

Referral Queue ID: 480537911

Patient Referral**Patient Information:**

Patient:	Dorsey, Robert A.	Home Phone:	(908) 422-5777
SSN:	XXX-XX-8907	Work Phone:	Ext:
Address:	439 west seventh st 2c	DOI:	10/31/2023
	PLAINFIELD, NJ 07060	DOB:	05/13/1957
		Cell Phone:	(908) 422-5777

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
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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PLAINFIELD, NJ 07060**Home Phone:**(908) 422-5777**Work Phone:****Ext:****DOI:** 10/31/2023**Cell Phone:**(908) 422-5777**DOB:** 05/13/1957**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
922.31	S30.0XXA	CONTUSION OF LOWER BACK AND PELVIS, INITIAL ENCOUNTER-S30.0XXA

Body Part

Part	Laterality
Sacral	Bilateral

Additional Notes

Auto Create - Physical Therapy Referral

Date: 11/09/2023**Referring Provider:** Shanthi Reddy, MD**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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