

# 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:** RALPH  
**Last Name:** JOHNSON  
**Claim Number:** PLB084043-02  
**Date of Injury:** 2023-05-23  
**ICD Code**  
**Describe Injury:** INJ MULT BODY PARTS A SUV RAN A STOP SIGN & COLLIDED WITH THE BUS

**Working:** YES  
**Occupation:** DEVELOPMENT OUTREACHER WORKER  
**Date of Birth:** 1969-09-23  
**Gender:** MALE  
**Home Phone:** (973)632-7286  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 30 EAST BURGESS AVE  
**Address 2:**  
**City:** PISCATAWAY  
**State:** NJ  
**Zip:** 08854  
**Preferred Language:**

## Employee

**Company:** PLAINFIELD BD OF ED

**Phone Number:** 9087314325  
**Contact:** LINDA SMITH  
**Address 1:** 1200 MYRTLE AVENUE  
**Address 2:**  
**City:** PLAINFIELD  
**State:** NJ  
**Zip:** 07063  
**PT - Schedule during work hours?** NO  
**What hours does patient work?** 8A TO 4:30P

## Referring Doctor

**First Name:** JEFFREY  
**Last Name:** TAYLOR  
**Practice Name:** CONCENTRA  
**Phone Number:** 908-757-1424  
**Email Address:**  
**Fax:** 908-757-5678  
**Address 1:** 116 CORPORATE BLVD E.  
**Address 2:**  
**City:** SOUTH PLAINFIELD  
**State:** NJ  
**Zip:** 07080  
**Did patient have surgery?** NO  
**Surgery Date:**  
**DX:** STRAIN  
**Body Parts:** NECK, LOWER BACK  
**# of Auth visits:** 6  
**Freq/Duration:** 3X/WK X 2 WKS  
**Script:** YES  
**Follow-up MD:** 2023-06-06

## Special Instructions

**Special Instructions:** BELONGS TO ANGELA  
PLEASE HAVE IW CALL ME FOR INTERVIEW BEFORE PT IS  
CONFIRMED