

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: ANGELA
Last Name: MONTGOMERY
Main Phone: 9739401851
Ext.: 241
Fax: 9739401852
Email Address AMONTGOMERY@RISKSOLUTIONS.COM

Claimant

Request: PT
First Name: NICO
Last Name: HOLLAIN
Claim Number: MT088653
Date of Injury: 2024-07-04
ICD Code
Describe Injury: INJ R ANKLE WHILE ON A FOOT PATROL, EE SLIPPED ON A DRAN

Working: YES
Occupation: POLICE
Date of Birth: 1995-11-19
Gender: MALE
Home Phone: (908)705-3497
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 30 CATTANO AVE
Address 2: APT. 102
City: MORRISTOWN
State: NJ
Zip: 07960
Preferred Language:

Employee

Company: TOWN OF MORRISTOWN

Phone Number: 973-292-6627
Contact: SHANAE GREEN
Address 1: 200 SOUTH ST.
Address 2: PO BOX 914
City: MORRISTOWN
State: NJ
Zip: 07960
PT - Schedule during work hours? NO
What hours does patient work? 5:30PM ? 4:15AM

Referring Doctor

First Name: MICHAEL
Last Name: GOLDBERGER
Practice Name: TRI-COUNTY ORTHO
Phone Number: 973-538-2334
Email Address:
Fax:
Address 1: P.O. BOX 1446
Address 2:
City: MORRISTOWN
State: NJ
Zip: 07962
Did patient have surgery? NO
Surgery Date:
DX: SPRAIN
Body Parts: RT. ANKLE
of Auth visits: 8
Freq/Duration: 2X/WK X 4WKS
Script: YES
Follow-up MD: 2024-08-06

Special Instructions

Special Instructions: BELONGS TO LUCIA