

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: JESSICA
Last Name: LEMASSON
Main Phone: 973-940-1851
Ext.: 286
Fax: 973-940-1852
Email Address JLEMASSON@RISKSOLUTIONS.COM

Claimant

Request: PT
First Name: DE'SHANTE
Last Name: SALMON
Claim Number: PLB089500
Date of Injury: 2024-10-07
ICD Code
Describe Injury: INJ MULT BODY PART WHEN A SPEDING CAR CRASHED INTO THE BUS ON DRIVER SIDE

Working:
Occupation: BUS ASSISTANT
Date of Birth: 2003-04-24
Gender: FEMALE
Home Phone: (908)858-4734
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 538 W. 7TH ST.
Address 2: APT. C8
City: PLAINFIELD
State: NJ
Zip: 07060
Preferred Language:

Employee

Company: PLAINFIELD BOARD OF ED

Phone Number: (908)731-4323
Contact: WENDY HARDY
Address 1: 1200 MYRTLE AVE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07060
PT - Schedule during work hours? YES
What hours does patient work? 630AM-10 AM, 2-530PM; M-F

Referring Doctor

First Name: ANTHONY
Last Name: TARASENKO, MD
Practice Name: CONCENTRA MEDICAL CENTER
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: LEFT SHOULDER
Body Parts: LEFT SHOULDER
of Auth visits: 6
Freq/Duration: 3X A WEEK/ 2 WEEKS
Script: YES
Follow-up MD:

Special Instructions

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

CSHELL@RISKSOLUTIONS.COM

THANK YOU