

Concentra Medical Centers (NJ)

16 Ethel Rd Edison, NJ 08817
Phone: (732) 248-0088 Fax: (732) 248-4408

Service Date: 10/30/2023**Referral Queue ID:** 480536808**Patient Referral****Patient Information:**

Patient:	Salazar, Davis	Home Phone:	(848) 242-0244
SSN:	XXX-XX-4650	Work Phone:	(732) 324-3829 Ext:
Address:	212 Raritan St.	DOI:	10/27/2023 Cell Phone:
	UNION BEACH, NJ 07735	DOB:	08/10/1980

Employer Contact:

Employer Location:	City of Perth Amboy-Police D	Contact:	Maria Rivera
Address:	260 High St	Role:	Additional Injury Contact
	Perth Amboy, NJ 08861445	Phone:	(732) 771-2508 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		

****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: 480536808

Patient Referral**Patient Information:**

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		DOI:	10/27/2023
		DOB:	08/10/1980

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
923.0	S40.012A	CONTUSION OF LEFT SHOULDER, INITIAL ENCOUNTER-S40.012A
922.31	S30.0XXA	CONTUSION OF LOWER BACK AND PELVIS, INITIAL ENCOUNTER-S30.0XXA
924	S70.02XA	CONTUSION OF LEFT HIP, INITIAL ENCOUNTER-S70.02XA
924.1	S80.01XA	CONTUSION OF RIGHT KNEE, INITIAL ENCOUNTER-S80.01XA
E812.9	V89.2XXA	PERSON INJURED IN UNSP MOTOR-VEHICLE ACCIDENT, TRAFFIC, INIT-V89.2XXA

Additional Notes

Auto Create - Physical Therapy Referral

Date: 10/30/2023

Referring Provider: Sarla Chhabria, 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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