

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: CLAUDIA
Last Name: OSPINA REYES
Claim Number: IWC083721
Date of Injury: 2023-05-01
ICD Code
Describe Injury: INJ MULT BODY WALKING DOWN STEPS, SLIPPED ON OIL
Working: NO
Occupation: HEALTH INSPECTOR
Date of Birth: 1977-01-26
Gender: FEMALE
Home Phone: (201)294-5430
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 429 LINDEN AVE
Address 2:
City: ELIZABETH
State: NJ
Zip: 07202
Preferred Language:

Employee

Company: IRVINGTON TWP
Phone Number: 610-283-4375

Contact: CHRISTI KELLY
Address 1: 1 CIVIC SQUARE
Address 2:
City: IRVINGTON
State: NJ
Zip: 07111
PT - Schedule during work hours? NO
What hours does patient work? 9A TO 4:30P

Referring Doctor

First Name: RICHARD
Last Name: NACHWALTER
Practice Name: ATLANTIC SPINE SPECIALISTS
Phone Number: 973-971-3500
Email Address:
Fax: 973-683-0016
Address 1: 131 MADISON AVENUE
Address 2:
City: MORRISTOWN
State: NJ
Zip: 07960
Did patient have surgery? NO
Surgery Date:
DX: STRAIN
Body Parts: THORACIC
of Auth visits: 8
Freq/Duration: 2X/WK X 4WKS
Script: YES
Follow-up MD:

Special Instructions

Special Instructions: BELONGS TO ANGELA