

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: ANGELA
Last Name: MONTGOMERY
Main Phone: 9739401851
Ext.: 241
Fax: 9739401852
Email Address AMONTGOMERY@RISKSOLUTIONS.COM

Claimant

Request: XR
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:

Employee

Company: PLAINFIELD BD OF ED

Phone Number: 9087314325
Contact: MICHAEL GARCIA
Address 1: 1200 MYRTLE AVENUE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07062
PT - Schedule during work hours? NO
What hours does patient work? 8:00 3:50 PM

Referring Doctor

First Name: RAI
Last Name: KIANG
Practice Name: ADVANCED PAIN CARE
Phone Number: 973-996-2990
Email Address:
Fax: 908-242-3908
Address 1: 2040 MILLBURN AVE
Address 2: #104
City: MAPLEWOOD
State: NJ
Zip: 07040
Did patient have surgery? NO
Surgery Date:
DX: PAIN
Body Parts: LT. ANKLE/FOOT
of Auth visits:
Freq/Duration:
Script:
Follow-up MD:

Special Instructions

Special Instructions: BELONGS TO CAROLINA