

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: IVETTE
Last Name: RIOS
Claim Number: PJWC082691
Date of Injury: 2023-01-23
ICD Code
Describe Injury: INJ MULT BODY PARTS @ HOUSING INSPECTION FELL DOWN
ATTIC STAIRS

Working: YES
Occupation: INSPECTOR OR ZONING OFFICIAL
Date of Birth: 1972-08-25
Gender: FEMALE
Home Phone: (848)207-8552
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 414 PADEREWSKI AVE
Address 2:
City: PERTH AMBOY
State: NJ
Zip: 08861
Preferred Language:

Employee

Company: CITY OF PERTH AMBOY

Phone Number: 732-826-0290 EXT 4010
Contact: MARIA RIVERA
Address 1: 260 HIGH STREET
Address 2:
City: PERTH AMBOY
State: NJ
Zip: 08861
PT - Schedule during work hours?
What hours does patient work? 9AM-5PM

Referring Doctor

First Name: GREGORY
Last Name: GALLIC
Practice Name:
Phone Number: 908-686-6665
Email Address:
Fax: 908-687-7507
Address 1: 2780 MORRIS AVENUE
Address 2:
City: UNION
State: NJ
Zip: 07083
Did patient have surgery? NO
Surgery Date:
DX: STRAIN
Body Parts: RT. ANKLE/CERVICAL/THORACIC/LUMBAR
of Auth visits: 6
Freq/Duration: 3X/WK X 2 WKS
Script: YES
Follow-up MD: 2023-03-24

Special Instructions

Special Instructions: BELONGS TO DOMINIQUE