

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: JESSICA
Last Name: LEMASSON
Main Phone: 973-940-1851
Ext.: 286
Fax: 973-940-1852
Email Address JLEMASSON@RISKSOLUTIONS.COM

Claimant

Request: PT
First Name: ASUNCION
Last Name: VEGA
Claim Number: PLB089410
Date of Injury: 2024-10-01
ICD Code
Describe Injury: INJ LOWER BACK WAS PUNCHED BY STUDENT & EE FELL DOWN THE STAIRS

Working: YES
Occupation: TEACHER
Date of Birth: 1975-05-05
Gender: FEMALE
Home Phone: (201)640-7227
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 316 FRANKLIN PL.
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07062
Preferred Language: SPANISH

Employee

Company: PLAINFIELD BOARD OF ED

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? 8:00 3:50 PM MONDAY - FRIDAY

Referring Doctor

First Name: ANTHONY
Last Name: TARASENKO, MD
Practice Name: CONCENTRA MEDICAL CENTER
Phone Number: 908-757-1424
Email Address:
Fax: 908-757-5678
Address 1: 116 CORPORATE BLVD
Address 2: STE E
City: SOUTH PLAINFIELD
State: NJ
Zip: 07080
Did patient have surgery? NO
Surgery Date:
DX: STRAIN OF MUSCLE, FASCIA AND TENDON OF LOWER BACK, INIT-S
Body Parts: BILATERAL LUMBAR SPINE
of Auth visits: 6
Freq/Duration: 3X A WEEK/ 2 WEEKS
Script: YES
Follow-up MD:

Special Instructions

Special Instructions: ***WE NEED TO START HER ASAP, SHE DOES NOT SPEAK ENGLISH, SHE DOES NOT DRIVE, SHE NEEDS TO BE SCHEDULED NEAR HER HOME. WE NEED A DATE FOR THE INITIAL EVAL ASAP**

FOR FURTHER QUESTIONS OR CORRESPONDENCE, PLEASE CONTACT:

CSHELL@RISKSOLUTIONS.COM

THANK YOU