

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: ERIC
Last Name: BAILEY
Claim Number: IWC088243
Date of Injury: 2024-06-10
ICD Code
Describe Injury: INJ SHOULDER & NECK WHEN DRIVE IN VEHICLE 1 STRUCK
EE'S VEHICLE

Working: YES
Occupation: POLICE
Date of Birth: 1992-12-19
Gender: MALE
Home Phone: (973)371-1280
Cell Phone: (862)300-8545
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 14 KUNA TERRACE
Address 2:
City: IRVINGTON
State: NJ
Zip: 07111
Preferred Language:

Employee

Company: IRVINGTON TWP

Phone Number: 6102834375
Contact: CHRISTI KELLY
Address 1: 1 CIVIC SQUARE
Address 2:
City: IRVINGTON
State: NJ
Zip: 07111
PT - Schedule during work hours?
What hours does patient work? 7:45PM-7AM

Referring Doctor

First Name: VINAY
Last Name: CHOPRA
Practice Name: GENESIS ORTHOPAEDIC AND SPINE WO
Phone Number: 973-434-9575
Email Address:
Fax: 973-434-9578
Address 1: 300 EXECUTIVE DR.STE. 110
Address 2:
City: WEST ORANGE
State: NJ
Zip: 07052
Did patient have surgery? NO
Surgery Date:
DX: CERVICALGIA, ACUTE PAIN OF RIGHT SHOULDER
Body Parts: CERVICAL/RT. SHOULDER
of Auth visits: 6
Freq/Duration: 3X/WK X 2WKS
Script: YES
Follow-up MD: 2024-07-01

Special Instructions

Special Instructions: BELONGS TO CAROLINA