

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: ANGELA
Last Name: MONTGOMERY
Main Phone: 9739401850
Ext.: 241
Fax: 973-940-1852
Email Address AMONTGOMERY@RISKSOLUTIONS.COM

Claimant

Request: PT
First Name: ANDRE
Last Name: SPOTWOOD
Claim Number: PJWC088024
Date of Injury: 2024-05-21
ICD Code
Describe Injury: NJ R SHOULDER/NECK WHEN PICKING UP A HEAVY CAN FULL OF GRASS

Working: YES
Occupation: HEAVY EQUIPMENT OPERATOR
Date of Birth: 1958-12-13
Gender: MALE
Home Phone: (908)445-4078
Cell Phone: 908-245-5600
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 224 W. 2ND AVENUE
Address 2:
City: ROSELLE
State: NJ
Zip: 07203
Preferred Language:

Employee

Company: BORO OF ROSELLE

Phone Number: 908-259-3029
Contact: KHEESHA WELLS
Address 1: 210 CHESTNUT STREET
Address 2:
City: ROSELLE
State: NJ
Zip: 07203
PT - Schedule during work hours? NO
What hours does patient work? 5:30AM ? 2PM

Referring Doctor

First Name: GREGORY
Last Name: GALLICK
Practice Name:
Phone Number: 908-686-6665
Email Address:
Fax:
Address 1: 2780 MORRIS AVENUE
Address 2: 2C
City: UNION
State: NJ
Zip: 07083
Did patient have surgery? NO
Surgery Date:
DX: STRAIN
Body Parts: RT. SHOULDER/NECK
of Auth visits: 6
Freq/Duration: 3X/WK X 2WKS
Script: YES
Follow-up MD: 2024-06-07

Special Instructions

Special Instructions: BELONG TO LUCIA
I THINK THE INFO IS STILL THE SAME.