

Concentra Medical Centers (NJ)

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

Service Date: 03/22/2023**Referral Queue ID:** 480513366**Patient Referral****Patient Information:****Patient:** Parker, Charisse L.**SSN:** 149-72-6795**Address:** 1130 stillman ave
PLAINFIELD, NJ 07060**Home Phone:**(908) 922-5351**Work Phone:****DOI:** 03/21/2023**DOB:** 11/08/1968**Ext:****Cell Phone:**(908) 922-5351**Employer Contact:****Employer Location:**Plainfield Board of Education**Address:** 1200 Myrtle Ave
Plainfield, NJ 070631139**Auth. by:****Contact:** Linda Smith**Role:** Unspecified**Phone:** (908) 731-4325 **Ext.:****Fax:****Program:****Billing Information:****Carrier:** 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**Billing:** D&H Alternative Risk Solutions**Address:** PO Box 68
Newton, NJ 078600068**Claim #:******NOTE TO THE ABOVE FACILITY OR PHYSICIAN:****Please send a copy of all reports on this patient to the payer and the center.**

Referral Queue ID: 480513366

Patient Referral

Patient Information:

Patient:	Parker, Charisse L.	Home Phone:	(908) 922-5351
SSN:	149-72-6795	Work Phone:	Ext:
Address:	1130 stillman ave PLAINFIELD, NJ 07060	DOI:	03/21/2023
		DOB:	11/08/1968
		Cell Phone:	(908) 922-5351

Therapy Referral Information:

Referral Status: Pending Referral Dept

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
839.69	S23.8XXA	SPRAIN OF OTHER SPECIFIED PARTS OF THORAX, INITIAL ENCOUNTER-S23.8XXA

Additional Notes

Auto Create - Physical Therapy Referral

Date: 03/22/2023

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

Number of Visits to Date:0

Authorized

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

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