

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: JESSICA
Last Name: LEMASSON
Main Phone: 973-940-1851
Ext.: 286
Fax: 973-940-1852
Email Address JLEMASSON@RISKSOLUTIONS.COM

Claimant

Request: PT
First Name: BREON
Last Name: LOVE
Claim Number: PLB087811
Date of Injury: 2024-04-30
ICD Code
Describe Injury: INJ L ELBOW WAS MOVING TABLES TO CLOSET TO PUT THEM AWAY
Working: YES
Occupation: CUSTODIAN
Date of Birth: 1979-12-11
Gender: MALE
Home Phone: (908)342-8071
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 59 PEARL STREET
Address 2:
City: BRIDGEWATER
State: NJ
Zip: 08807
Preferred Language:

Employee

Company: PLAINFIELD BOARD OF ED

Phone Number: (908)731-4323
Contact: WENDY HARDY
Address 1: 1200 MYRTLE AVE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07063
PT - Schedule during work hours?
What hours does patient work? OOW, 1PM-10PM, M-F

Referring Doctor

First Name: PAYAL
Last Name: PATEL, PA
Practice Name: CONCENTRA MEDICAL CENTER
Phone Number: 908-757-1424
Email Address:
Fax: 908-757-5678
Address 1: 116 CORPORATE BLVD
Address 2: STE E
City: SOUTH PLAINFIELD
State: NJ
Zip: 07080
Did patient have surgery? NO
Surgery Date:
DX: STRAIN UNSP MUSC/FASC/TEND AT SHLDR/UP ARM, LEFT ARM, INI
Body Parts: LEFT ARM
of Auth visits: 6
Freq/Duration: 3X A WEEK/ 2 WEEKS
Script: YES
Follow-up MD:

Special Instructions

Special Instructions: FOR FURTHER QUESTIONS OR CORRESPONDENCE, PLEASE CONTACT:

CSHELL@RISKSOLUTIONS.COM

THANK YOU