

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: ANGELA
Last Name: MONTGOMERY
Main Phone: 9739401851
Ext.: 241
Fax: 973-940-1852
Email Address AMONTGOMERY@RISKSOLUTIONS.COM

Claimant

Request: PT
First Name: GROVER
Last Name: MCINDOE
Claim Number: PLB089653
Date of Injury: 2024-10-24
ICD Code
Describe Injury: INJ L WEIST/HIP EE MISSED HIS STEP FROM A STEP DOWN & FELL

Working: NO
Occupation: MECHANIC
Date of Birth: 1959-01-23
Gender: MALE
Home Phone: (646)331-4877
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 222 MARSH PLACE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07060
Preferred Language:

Employee

Company: PLAINFIELD BD OF ED

Phone Number: 9087314325
Contact: MICHAEL GARCIA
Address 1: 1200 MYRTLE AVENUE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07063
PT - Schedule during work hours? NO
What hours does patient work? 630 AM-330PM

Referring Doctor

First Name: ANTHONY
Last Name: TARASENKI
Practice Name: CONCENTRA
Phone Number: 9087571424
Email Address:
Fax: 9087575678
Address 1: 116 CORPORATE BLVD E.
Address 2:
City: SOUTH PLAINFIELD
State: NJ
Zip: 07080
Did patient have surgery? NO
Surgery Date:
DX: SPRAIN
Body Parts: LT. HIP
of Auth visits: 6
Freq/Duration: 3X/WK X 2WKS
Script:
Follow-up MD: 2024-10-31

Special Instructions

Special Instructions: BELONGS TO CAROLINA