

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: PT
First Name: PEREETI
Last Name: KATARIA
Claim Number: PLB089388
Date of Injury: 2024-09-30
ICD Code
Describe Injury: INJ L KNEE WHEN TEACHING STUDENTS, EE TURNED & HIT
LEG ON PROJECTOR

Working: NO
Occupation: TEACHER
Date of Birth: 1968-07-29
Gender: FEMALE
Home Phone: (908)307-3410
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 9 JENNA DRIVE
Address 2:
City: BRIDGEWATER
State: NJ
Zip: 08807
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-3:05PM

Referring Doctor

First Name: JEFFREY
Last Name: WARSHAUER
Practice Name: INFINITY ORTHO
Phone Number: 9083647801
Email Address:
Fax: 973-434-9578
Address 1: 1450 ROUTE 22 WEST
Address 2:
City: MOUNTAINSIDE
State: NJ
Zip: 07105
Did patient have surgery? NO
Surgery Date:
DX: CONTUSION
Body Parts: LT. KNEE
of Auth visits: 6
Freq/Duration: 3X/WK X 2WKS
Script: YES
Follow-up MD: 2024-10-29

Special Instructions

Special Instructions: BELONGS TO CAROLINA