

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOULUTIONS
First Name: KRISTIN
Last Name: WILKINSON
Main Phone: 973-940-1851
Ext.:
Fax: 973-940-1852
Email Address KWILKINSON@RISKSOLUTIONS.COM

Claimant

Request: PT
First Name: VERONICA
Last Name: GAY-BROWN
Claim Number: PLB085103
Date of Injury: 2023-09-05
ICD Code S63.501A
Describe Injury: UNSPECIFIED SPRAIN OF THE RIGHT WRIS, INITIAL ENCOUNTER

Working: YES
Occupation: TEACHERS AIDE
Date of Birth: 1957-12-25
Gender: MALE
Home Phone: 908-315-4373
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 33 WESTERVELT AVE
Address 2: APT 315
City: PLAINFIELD
State: NJ
Zip: 07060
Preferred Language:

Employee

Company: PLAINFIELD BOARD OF EDUCATION

Phone Number: 908-731-4323
Contact: WENDY HARDY
Address 1: 1200 MYRTLE AVE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07063-1139
PT - Schedule during work hours? YES
What hours does patient work? 8AM -305PM

Referring Doctor

First Name: ANTHONY
Last Name: TARASENKO, MD.
Practice Name: CONCENTRA MEDICAL CENTER NJ
Phone Number: 908-757-1424
Email Address:
Fax: 908-757-5678
Address 1: 116 CORPOATE BLVD
Address 2: SUITE E
City: SOUTH PLAINFIELD
State: NJ
Zip: 07080
Did patient have surgery? NO
Surgery Date:
DX:
Body Parts:
of Auth visits: 6
Freq/Duration: 3XS A WEEK FOR 2 WEEKS
Script: YES
Follow-up MD:

Special Instructions

Special Instructions: ANY QUESTIONS PLEASE CONTACE
CSHELL@RISKSOLUTIONS.COM

THANK YOU