

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: ANGELA
Last Name: MONTGOMERY
Main Phone: 9739401850
Ext.: 241
Fax: 973-940-1852
Email Address AMONTGOMERY@RISKSOLUTIONS.COM

Claimant

Request: MRI
First Name: GERTRUDE
Last Name: HARRIS JOHNSON
Claim Number: PLB087304
Date of Injury: 2024-03-13
ICD Code
Describe Injury: INJ R ARM WHEN SHE TRIPPED & FELL OVER A CHAIR
Working: NO
Occupation: COUNSELOR
Date of Birth: 1949-01-20
Gender: FEMALE
Home Phone: (848)459-7153
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 32 GOLFVIEW DR
Address 2:
City: NEPTUNE
State: NJ
Zip: 07753
Preferred Language:

Employee

Company: PLAINFIELD BD OF ED
Phone Number: 9087314325

Contact: WENDY HARDY
Address 1: 1200 MYRTLE AVENUE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07063
PT - Schedule during work hours?
What hours does patient work? 8:00-3:05

Referring Doctor

First Name: PRAVEEN
Last Name: YALAMANCHILI
Practice Name: SEAVIEW ORTHO
Phone Number: 732-462-1700
Email Address:
Fax: 732-303-8314
Address 1: 222 SCHANCK RD
Address 2: STE 300
City: FREEHOLD
State: NJ
Zip: 07728
Did patient have surgery? NO
Surgery Date:
DX: STRAIN
Body Parts: NECK, LUMBAR
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD: 2024-04-29

Special Instructions

Special Instructions: BELONGS TO CAROLINA