

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: JESSICA
Last Name: LEMASSON
Main Phone: 9739401851
Ext.:
Fax: 9739401852
Email Address JLEMASSON@RISKSOLUTIONS.COM

Claimant

Request: PT
First Name: THERESA
Last Name: KUHN
Claim Number: PLB085848
Date of Injury: 2023-11-01
ICD Code 843.8, S83.91XA
Describe Injury: SPRAIN OF UNSPECIFIED SITE OF RIGHT KNEE
Working: YES
Occupation: TEACHER
Date of Birth: 1982-06-19
Gender: FEMALE
Home Phone: (908)295-6519
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 1911 TERRACE AVE.
Address 2:
City: SOUTH PLAINFIELD
State: NJ
Zip: 07080
Preferred Language:

Employee

Company: PLAINFIELD BOARD OF EDUCATION
Phone Number: (908) 731-4323

Contact: WENDY HARDY
Address 1: 1200 MYRTLE AVE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07063
PT - Schedule during work hours? YES
What hours does patient work? 7:30AM-3:30PM, M-F

Referring Doctor

First Name: NEOLA
Last Name: GUSHWAY-HENRY, MD
Practice Name: CONCENTRA MEDICAL CENTERS (NJ)
Phone Number: (908)757-1424
Email Address:
Fax: (908)757-5678
Address 1: 116 CORPORATE
Address 2: STE E
City: SOUTH PLAINFIELD
State: NJ
Zip: 07080
Did patient have surgery? NO
Surgery Date:
DX: SPRAIN OF UNSPECIFIED SITE OF RIGHT KNEE
Body Parts: RIGHT KNEE
of Auth visits: 6
Freq/Duration: 3X A WEEK FOR 2 WEEKS
Script: YES
Follow-up MD:

Special Instructions

Special Instructions: FOR FURTHER QUESTIONS OR CORRESPONDENCE, PLEASE
CONTACT:

KWILKINSON@RISKSOLUTIONS.COM

THANK YOU