 07080

Service Date: 01/17/2024

16 Corporate Blvd Ste E SOUTH PLAINFIELD, NJ 0708 Phone: (908) 757-1424 Fax: (908) 757-5678

Referral Queue ID: 480544173 Patient Referral

Patient Information:

Patient: Jimenez, Alba K. Home Phone: (908) 636-5803

SSN: XXX-XX-0181 Work Phone: Ext:

Address: 1214 Columbia ave **DOI:** 01/16/2024 **Cell Phone:**(908) 636-5803

PLAINFIELD, NJ 07062 **DOB:** 06/21/1987

Employer Contact:

Employer Location: Plainfield Board of Education
Address: 1200 Myrtle Ave Contact: Wendy Hardy
Role: Additional Contact

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

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.

© 1996 -2024 Concentra Operating Corporation All Rights Reserved. AA/EEO Employer Revision: 05/23/2010

Concentra Medical Centers (NJ) 116 Corporate Blvd Ste E SOUTH PLAINFIELD, NJ 07080

6 Corporate Blvd Ste E SOUTH PLAINFIELD, NJ 0708 Phone: (908) 757-1424 Fax: (908) 757-5678

Referral Queue ID: 480544173 Patient Referral

Patient Information:

Patient: Jimenez, Alba K. Home Phone: (908) 636-5803

SSN: XXX-XX-0181 Work Phone: Ext:

Address: 1214 Columbia ave **DOI:** 01/16/2024 **Cell Phone:**(908) 636-5803

PLAINFIELD, NJ 07062 **DOB:** 06/21/1987

Therapy Referral Information:

Referral Status: Pending Claim

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

846 S33.5XXA SPRAIN OF LIGAMENTS OF LUMBAR SPINE, INITIAL ENCOUNTER-S33.5XXA

Body Part

Part Laterality
Lumbar Spine Bilateral

Additional Notes

Auto Create - Physical Therapy Referral

Date: 01/17/2024 **Referring Provider:** Anthony Tarasenko, MD

*** Provider Signature on File ***

Service Date: 01/17/2024

Number of Visits to Date: 0

Authorized

Total Treatments:

Auth Number:

Treatments per Week:

Effective Date:

Expiration Date:

Units Authorized:

**NOTE TO THE ABOVE FACILITY OR PHYSICIAN:

Please send a copy of all reports on this patient to the payer and the center.