

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: ANGELA
Last Name: MONTGOMERY
Main Phone: 9739401851
Ext.: 241
Fax: 9739401852
Email Address AMONTGOMERY@RISKSOLUTIONS.COM

Claimant

Request: PT
First Name: BAHYA
Last Name: MUHAMMAD
Claim Number: HST089859
Date of Injury: 2024-11-13
ICD Code
Describe Injury: INJ MULT BODY WALKING TOWARD BACK DOOR, TRIPPED & FELL OVER A PIPE

Working: YES
Occupation: TECHNICIAN
Date of Birth: 1980-06-05
Gender: FEMALE
Home Phone: (973)885-2720
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 1391 DOREMUS PL
Address 2:
City: HILLSIDE
State: NJ
Zip: 07205
Preferred Language:

Employee

Company: HILLSIDE TWP

Phone Number: 973-926-3002 X 333
Contact: HOPE SMITH
Address 1: 1409 LIBERTY AVENUE
Address 2:
City: HILLSIDE
State: NJ
Zip: 07205
PT - Schedule during work hours? NO
What hours does patient work? 8AM ? 4PM

Referring Doctor

First Name: JEFFREY
Last Name: WARSHAUER
Practice Name: INFINITY ORTHO
Phone Number: 9083647801
Email Address:
Fax: 9082222757
Address 1:
Address 2:
City: MOUNTAINSIDE
State: NJ
Zip: 07105
Did patient have surgery? NO
Surgery Date:
DX: SPRAIN
Body Parts: NECK, RT. SHOULDER, LUMBAR
of Auth visits: 6
Freq/Duration: 3X/WK X 2 WKS
Script: YES
Follow-up MD: 2024-12-09

Special Instructions

Special Instructions: BELONGS TO LUCIA