

Concentra Medical Centers (NJ)116 Corporate Blvd Ste E SOUTH PLAINFIELD, NJ 07080
Phone: (908) 757-1424 Fax: (908) 757-5678

Service Date: 11/15/2022

Referral Queue ID: 480500357

Patient Referral**Patient Information:**

Patient:	Byers, Jodi	Home Phone:	(908) 251-4003
SSN:	150-66-7044	Work Phone:	Ext:
Address:	364 Hoe Ave	DOI:	11/15/2022
	SCOTCH PLAINS, NJ 07076	DOB:	06/13/1963
		Cell Phone:	(908) 251-4003

Employer Contact:

Employer Location:	Plainfield Board of Education	Contact:	Deborah Boyd
Address:	1200 Myrtle Ave	Role:	Primary Contact
	Plainfield, NJ 070631139	Phone:	(908) 731-4243
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: 480500357

Patient Referral

Patient Information:

Patient:	Byers, Jodi	Home Phone:	(908) 251-4003
SSN:	150-66-7044	Work Phone:	Ext:
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		Cell Phone:	(908) 251-4003

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
840.9	S46.812A	STRAIN OF MUSC/FASC/TEND AT SHLDR/UP ARM, LEFT ARM, INIT-S46.812A

Additional Notes

Auto Create - Physical Therapy Referral

Date: 11/15/2022

Referring Provider: Neola Gushway-Henry, 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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