

# 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:** XR  
**First Name:** ANA  
**Last Name:** CONCHA TOLEDO  
**Claim Number:** PLB089867  
**Date of Injury:** 2024-11-18  
**ICD Code**  
**Describe Injury:** INJ RT/LEFT KNEE, RT FOOT, RT HIP, LT HAND & CHIN WAS WALKING OUT OF THE DOOR, MISSED A STEP & FELL SIDEWAYS

**Working:** NO  
**Occupation:** TEACHER  
**Date of Birth:** 1962-03-15  
**Gender:** FEMALE  
**Home Phone:** (201)955-1982  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 140 MORGAN  
**Address 2:**  
**City:** KEARNY  
**State:** NJ  
**Zip:** 07032  
**Preferred Language:**

## Employee

**Company:** PLAINFIELD BD OF ED  
**Phone Number:** 9087314325  
**Contact:** MICHAEL GARCIA  
**Address 1:** 1200 MYRTLE AVENUE  
**Address 2:**  
**City:** PLAINFIELD  
**State:** NJ  
**Zip:** 07063  
**PT - Schedule during work hours?** NO  
**What hours does patient work?** 8AM-305PM

## Referring Doctor

**First Name:** RAI  
**Last Name:** KING  
**Practice Name:** ADVANCED PAIN CARE  
**Phone Number:** 973-996-2990  
**Email Address:**  
**Fax:** 908-242-3908  
**Address 1:** 2040 MILLBURN AVE  
**Address 2:**  
**City:** MAPLEWOOD  
**State:** NJ  
**Zip:** 07040  
**Did patient have surgery?** NO  
**Surgery Date:**  
**DX:** PAIN  
**Body Parts:** RT. FOOT  
**# of Auth visits:**  
**Freq/Duration:**  
**Script:** YES  
**Follow-up MD:** 2024-12-27

## Special Instructions

**Special Instructions:** BELONG TO CAROLINA