

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: ANGELA
Last Name: MONTGOMERY
Main Phone: 9739401851
Ext.: 241
Fax: 9089401852
Email Address AMONTGOMERY@RISKSOLUTIONS.COM

Claimant

Request: PT
First Name: JASON
Last Name: GREER
Claim Number: PLB086628
Date of Injury: 2024-01-11
ICD Code
Describe Injury: INJ HEAD WHILE REMOVING A HORIZONTAL POLE, WAS HIT BY THE PIPE

Working: NO
Occupation: CUSTODIAN
Date of Birth: 2024-07-16
Gender: MALE
Home Phone: (908)377-9800
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 15103 DIAMOND COURT
Address 2:
City: WATCHUNG
State: NJ
Zip: 07069
Preferred Language:

Employee

Company: PLAINFIELD BD OF ED

Phone Number: 9087314325
Contact: MICHAEL GARCIA
Address 1: 1200 MYRTLE AVENUE
Address 2:
City: PLANFIELD
State: NJ
Zip: 07063
PT - Schedule during work hours?
What hours does patient work? 630 AM-330PM

Referring Doctor

First Name: DAVID
Last Name: EPSTEIN
Practice Name: TRI-COUNTY ORTHO
Phone Number: 973-538-2334
Email Address:
Fax:
Address 1: 197 RIDGEDALE AVE.
Address 2:
City: CEDAR KNOLLS
State: NJ
Zip: 07927
Did patient have surgery?
Surgery Date: 2024-08-28
DX: SPRAIN
Body Parts: RT. SHOULDER
of Auth visits: 12
Freq/Duration: 3X/WK X 4WKS
Script: YES
Follow-up MD: 2024-11-19

Special Instructions

Special Instructions: BELONGS TO CAROLINA