

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: FRAKLIN
Last Name: DOREMUS
Claim Number: GSNP083189
Date of Injury: 2023-03-15
ICD Code
Describe Injury: INJ BACK WHEN MOVING PATIENT THAT WAS IN SMALL ROOM
W/ LIMITED ACCESS

Working: NO
Occupation: FIREFIGHTER
Date of Birth: 1995-09-13
Gender: MALE
Home Phone: (732) 677-6454
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 310 6TH AVE
Address 2: APT 103
City: ASBURY
State: NJ
Zip: 07712
Preferred Language:

Employee

Company: NEPTUNE TWP

Phone Number: 732-988-5200 EXT. 230
Contact: STEPHANIE OPEGAARD
Address 1: 25 NEPTUNE BLVD
Address 2:
City: NEPTUNE
State: NJ
Zip: 07753
PT - Schedule during work hours? NO
What hours does patient work? 7A TO 4P

Referring Doctor

First Name: KRYSTAL
Last Name: CASAYURAN-WRIGHT
Practice Name: MERIDIAN OCC HEALTH
Phone Number: 732-776-4251
Email Address:
Fax: 732-776-4210
Address 1: 2441 HIGHWAY 33
Address 2: STE A
City: NEPTUNE
State: NJ
Zip: 07753
Did patient have surgery? NO
Surgery Date:
DX: SPRAIN
Body Parts: LUMBAR
of Auth visits: 6
Freq/Duration: 3X/WK X 2WKS
Script: YES
Follow-up MD: 2023-04-07

Special Instructions

Special Instructions: BELONGS TO KRISTIN WILKINSON