

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: PT
First Name: ALBA
Last Name: JIMENEZ
Claim Number: PLB086626
Date of Injury:
ICD Code
Describe Injury: INJ MULT BODY PARTS EE SLIPPED ON ICE ON PARKING LOT & FELL
Working: YES
Occupation: TEACHER
Date of Birth: 1987-06-21
Gender: FEMALE
Home Phone: (908)636-5803
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 1214 COLUMBIA AVE
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?
What hours does patient work? 8:00A-3:05P

Referring Doctor

First Name: ANTHONY
Last Name: TARASENKO
Practice Name: CONCENTRA
Phone Number: 908-757-1424
Email Address:
Fax: 908-757-5678
Address 1: 116 CORPORATE BLVD E.
Address 2: STE 110
City: SOUTH PLAINFIELD
State: NJ
Zip: 07080
Did patient have surgery? NO
Surgery Date:
DX: SPRAIN
Body Parts: LOWER BACK
of Auth visits: 6
Freq/Duration: 3X/WK X 2WKS
Script:
Follow-up MD:

Special Instructions

Special Instructions: BELONGS TO CAROLINA