

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:
First Name: VANESSA
Last Name: WILSON
Claim Number: PLB084289
Date of Injury: 2023-06-22
ICD Code
Describe Injury: HIT HEAD & ALL OF L SIDE, TRIPPED OUT OF ELEVATOR
Working: YES
Occupation: CUSTODIAN
Date of Birth: 1961-09-01
Gender: FEMALE
Home Phone: (908)338-8111
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 33 WESTERVELT AVE
Address 2: APT. 514
City: PLAINFIELD
State: NJ
Zip: 07060
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?
What hours does patient work? 2PM-11:PM

Referring Doctor

First Name: JEFFREY
Last Name: TAYLOR
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. ARM
of Auth visits: 6 VISITS
Freq/Duration: 3X/WK X 2WKS
Script: YES
Follow-up MD: 2023-07-11

Special Instructions

Special Instructions: BELONGS TO CAROLINA