

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: CT
First Name: MARGOTH
Last Name: REGALADO
Claim Number: PLB077111
Date of Injury: 2021-10-26
ICD Code
Describe Injury: INJ R SHOULDER, HIP, & BACK/GOT UP TO CHANGE TABLET, TRIPPED OVER CHAIR

Working: YES
Occupation: TEACHER
Date of Birth: 1946-07-05
Gender:
Home Phone: (908) 680-6961
Cell Phone: (908) 922-0552
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 1535 EAST FRONT STREET
Address 2:
City: SCOTCH PLAINS
State: NJ
Zip: 07076
Preferred Language:

Employee

Company: PLAINFIELD BD OF ED

Phone Number: 9087314325
Contact: LINDA SMITH
Address 1: 1200 MYRTLE AVENUE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07063
PT - Schedule during work hours? NO
What hours does patient work? 8A TO 3P,

Referring Doctor

First Name: STEPHEN
Last Name: HUNT
Practice Name: TRI-COUNTY ORTHO
Phone Number: 973-267-6882
Email Address:
Fax: 973-538-4081
Address 1: 197 RIDGEDALE AVE
Address 2:
City: CEDAR KNOLLS
State: NJ
Zip: 07927
Did patient have surgery? NO
Surgery Date:
DX: PAIN
Body Parts: RT. SHOULDER
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD: 2023-05-24

Special Instructions

Special Instructions: BELONGS TO CAROLINA