

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: MRI, ARTH
First Name: KATRINA
Last Name: PAIGE
Claim Number: PLB083069
Date of Injury: 2023-03-02
ICD Code
Describe Injury: INJ MULT BODY WHILE WALKING DOWN THE HALLWAY,
FELL/SLIPPED

Working: YES
Occupation: TEACHER
Date of Birth: 1970-01-22
Gender: FEMALE
Home Phone: (862)400-5343
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 14208 CRYSTAL RIDGE DR.
Address 2:
City: WATCHUNG
State: NJ
Zip: 07069
Preferred Language:

Employee

Company: PLAINFIELD BD OF ED

Phone Number: 9087314325
Contact: LINDA SMITH
Address 1: 1200 MYRTLE AVENUE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07069
PT - Schedule during work hours?
What hours does patient work? 7:50A TO 3:05P

Referring Doctor

First Name: GREGORY
Last Name: GALLICK
Practice Name: ORTHO SURGERY & SPORTS MEDICINE
Phone Number: 908-686-6665
Email Address:
Fax: 908-687-7507
Address 1: 2780 MORRIS AVE
Address 2: STE 2C
City: UNION
State: NJ
Zip: 07083
Did patient have surgery? NO
Surgery Date:
DX: SPRAIN
Body Parts: RT. SHOULDER
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD: 2023-05-16

Special Instructions

Special Instructions: THIS BELONGS TO ANGELA