

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: RONNIE
Last Name: THOMAS
Claim Number: PLB080254
Date of Injury: 2022-06-16
ICD Code
Describe Injury: INJ MULT BODY PARTS, EE WAS BREAKING UP A FIGHT BETWEEN 2 STUDENTS

Working: NO
Occupation: SECURITY OFFICER
Date of Birth: 1956-07-15
Gender: MALE
Home Phone: (908) 412-9564
Cell Phone: (908)565-3064
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 1299 ARLINGTON AVENUE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07060
Preferred Language:

Employee

Company: PLAINFIELD BD OF ED

Phone Number: 908-731-4325
Contact:
Address 1: 1200 MYRTLE AVENUE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07063
PT - Schedule during work hours?
What hours does patient work? 7:15A TO 2:45P

Referring Doctor

First Name: CHARLES
Last Name: GATATO
Practice Name: THE ADVANCED SPINE CENTER
Phone Number: 973-538-0900
Email Address:
Fax: 973-538-0909
Address 1: 160 E. HANOVER AVENUE
Address 2:
City: MORRISTOWN
State: NJ
Zip: 07960
Did patient have surgery? YES
Surgery Date: 2023-01-04
DX:
Body Parts: LUMBAR
of Auth visits: 12
Freq/Duration: 3X/WK X 4WKS
Script: YES
Follow-up MD: 2023-03-31

Special Instructions

Special Instructions: BELONGS TO CAROLINA