

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: JESSICA
Last Name: LEMASSON
Main Phone: 973-940-1851
Ext.: 286
Fax: 973-940-1852
Email Address JLEMASSON@RISKSOLUTIONS.COM

Claimant

Request: PT
First Name: KAREN
Last Name: BAILEY-ROBINSON
Claim Number: [PLB086993
Date of Injury: 2024-02-16
ICD Code
Describe Injury: SPRAIN OF UNSPECIFIED SITE OF RIGHT KNEE,
Working: YES
Occupation: NURSE
Date of Birth: 1975-11-07
Gender: FEMALE
Home Phone: (917)579-1940
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 4 CORTLAND DRIVE.
Address 2:
City: SOMERSET
State: NJ
Zip: 08873
Preferred Language:

Employee

Company: PLAINFIELD BOARD OF ED
Phone Number: (908)731-4323

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? 8:00AM-3:05PM, M-F

Referring Doctor

First Name: NEOLA
Last Name: GUSHWAY-HENRY, MD
Practice Name: CONCENTRA MEDICAL CENTER
Phone Number: (732) 748-1900
Email Address:
Fax: (732) 748-1907
Address 1: 370 CAMPUS DRIVE
Address 2:
City: SOMERSET
State: NJ
Zip: 08873
Did patient have surgery? NO
Surgery Date:
DX: SPRAIN OF UNSPECIFIED SITE OF RIGHT KNEE
Body Parts: RIGHT KNEE
of Auth visits: 6
Freq/Duration: 3X A WEEK/ 2 WEEKS
Script: YES
Follow-up MD:

Special Instructions

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

CSHELL@RISKSOLUTIONS.COM

THANK YOU