

Concentra Medical Centers (NJ)

2 City Hall Plaza Ste 302 Rahway, NJ 07065
Phone: (732) 381-3636 Fax: (732) 381-5977

Service Date: 09/13/2023**Referral Queue ID:** 480531870**Patient Referral****Patient Information:**

Patient:	Dickson, William R.	Home Phone:	(732) 388-2214
SSN:	XXX-XX-0950	Work Phone:	Ext:
Address:	1230 cellar ave Apt 21	DOI:	08/30/2023
	CLARK, NJ 07066	DOB:	11/28/1957
		Cell Phone:	(732) 374-2948

Employer Contact:

Employer Location:	City of Rahway-Admin Non E	Contact:	Michelle Dalesandris
Address:	1 City Hall Plz,	Role:	Primary Contact
	Rahway, NJ 070655022	Phone:	(732) 827-2177
Auth. by:		Ext.:	
		Fax:	

Program:**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
Phone:	(973) 940-1851	Claim #:	
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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CLARK, NJ 07066**Home Phone:**(732) 388-2214**Work Phone:****DOI:** 08/30/2023**DOB:** 11/28/1957**Ext:****Cell Phone:**(732) 374-2948**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
847.0	S16.1XXA	STRAIN OF MUSCLE, FASCIA AND TENDON AT NECK LEVEL, INIT-S16.1XXA
846.9	S29.019A	STRAIN OF MUSCLE AND TENDON OF UNSP WALL OF THORAX, INIT-S29.019A

Additional Notes

Auto Create - Physical Therapy Referral

Date: 09/13/2023**Referring Provider:**

Sarla Chhabria, 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:******NOTE TO THE ABOVE FACILITY OR PHYSICIAN:**

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