

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: JESSICA
Last Name: LEMASSON
Main Phone: 9739401851
Ext.:
Fax: 9739401852
Email Address JLEMASSON@RISKSOLUTIONS.COM

Claimant

Request: PT
First Name: VINCENT
Last Name: ROSANO
Claim Number: PLB085474
Date of Injury: 2023-10-03
ICD Code
Describe Injury: SPRAIN OF LIGAMENTS OF LUMBAR SPINE
Working: YES
Occupation: TEACHER
Date of Birth: 1962-11-18
Gender: MALE
Home Phone: (201) 835-4117
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 355 NEW YORK AVENUE
Address 2: APT. 9A
City: LYNDHURST
State: NJ
Zip: 07071
Preferred Language:

Employee

Company: PLAINFIELD BOARD OF EDUCATION
Phone Number: 908-732-4323

Contact: WENDY HARDY
Address 1: 1200 MYRTLE AVE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07063
PT - Schedule during work hours? YES
What hours does patient work? 830A ? 4PM (M-F)

Referring Doctor

First Name: ANTHONY
Last Name: TARASENKO, M.D.
Practice Name: CONCENTRA MEDICAL CENTERS (NJ)
Phone Number: (908)757-1424
Email Address:
Fax: (908)757-5678
Address 1: 116 CORPORATE BLVD
Address 2: STE E
City: SOUTH PLAINFIELD
State: NJ
Zip: 07080
Did patient have surgery? NO
Surgery Date:
DX: SPRAIN OF LIGAMENTS OF LUMBAR SPINE
Body Parts: BACK
of Auth visits: 6
Freq/Duration: 3 X A WEEK FOR 2 WEEKS
Script: YES
Follow-up MD:

Special Instructions

Special Instructions: FOR FURTHER QUESTIONS OR CORRESPONDENCE, PLEASE
CONTACT:

CSHELL@RISKSOLUTIONS.COM

THANK YOU