

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: MRI
First Name: JEANETTE
Last Name: JORDAN-GAFFNEY
Claim Number: PLB072818
Date of Injury: 2020-09-09
ICD Code
Describe Injury: MULTIPLE BODY PARTS, WHILE WALKING DOWN THE STAIRWELL AND FELL

Working: YES
Occupation: ESL TEACHER
Date of Birth: 1973-07-16
Gender: FEMALE
Home Phone: (908)769-7485
Cell Phone: (908)499-2319
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 607 HUNTINGTON AVENUE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07060
Preferred Language:

Employee

Company: PLAINFIELD BD OF ED

Phone Number: 908-731-4325
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 3:05P

Referring Doctor

First Name: SETH
Last Name: QUELER
Practice Name: GARDEN STATE ORTHO
Phone Number: 201-475-0019
Email Address:
Fax: 973-685-9779
Address 1: 28-04 BROADWAY
Address 2:
City: FAIR LAWN
State: NJ
Zip: 07410
Did patient have surgery? NO
Surgery Date:
DX: SPRAIN
Body Parts: LT. ANKLE WITHOUT CONTRAST
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD: 2022-11-01

Special Instructions

Special Instructions: BELONGS TO CAROLINA