

Referral Queue ID: 480561194

Patient Referral

Patient Information:

Patient: Giovine, Andrew **Home Phone:**(908) 797-2138
SSN: **Work Phone:** **Ext:**
Address: 63 CHarlestown Rd **DOI:** 06/24/2024 **Cell Phone:**(908) 797-2138
HAMPTON, NJ 08827 **DOB:** 05/12/1961

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:

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

Facility Referral Information:

Referral Status: Auto-Submit
Consult and treat
Priority: Routine

REFERRAL PRESCRIPTION

Recommended Facility:

Facility Type: Test Center
Facility Service: MRI

Referral Purpose

Referral Focus	Hemisphere	Ruleout	Contrast
Ankle	Left	N/A	Without

Additional Notes:

Auto Create - MRI, Left Ankle without contrast

Date: 7/1/2024

Referring Provider: Anthony Tarasenko, MD

*** Provider Signature on File ***

****NOTE TO THE ABOVE FACILITY OR PHYSICIAN:**

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