

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: ANGELA
Last Name: MONTGOMERY
Main Phone: 9739401850
Ext.: 241
Fax: 973-940-1852
Email Address AMONTGOMERY@RISKSOLUTIONS.COM

Claimant

Request: CT
First Name: LAMONT
Last Name: REDMOND
Claim Number: PJWC088075
Date of Injury: 2024-05-28
ICD Code
Describe Injury: RIGHT SIDE OF BACK INJURED LIFTING GAS TANK OFF JACK STAND

Working: NO
Occupation: MECHANIC
Date of Birth: 1974-07-28
Gender: MALE
Home Phone: (908)327-6230
Cell Phone: (908)472-5514
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 579 B RARITAN RD
Address 2: #182
City: ROSELLE
State: NJ
Zip: 07203
Preferred Language:

Employee

Company: BORO OF ROSELLE

Phone Number: 908-245-2920
Contact: KHEESHA WELLS
Address 1: 210 CHESTNUT STREET
Address 2:
City: ROSELLE
State: NJ
Zip: 07203
PT - Schedule during work hours? NO
What hours does patient work? 5:30AM ? 2PM

Referring Doctor

First Name: GRIGORY
Last Name: GOLDBERG
Practice Name: SEAVIEW ORTHO
Phone Number: 732-897-4800
Email Address:
Fax: 732-897-4801
Address 1: 2139 STATE RT. 35
Address 2: STE 1094
City: HOLMDEL
State: NJ
Zip: 07733
Did patient have surgery? NO
Surgery Date:
DX: PAIN
Body Parts: CHEST
of Auth visits:
Freq/Duration:
Script:
Follow-up MD: 2024-06-25

Special Instructions

Special Instructions: BELONGS TO LUCIA