

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: TARRAH
Last Name: GRAY
Claim Number: PLB084043-03
Date of Injury: 2023-05-23
ICD Code
Describe Injury: INJ NECK, BACK, FACE BUS STRUGGLED TO STOP, HITTING A CAR THAT RAN STOP SIGN

Working: YES
Occupation: SOCIAL WORKER
Date of Birth: 1981-11-19
Gender: FEMALE
Home Phone: (908)397-5535
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 159 VESSER DRIVE
Address 2:
City: PISCATAWAY
State: NJ
Zip: 08854
Preferred Language:

Employee

Company: PLAINFIELD BD OF ED

Phone Number: 9087314325
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? 8:30 TO 3:30P

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 AVE
Address 2:
City: MORRISTOWN
State: NJ
Zip: 07960
Did patient have surgery? NO
Surgery Date:
DX: STRAIN
Body Parts: NECK
of Auth visits: 8
Freq/Duration: 2X/WK X 4WKS
Script:
Follow-up MD: 2023-07-06

Special Instructions

Special Instructions: BELONGS TO CAROLINA