

# Referral

## Submitter

**Company Name:** D&H ALTERNATIVE RISK SOLUTIONS  
**First Name:** JESSICA  
**Last Name:** LEMASSON  
**Main Phone:** 9739401851  
**Ext.:**  
**Fax:** 9739401852  
**Email Address** JLEMASSON@RISKSOLUTIONS.COM

## Claimant

**Request:** PT  
**First Name:** INKA  
**Last Name:** PHILLIPS  
**Claim Number:** PLB085674  
**Date of Injury:** 2023-10-18  
**ICD Code**  
**Describe Injury:** UNSPECIFIED SPRAIN OF LEFT WRIST  
**Working:** YES  
**Occupation:** TEACHER  
**Date of Birth:** 1969-10-21  
**Gender:** FEMALE  
**Home Phone:** (908)512-1238  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 821 3RD PLACE  
**Address 2:**  
**City:** PLAINFIELD  
**State:** NJ  
**Zip:** 07060  
**Preferred Language:** ENGLISH

## Employee

**Company:** PLAINFIELD BOARD OF EDUCATION  
**Phone Number:** 908-732-4323

**Contact:** WENDY HARDY  
**Address 1:** 1200 MYRTLE AVE  
**Address 2:**  
**City:** PLAINFIELD  
**State:** NJ  
**Zip:** 07063  
**PT - Schedule during work hours?** YES  
**What hours does patient work?** 8:05 AM-3:05 PM, M-F

## Referring Doctor

**First Name:** ANTHONY J  
**Last Name:** TARASENKO, M.D.  
**Practice Name:** CONCENTRA MEDICAL CENTERS (NJ)  
**Phone Number:** (908)757-1424  
**Email Address:**  
**Fax:** (908)757-5678  
**Address 1:** 116 CORPORATE  
**Address 2:** STE E  
**City:** SOUTH PLAINFIELD  
**State:** NJ  
**Zip:** 07080  
**Did patient have surgery?** NO  
**Surgery Date:**  
**DX:** UNSPECIFIED SPRAIN OF LEFT WRIST  
**Body Parts:** LEFT WRIST  
**# of Auth visits:** 6  
**Freq/Duration:** 3X A WEEK FOR 2 WEEKS  
**Script:** YES  
**Follow-up MD:**

## Special Instructions

**Special Instructions:** FOR ANY FURTHER QUESTIONS OR CORRESPONDENCE,  
PLEASE CONTACT:

KWILKINSON@RISKSOLUTIONS.COM

THANK YOU