

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: IMANI
Last Name: COX
Claim Number: PLB081759
Date of Injury: 2022-10-27
ICD Code
Describe Injury: IN HEAD/NECK, WHILE DOING PULLUP, EE HIT HER HEAD ON BAR

Working: YES
Occupation: TEACHER ASSISTANT
Date of Birth: 1991-12-18
Gender: FEMALE
Home Phone: (908)251-1260
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 1308 COLUMBIA AVE
Address 2:
City: PLAINFIELD
State: NJ
Zip:
Preferred Language: 07062

Employee

Company: PLAINFIELD BD OF ED

Phone Number: 9087314325
Contact: LINDA SMITH
Address 1: 1200 MYRTLE AVENUE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07063
PT - Schedule during work hours? NO
What hours does patient work? 8:30A TO 2:30P

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
Address 2:
City: SOUTH PLAINFIELD
State: NJ
Zip: 07080
Did patient have surgery? NO
Surgery Date:
DX: SPRAIN
Body Parts: CERVICAL
of Auth visits: 6
Freq/Duration: 3X/WK X 2WKS
Script: YES
Follow-up MD: 2022-11-10

Special Instructions

Special Instructions: BELONGS TO CAROLINA