

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: DEBRA
Last Name: CALVIT
Claim Number: PLB083305
Date of Injury: 2023-03-27
ICD Code
Describe Injury: INJ R LEG & KNEE EE HAS PAIN AS SHE WALKS FROM ONE PLACE TO ANOTHER

Working: NO
Occupation: CUSTODIAN
Date of Birth: 1959-06-14
Gender: FEMALE
Home Phone: (908)635-8744
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 1289 WALD DRIVE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07062
Preferred Language:

Employee

Company: D&H ALTERNATIVE RISK SOLUTIONS

Phone Number: 9739401851
Contact: LINDA SMITH
Address 1: 1200 MYRTLE AVENUE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07062
PT - Schedule during work hours? NO
What hours does patient work? 10A TO7P

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 E.
Address 2:
City: SOUTH PLAINFIELD
State: NJ
Zip: 07080
Did patient have surgery? NO
Surgery Date:
DX: SPRAIN
Body Parts: RT. KNEE
of Auth visits: 6
Freq/Duration: 3X/WK X W2KS
Script: YES
Follow-up MD: 2023-04-03

Special Instructions

Special Instructions: BELONGS TO ANGELA

IW IS CURRENTLY OUT OF WORK

PLEASE SCHEDULE ASAP
THIS AFTERNOON IF POSSIBLE
FOLLOW UP AFTER PT IS COMPLETE