

# Referral

## Submitter

**Company Name:** DH ALTERNATIVE RISK SOLUTIONS  
**First Name:** KRISTIN  
**Last Name:** WILKINSON  
**Main Phone:** 973-940-1851  
**Ext.:**  
**Fax:** 973-940-1852  
**Email Address** KWILKINSON@RISKSOLUTIONS.COM

## Claimant

**Request:** PT  
**First Name:** ANDRE  
**Last Name:** PAYTON  
**Claim Number:** PLB085225  
**Date of Injury:** 2023-09-11  
**ICD Code** S83.92XA  
**Describe Injury:** SPRAIN OF UNSPECIFIED SITE OF LEFT KNEE, INITIAL ENOUNTER

**Working:** YES  
**Occupation:** SECURITY  
**Date of Birth:** 1982-12-31  
**Gender:** MALE  
**Home Phone:** 848-426-9469  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 22 ROYAL DRIVE  
**Address 2:** APT 60  
**City:** PISCATAWAY  
**State:** NJ  
**Zip:** 08854  
**Preferred Language:**

## Employee

**Company:** PLAINFIELD BOARD OF EDUCATION

**Phone Number:** 908-7314323  
**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?** 730-330 (M-F)

## Referring Doctor

**First Name:** NEOLA  
**Last Name:** GUSHWAY-HENRY  
**Practice Name:** CONCENTRA MEDICAL CENTER NJ  
**Phone Number:** 908-757-1424  
**Email Address:**  
**Fax:** 908-757-5678  
**Address 1:** 116 CORPOATE BLVD  
**Address 2:** STE E  
**City:** SOUTH PLAINFIELD  
**State:** NJ  
**Zip:** 07080  
**Did patient have surgery?** NO  
**Surgery Date:**  
**DX:**  
**Body Parts:** LEFT KNEE  
**# of Auth visits:**  
**Freq/Duration:**  
**Script:** YES  
**Follow-up MD:** 2023-09-25

## Special Instructions

**Special Instructions:** ANY QUESTIONS PLEASE CONTACT  
CSHELL@RISKSOLUTIONS.COM

THANK YOU