

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: HERARD
Last Name: INNOCENT
Claim Number: GSNP081392
Date of Injury: 2022-09-19
ICD Code
Describe Injury: INJ BACK, EE WAS PICKING UP GARBAGE, COMPLAINED ABOUT PULL MUSCLE

Working: YES
Occupation: SANITATION DRIVER
Date of Birth: 1984-03-13
Gender: MALE
Home Phone: (732)875-9541
Cell Phone: (848)667-1939
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 729 JOHN TERRACE
Address 2:
City: NEPTUNE
State: NJ
Zip: 07753
Preferred Language:

Employee

Company: NEPTUNE TWP

Phone Number: 732-988-5200 EXT. 230
Contact: STEPHANIE OPEGAARD
Address 1: 25 NEPTUNE BLVD
Address 2:
City: NEPTUNE
State: NJ
Zip: 07753
PT - Schedule during work hours? NO
What hours does patient work? 6:30AM TO 3PM

Referring Doctor

First Name: PRAVEEN
Last Name: YALAMANCHILI
Practice Name: SEAVIEW ORTHO
Phone Number: 732-660-6200
Email Address:
Fax: 732-988-1146
Address 1: 1200 EAGLE AVENUE
Address 2:
City: OCEAN
State: NJ
Zip: 07712
Did patient have surgery? NO
Surgery Date:
DX: STRAIN
Body Parts: LUMBAR
of Auth visits: 12
Freq/Duration: 3X/WK X 3WKS
Script: YES
Follow-up MD: 2022-11-10

Special Instructions

Special Instructions: BELONGS TO DOMINIQUE
I HAVE REQUESTED A CLEARER SCRIPT FROM THE
FACILITY.