

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: JESSICA
Last Name: LEMASSON
Main Phone: 973-940-1851
Ext.: 286
Fax: 973-940-1852
Email Address JLEMASSON@RISKSOLUTIONS.COM

Claimant

Request: PT
First Name: MERRILUE
Last Name: NAICKEN
Claim Number: PLB087984
Date of Injury: 2024-04-22
ICD Code
Describe Injury: INJ R KNEE & HIP EE SLIPPED ON ROLLER SKATE ON FLOOR
Working: YES
Occupation: BUS DRIVER
Date of Birth: 1985-03-27
Gender: FEMALE
Home Phone: (732)423-5621
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 911 HARRISON AVE.
Address 2:
City: SOUTH PLAINFIELD
State: NJ
Zip: 07080
Preferred Language:

Employee

Company: PLAINFIELD BOARD OF ED
Phone Number: (908)731-4323

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? 600AM-530PM, M-F

Referring Doctor

First Name: MAHOLLY
Last Name: RAMOS, PA
Practice Name: CONCENTRA MEDICAL CENTER
Phone Number: 908-757-1424
Email Address:
Fax: 908-757-5678
Address 1: 116 CORPORATE BLVD
Address 2: STE E
City: SOUTH PLAINFIELD
State: NJ
Zip: 07080
Did patient have surgery?
Surgery Date:
DX: STRAIN OF MUSCLE, FASCIA AND TENDON OF RIGHT HIP, INIT-S76
Body Parts: RIGHT KNEE, RIGHT HIP, RIGHT ANKLE
of Auth visits: 6
Freq/Duration: 3X A WEEK/ 2 WEEKS
Script: YES
Follow-up MD:

Special Instructions

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

CSHELL@RISKSOLUTIONS.COM

THANK YOU