

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: XR
First Name: ANA
Last Name: CONCHA TOLEDO
Claim Number: PLB089867
Date of Injury: 2024-11-18
ICD Code
Describe Injury: INJ RT/LEFT KNEE, RT FOOT, RT HIP, LT HAND & CHIN WAS WALKING OUT OF THE DOOR, MISSED A STEP & FELL SIDEWAYS

Working: NO
Occupation: TEACHER
Date of Birth: 1962-03-15
Gender: FEMALE
Home Phone: (201)955-1982
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 140 MORGAN PLACE
Address 2:
City: KEARNY
State: NJ
Zip: 07032
Preferred Language:

Employee

Company: PLAINFIELD BD OF ED
Phone Number: 9087314325
Contact: MICHAEL GARCIA
Address 1: 1200 MYRTLE AVENUE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07063
PT - Schedule during work hours?
What hours does patient work? 8AM-305PM

Referring Doctor

First Name: RAI
Last Name: KING
Practice Name: ADVANCED PAIN CARE
Phone Number: 973-996-2990
Email Address:
Fax: 908-242-3908
Address 1: 2040 MILLBURN AVE
Address 2: 104
City: MAPLEWOOD
State: NJ
Zip: 07040
Did patient have surgery? NO
Surgery Date:
DX: FRACTURE
Body Parts: RT. FOOT
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD: 2024-12-13

Special Instructions

Special Instructions: BELONGS TO CAROLINA