

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: JODI
Last Name: BYERS
Claim Number: PLB081952
Date of Injury: 2022-11-15
ICD Code
Describe Injury: INJ MULT BODY PARTS EE TRIPPED ON THE CARPET & FELL INTO THE DOOR

Working: YES
Occupation: TEACHER AIDE
Date of Birth: 1963-06-03
Gender:
Home Phone: (908) 251-4003
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 364 HOE AVENUE
Address 2:
City: SCOTCH PLAINS
State: NJ
Zip: 07076
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? 7:30A TO 3:05P

Referring Doctor

First Name: NEOLA
Last Name: GUSHWAY-HENRY
Practice Name: CONCENTRA
Phone Number: 908-757-1424
Email Address:
Fax: 908-757-5678
Address 1: 116 CORPORATE BLVD
Address 2: STE. E
City: SOUTH PLAINFIELD
State: NJ
Zip: 07080
Did patient have surgery? NO
Surgery Date:
DX: STRAIN
Body Parts: LT. SHOULDER
of Auth visits: 6
Freq/Duration: 3X/WK X 2WKS
Script: NO
Follow-up MD: 2022-11-18

Special Instructions

Special Instructions: BELONGS TO CAROLINA