

# 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:** TONJA MARIE  
**Last Name:** DECARO  
**Claim Number:** PLB088215  
**Date of Injury:** 2024-06-10  
**ICD Code**  
**Describe Injury:** SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, INIT  
ENCNTR, STRAIN OF UNSP MSL/TND AT ANK/FT LEVEL, LEFT  
FOOT,  
**Working:** YES  
**Occupation:** TEACHER  
**Date of Birth:** 1964-04-22  
**Gender:** FEMALE  
**Home Phone:** (610)837-6548  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 247 S. WALNUT ST.  
**Address 2:**  
**City:** BATH  
**State:** PA  
**Zip:** 18014  
**Preferred Language:**

## Employee

**Company:** PLAINFIELD BOARD OF ED  
**Phone Number:** (908)731-4323  
**Contact:**  
**Address 1:** 1200 MYRTLE AVE  
**Address 2:**  
**City:** PLAINFIELD  
**State:** NJ  
**Zip:** 07063  
**PT - Schedule during work hours?**  
**What hours does patient work?** 805AM-305PM, M-F

## Referring Doctor

**First Name:** SHERYL  
**Last Name:** CEKOT, NP  
**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:** SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, INIT ENCNT  
**Body Parts:** LEFT ANKLE/FOOT  
**# 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