

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: ANGELA
Last Name: MONTGOMERY
Main Phone: 9739401850
Ext.: 241
Fax: 908-940-1852
Email Address AMONTGOMERY@RISKSOLUTIONS.COM

Claimant

Request: VESTIBULAR
First Name: JASON
Last Name: GREER
Claim Number: PLB086628
Date of Injury: 2024-01-11
ICD Code
Describe Injury: INJ HEAD WHILE REMOVING A HORIZONTAL POLE, WAS HIT BY THE PIPE

Working: YES
Occupation: GENERAL MAINTENANCE
Date of Birth: 1963-07-16
Gender: MALE
Home Phone: (908)377-9800
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: PO BOX 2978
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07062
Preferred Language:

Employee

Company: PLAINFIELD BD OF ED

Phone Number: 9087314325
Contact: WENDY HARDY
Address 1: 1200 MYRTLE AVENUE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07062
PT - Schedule during work hours? NO
What hours does patient work? 7:30AM-4:30PM

Referring Doctor

First Name: VINAY
Last Name: CHOPRA
Practice Name: GENESIS ORTHOPAEDIC AND SPINE
Phone Number: 908-588-2311
Email Address:
Fax: 908-588-2319
Address 1: 116 S. EUCLID AVE
Address 2:
City: WESTFIELD
State: NJ
Zip: 07080
Did patient have surgery? NO
Surgery Date:
DX: CONCUSSION
Body Parts: BOTH EARS
of Auth visits: 6
Freq/Duration: 3X/WK X 2WKS
Script: YES
Follow-up MD: 2024-02-12

Special Instructions

Special Instructions: BELONGS TO CAROLINA