

Concentra Medical Centers (NJ)

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

Service Date: 11/17/2023**Referral Queue ID:** 480538756**Patient Referral****Patient Information:**

Patient:	Temple, Eric A.	Home Phone:	(732) 943-8431
SSN:	XXX-XX-8538	Work Phone:	Ext:
Address:	32c seafoam ave	DOI:	11/13/2023
	WINFIELD PARK, NJ 07036	DOB:	03/03/1981
		Cell Phone:	(732) 943-8431

Employer Contact:

Employer Location:	City of Rahway-DPW DOT	Contact:	Michelle Dalesandris
Address:	1 City Hall Plz,	Role:	Primary Contact
	Rahway, NJ 070655022	Phone:	(732) 827-2177
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.

Referral Queue ID: 480538756

Patient Referral**Patient Information:**

Patient:	Temple, Eric A.	Home Phone:	(732) 943-8431
SSN:	XXX-XX-8538	Work Phone:	Ext:
Address:	32c seafoam ave	DOI:	11/13/2023
	WINFIELD PARK, NJ 07036	DOB:	03/03/1981
		Cell Phone:	(732) 943-8431

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
845	S93.402A	SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, INIT ENCNTR-S93.402A

Body Part

Part	Laterality
Ankle	Left

Additional Notes

Auto Create - Physical Therapy Referral

Date: 11/17/2023

Referring Provider: Genevieve Nwigwe, MD



Number of Visits to Date: 0

Authorized

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

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

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