

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:
First Name: ANGELA
Last Name: BENTO
Claim Number: PLB075841
Date of Injury: 2021-06-21
ICD Code
Describe Injury: INJ R SHOULDER, STUDENT HAVING MENTAL BREAKDOWN,
WAS FIGHTING W/ EE & PULLED HER ARM

Working: YES
Occupation: PRINCIPAL
Date of Birth: 1963-10-28
Gender: FEMALE
Home Phone: (908)301-0566
Cell Phone: (908)591-2482
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 251 KNOLLCREST ROAD
Address 2:
City: MOUNTAINSIDE
State: NJ
Zip:
Preferred Language: 07092

Employee

Company: PLAINFIELD BD OF ED

Phone Number: 9087314325
Contact: WENDY HARDY
Address 1: 1200 MYRTLE AVENUE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07063
PT - Schedule during work hours? NO
What hours does patient work? 7:30A TO 4P

Referring Doctor

First Name: RICHARD
Last Name: SELDES
Practice Name:
Phone Number: 201-343-3999
Email Address:
Fax: 201-343-0554
Address 1: 401 HACKENSACK AVE
Address 2:
City: HACKENSACK
State: NJ
Zip: 07601
Did patient have surgery? YES
Surgery Date: 2023-09-08
DX: PARTIAL CUFF TEAR OF RIGHT SHOULDER WITH IMPINGEMENT AI
Body Parts: RT. SHOULDER
of Auth visits: 18
Freq/Duration: 3X/WK X 6WKS
Script: YES
Follow-up MD: 2023-10-02

Special Instructions

Special Instructions: HEY SUNSHINE,
BELONGS TO CAROLINA