

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: KIMBERLY J.
Last Name: LINDLAND
Claim Number: PLB085047
Date of Injury: 2023-08-29
ICD Code
Describe Injury: INJ L HIP, L ANKLE & HANDS EE FELL EXITING @ A LOW UNMARKED STEP
Working: YES
Occupation: THERAPIST
Date of Birth: 2023-03-06
Gender:
Home Phone: (917)749-2438
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 12 MONTROS AVE
Address 2:
City: FANWOOD
State: NJ
Zip: 07203
Preferred Language:

Employee

Company: PLAINFIELD BD OF ED

Phone Number: 9087314325
Contact: WENDY HARDY
Address 1: 1200 MYRTLE AVENUE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07063
PT - Schedule during work hours?
What hours does patient work? 8- 3

Referring Doctor

First Name: ANTHONY
Last Name: TARASENKO
Practice Name: CONCENTRA
Phone Number: 908-757-1424
Email Address:
Fax: 908-757-5678
Address 1: 116 CORPORATE BLVD. STE. E
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07080
Did patient have surgery? NO
Surgery Date:
DX: LEFT HIP SPRAIN, LEFT ANKLE SPRAIN
Body Parts:
of Auth visits:
Freq/Duration:
Script:
Follow-up MD: 2023-09-05

Special Instructions

Special Instructions: BELONGS TO CAROLINA