

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: RUTH
Last Name: WRIGHT
Claim Number: PLB082627
Date of Injury: 2023-01-23
ICD Code
Describe Injury: INJ MULT BODY PARTS EE FELL OFF THE LIFT
Working: YES
Occupation: TEACHER
Date of Birth: 1959-12-15
Gender: FEMALE
Home Phone: (732) 310-5253
Cell Phone: (732) 792-1740
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 1704 ASPEN COURT
Address 2:
City: PISCATAWAY
State: NJ
Zip: 08854
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? NO
What hours does patient work? 8A TO 3:30PM

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
Address 2:
City: SOUTH PLAINFIELD
State: NJ
Zip: 07080
Did patient have surgery? NO
Surgery Date:
DX: CONTUSION RT KNEE, LT HAND SPRAIN, HEAD CONTUSION, LOW B
Body Parts: NECK, BILATERAL SHOULDERS, BILATERAL HANDS
of Auth visits: 6
Freq/Duration: 3X/WK X 2WKS
Script: YES
Follow-up MD: 2023-02-10

Special Instructions

Special Instructions: BELONGS TO CAROLINA