Concentra Medical Centers (NJ)
370 Campus Dr Somerset, NJ 08873
Phone: (732) 748-1900 Fax: (732) 748-1907

Service Date: 02/19/2024

Referral Queue ID: 480547641

Patient Referral

Patient Information:

Patient: Baily Robinson, Karen A.
SSN: XXX-XX-5729
Address: 4 Cortland Dr
SOMERSET, NJ 08873

Home Phone:(917) 579-1940
Work Phone:
Ext:
DOI: 02/16/2024
Cell Phone:(917) 579-1940
DOB: 11/07/1975

Employer Contact:

Employer Location: Plainfield Board of Education
Address: 1200 Myrtle Ave
Plainfield, NJ 070631139
Auth. by:

Contact: Wendy Hardy
Role: Additional Contact
Phone: (908) 731-4323 **Ext.:**
Fax:

Program:

Billing Information:

Carrier: D&H Alternative Risk Solutions
Address: PO Box 68
Newton, NJ 078600068

Billing: D&H Alternative Risk Solutions
Address: PO Box 68
Newton, NJ 078600068

Phone: (973) 940-1851
Fax: (908) 684-9911
Notes: Alt name, Dietz & Hammer

Claim #:

****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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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
843.8	S83.91XA	SPRAIN OF UNSPECIFIED SITE OF RIGHT KNEE, INITIAL ENCOUNTER-S83.91X

Body Part

Part	Laterality
Knee	Right
Lumbar Spine	Bilateral

Additional Notes
Auto Create - Physical Therapy Referral

Date: 02/19/2024

Referring Provider: Neola Gushway-Henry, 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:

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