

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: JOSEPH
Last Name: SIMMS
Claim Number: PJWC083605
Date of Injury: 2023-04-24
ICD Code
Describe Injury: INJ LOWER BACK PICKING UP CAN FULL OF DIRT, TURNED
WRONG WAY & FELT PAIN

Working: NO
Occupation: LABORER
Date of Birth: 1989-10-18
Gender: MALE
Home Phone: (908)340-2331
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 584 DELL ROAD
Address 2:
City: LANDING
State: NJ
Zip: 07850
Preferred Language:

Employee

Company: TEANECK

Phone Number: 201-837-1600 EXT 1651
Contact: TOM ROWE
Address 1: 818 TEANECK ROAD
Address 2:
City: TEANECK
State: NJ
Zip: 07666
PT - Schedule during work hours? NO
What hours does patient work? 6A TO 2P

Referring Doctor

First Name: JANINE
Last Name: MARTI
Practice Name: HOLY NAME OCC HEALTH SERVICE
Phone Number: 201-833-7200
Email Address:
Fax: 201-833-7073
Address 1: 718 TEANECK RD
Address 2: STE 160
City: TEANECK
State: NJ
Zip: 07666
Did patient have surgery? NO
Surgery Date:
DX: STRAIN
Body Parts: LOWER BACK
of Auth visits: 6
Freq/Duration: 3X/WK X 2WKS
Script: YES
Follow-up MD: 2023-05-01

Special Instructions

Special Instructions: BELONGS TO LUCIA
PLEASE SET-UP PT AT KESSLER REHAB IN MOUNT
ARLINGTON.