

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: BENJAMIN
Last Name: BROWN
Claim Number: PLB081839
Date of Injury: 2022-10-13
ICD Code
Describe Injury: INJ R FOOT, A CHAIR STRUCK EE

Working:
Occupation: CUSTODIAN
Date of Birth: 1981-11-19
Gender: MALE
Home Phone: (908) 251-4897
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 141 PINEVIEW TERRACE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07060
Preferred Language:

Employee

Company: PLAINFIELD BD OF ED
Phone Number: 9087314325

Contact: LINDA SMITH
Address 1: 1200 MYRTLE AVENUE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07063
PT - Schedule during work hours?
What hours does patient work? 3PM 12MIDNIGHT

Referring Doctor

First Name: ANTHONY
Last Name: TARASENKO
Practice Name: CONCENTRA
Phone Number: 908-757-1424
Email Address:
Fax: 908-757-5678
Address 1: 116 CORPORATE BLVD
Address 2:
City: SOUTH PLAINFIELD
State: NJ
Zip: 07080
Did patient have surgery? NO
Surgery Date:
DX: CONTUSION
Body Parts: RT. FOOT
of Auth visits: 6
Freq/Duration: 3X/WK X 2WKS
Script: YES
Follow-up MD: 2022-11-15

Special Instructions

Special Instructions: BELONGS TO CAROLINA

READ: FILES ADDED SUCCESSFULLY