Concentra Medical Centers (NJ)

Service Date: 08/16/2023

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

Referral Queue ID: 480528977 Patient Referral

Patient Information:

Patient: Vasfailo, Jeffrey J.

Vasfailo, Jeffrey J. Home Phone:(908) 380-1447

 SSN:
 XXX-XX-4549
 Work Phone:
 Ext:

 Address:
 906 Woodmere Drive
 DOI:
 08/14/2023
 Cell Phone: (908) 380-1447

KEYPORT, NJ 07735 **DOB**: 03/26/1988

Employer Contact:

Employer Location:City of Rahway-DPW DOT

Address:

1 City Hall Plz,
Rahway, NJ 070655022

Contact: Michelle Dalesandris
Role: Primary Contact
Phone: (732) 827-2177 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

Claim #:

Phone: (973) 940-1851 **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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DOI: 08/14/2023 Cell Phone: (908) 380-1447 Address: 906 Woodmere Drive

> DOB: 03/26/1988 KEYPORT, NJ 07735

Therapy Referral Information:

Referral Status: Pending Referral Dept

REFERRAL PRESCRIPTION

Provider Type: Physical Therapist

Requested

Total Treatments: 6 **Request Comments: Auto Generated** Treatments per Week:

Treatment Duration: 2 Weeks

Diagnosis

ICD9 Code ICD10 Code **Description**

S29.011A STRAIN OF MUSCLE AND TENDON OF FRONT WALL OF THORAX, INIT-S29.011A 848.8

S23.41XA SPRAIN OF RIBS, INITIAL ENCOUNTER-S23.41XA 848.3

Additional Notes

Auto Create - Physical Therapy Referral

Date: 08/16/2023 Referring Provider: Jennifer Scarozza, PA-C

Jh Dearogga PAC

Service Date: 08/16/2023

Number of Visits to Date:0

Authorized

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

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