

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: ELISABETH
Last Name: MARMOLEJOS
Claim Number: PLB088319
Date of Injury: 2024-06-13
ICD Code
Describe Injury: INJ L KNEE, R HAND WHEN EE SLIPPED ON SOMETHING GREASY

Working: YES
Occupation: TEACHER
Date of Birth: 1967-03-31
Gender: FEMALE
Home Phone: (732)619-1476
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 1012 DOGWOOD COURT
Address 2:
City: NEW BRUNSWICK
State: NJ
Zip: 08901
Preferred Language:

Employee

Company: PLAINFIELD BD OF ED

Phone Number: 732-442-4400
Contact: WENDY HARDY
Address 1: 260 HIGH STREET
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07063
PT - Schedule during work hours?
What hours does patient work? 830AM-350PM

Referring Doctor

First Name: ANTHONY
Last Name: TARASENKO
Practice Name: CONCENTRA
Phone Number: 908-757-1424
Email Address:
Fax: 908-757-5678
Address 1: 116 CORPORATE BLVD E.
Address 2: SUITE 106
City: SOUTH PLAINFIELD
State: NJ
Zip: 07080
Did patient have surgery? NO
Surgery Date:
DX: CONTUSION OF RIGHT HAND, NECK STRAIN, STRAIN OF RIGHT GR
Body Parts: LUMBAR
of Auth visits: 6
Freq/Duration: 3X/WK X 2WKS
Script: YES
Follow-up MD: 2024-08-27

Special Instructions

Special Instructions: BELONGS TO CAROLINA