

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: ANGELA
Last Name: MONTGOMERY
Main Phone: 9739401850
Ext.: 241
Fax: 9739401852
Email Address AMONTGOMERY@RISKSOLUTIONS.COM

Claimant

Request: MRI
First Name: THEODORA
Last Name: MILLER
Claim Number: PLB086661
Date of Injury: 2024-01-05
ICD Code
Describe Injury: WORKERS COMPENSATION CLAIM [PLB086661 * PLAINFIELD BOARD OF EDUCA * MILLER, THEODORA] DEVELOPER_BOARD STAR_SAVE ATTACH_FILE LIBRARY_BOOKS COMMENT_SEND EVENT_BUSY LIST_MORE_HORIZ CLAIM_INFO EVENT_DETAIL EMPLOYEE_INFO EMPLOYMENT_INFO EMPLOYEE_EVENT_DETAIL SUPPLEMENTALS EVENT_DESCRIPTION * INJ_MULT BODY PARTS, EE WAS INVOLVED IN A MVA
Working: YES
Occupation: SECRETARY ADMIN ASSISTANT
Date of Birth: 1966-05-15
Gender: FEMALE
Home Phone: (908)757-7633
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1:
Address 2: 435 PEMBERTON AVE
City: PLAINFIELD
State: NJ
Zip: 07060

Preferred Language:

Employee

Company: PLAINFIELD BD OF ED
Phone Number: 9087314325
Contact: WENDY HARDY
Address 1: 1200 MYRTLE AVENUE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07063
PT - Schedule during work hours? NO
What hours does patient work? 8:00 A.M. ? 4:00 P.M.

Referring Doctor

First Name: JEFFREY
Last Name: WARSHAUER
Practice Name: INFINITY ORTHO
Phone Number: 9083647801
Email Address:
Fax: 908-222-2757
Address 1: 1450 ROUTE 22 WEST
Address 2:
City: MOUNTAINSIDE
State: NJ
Zip: 07105
Did patient have surgery? NO
Surgery Date:
DX: SPRAIN OF LIGAMENTS OF CERVICAL SPINE, SPRAIN OF LIGAMENT
Body Parts: LUMBAR/LT. SHOULDER W/OUT CONTRAST
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD: 2024-04-30

Special Instructions

Special Instructions: BELONGS TO CAROLINA