

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOULUTIONS
First Name: KRISTIN
Last Name: WILKINSON
Main Phone: 973-940-1851
Ext.:
Fax: 973-940-1852
Email Address KWILKINSON@RISKSOLUTIONS.COM

Claimant

Request: PT
First Name: MARLENY
Last Name: MERCADO TORRES
Claim Number: PLB081694
Date of Injury: 2022-07-29
ICD Code
Describe Injury: DX: S/P RIGHT KNEE ARTHROSCOPY
Working: YES
Occupation: BUS ASSISTANT
Date of Birth: 1985-12-14
Gender: FEMALE
Home Phone: 908-531-4726
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 208 PRESCOTT PLACE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07063
Preferred Language: SPANISH SPEAKING ONLY

Employee

Company: PLAINFIELD BOARD OF EDUCATION
Phone Number: 908-731-4325

Contact: LINDA SMITH
Address 1: 1200 MYRTLE AVE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07063
PT - Schedule during work hours? YES
What hours does patient work? 630AM- 930AM THEN 130PM- 430 PM

Referring Doctor

First Name: DAVID M.
Last Name: EPSTEIN, MD
Practice Name: TRI COUNTY ORTHOPEDICS & SPORTS MEDICINE
Phone Number: 973-538-2334
Email Address:
Fax: 973-538-4801
Address 1: 1590 ROUTE 206 NORTH
Address 2:
City: BEDMINSTER
State: NJ
Zip: 07921
Did patient have surgery? YES
Surgery Date: 2023-05-01
DX: S/P RIGHT KNEE ARTHROSCOPY
Body Parts: RIGHT KNEE
of Auth visits:
Freq/Duration: 2 - 3X/WK FOR 6 WKS
Script: YES
Follow-up MD: 2023-05-30

Special Instructions

Special Instructions: ANY QUESTIONS PLEASE CONTACT
CSHELL@RISKSOLUTIONS.COM

THANK YOU