

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: DARREN
Last Name: GINNOTTI
Claim Number: PVS087383
Date of Injury: 2024-03-20
ICD Code
Describe Injury: INJ R KNEE(ROLLED) WHEN HE STEPPED ON A PIECE OF
BROKEN CONCRETE

Working: YES
Occupation: MAINTENANCE WORKER
Date of Birth: 1981-08-25
Gender: MALE
Home Phone: (862)881-2902
Cell Phone: (973)583-6090
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 18 HAVEN AVENUE
Address 2:
City: TOTOWA
State: NJ
Zip: 07512
Preferred Language:

Employee

Company: PASSAIC VALLEY SEWERAGE COMMISSION

Phone Number: 973-817-5695
Contact: CHRISTINE CATENARO
Address 1: 600 WILSON AVENUE
Address 2:
City: NEWARK
State: NJ
Zip: 07105
PT - Schedule during work hours? NO
What hours does patient work? 7:00AM-3:30PM, M-F

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:
City: UNION
State: NJ
Zip: 07083
Did patient have surgery? NO
Surgery Date:
DX: TORN LATERAL MENISCUS
Body Parts: RT. KNEE
of Auth visits: 6
Freq/Duration: 3X/WK X 2WKS
Script: YES
Follow-up MD: 2024-04-17

Special Instructions

Special Instructions: BELONGS TO CAROLINA.
ADVISE INJURED WORKER PT WILL NOT CARRY OVER
AFTER APPOINTMENTS HAVE BEEN SCHEDULED.