

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: RINA
Last Name: ORTEGA
Claim Number: PLB086003
Date of Injury: 2023-11-16
ICD Code
Describe Injury: BILATERAL HANDS

Working: YES
Occupation: TEACHER'S AID
Date of Birth: 1960-06-04
Gender: FEMALE
Home Phone: (908)917-8015
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 546 EAST SECOND STREET
Address 2: APT 2
City: PLAINFIELD
State: NJ
Zip: 07060
Preferred Language:

Employee

Company: PLAINFIELD BOARD OF EDUCATION
Phone Number: 908-732-4323

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? 8:05 AM-3:05 PM, M-F

Referring Doctor

First Name:
Last Name:
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: BILATERAL HANDS
Body Parts: BILATERAL HANDS
of Auth visits: 6
Freq/Duration: 3X A WEEK FOR 2 WEEKS
Script:
Follow-up MD: 2023-11-28

Special Instructions

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

KWILKINSON@RISKSOLUTIONS.COM

THANK YOU