

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: SHERRI
Last Name: MCKINNEY
Claim Number: PLB089856
Date of Injury: 2024-11-15
ICD Code
Describe Injury: INJ L KNEE WAS TRYING TO HOLD ON TO STUDENT WHO WAS TRYING TO RUN

Working: YES
Occupation: GUARD
Date of Birth: 1973-05-22
Gender: FEMALE
Home Phone: (732)877-8339
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 2040 LEHIGH ST.
Address 2: #521
City: EASTON
State: PA
Zip: 18042
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? NO
What hours does patient work? 730AM-3PM

Referring Doctor

First Name: KRISTEN
Last Name: DAMATTI
Practice Name: CONCENTRA
Phone Number: 9087571424
Email Address:
Fax: 9087575678
Address 1: 116 CORPORATE BLVD E.
Address 2:
City: SOUTH PLAINFIELD
State: NJ
Zip: 07080
Did patient have surgery? NO
Surgery Date:
DX: STRAIN
Body Parts: LT. LEG
of Auth visits: 6
Freq/Duration: 3X/WK X 2 WKS
Script: YES
Follow-up MD: 2024-11-25

Special Instructions

Special Instructions: BELONGS TO CAROLINA