

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: JESSICA
Last Name: LEMASSON
Main Phone: 9739401851
Ext.:
Fax: 9739401852
Email Address JLEMASSON@RISKSOLUTIONS.COM

Claimant

Request: PT
First Name: DINA
Last Name: TOLEDO
Claim Number: PLB086131
Date of Injury: 2023-11-30
ICD Code W19.XXXA
Describe Injury: UNSPECIFIED FALL

Working: YES
Occupation: TEACHER
Date of Birth: 1990-11-09
Gender: FEMALE
Home Phone: (732)668-8578
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 231 COLUMBUS DRIVE
Address 2:
City: FRANKLIN PARK
State: NJ
Zip: 08823
Preferred Language:

Employee

Company: PLAINFIELD BOARD OF EDUCATION
Phone Number: (908) 731-4323

Contact: WENDY HARDY
Address 1: 1200 MYRTLE AVE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07063
PT - Schedule during work hours? YES
What hours does patient work? 830AM-350AM (M-F)

Referring Doctor

First Name: ANTHONY J
Last Name: TARASENKO, M.D.
Practice Name: CONCENTRA MEDICAL CENTERS (NJ)
Phone Number: (908) 757-1424
Email Address:
Fax: (908) 757-5678
Address 1: 116 CORPORATE BLVD
Address 2:
City: SOUTH PLAINFIELD
State: NJ
Zip: 07080
Did patient have surgery? NO
Surgery Date:
DX: UNSPECIFIED FALL
Body Parts: LEFT KNEE
of Auth visits: 6
Freq/Duration: 3X A WEEK FOR 2 WEEKS
Script: YES
Follow-up MD:

Special Instructions

Special Instructions: FOR FURTHER QUESTIONS OR CORRESPONDENCE, PLEASE CONTACT:

KWILKINSON@RISKSOLUTIONS.COM

THANK YOU