

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: DME
First Name: NABILIAH
Last Name: MUHAMMED-ISMAIL
Claim Number: PLB079309
Date of Injury: 2022-03-24
ICD Code
Describe Injury: INJ HEAD,R SHOULDER, L HAND, EE SLIPPED ON THE FLOOR
Working: YES
Occupation: COUNSELOR
Date of Birth: 1954-08-16
Gender: FEMALE
Home Phone: (908)591-3160
Cell Phone: (732)658-1179
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 186 WILLOWBROOK DRIVE
Address 2: BLDG 14
City: NORTH BRUNSWICK
State: NJ
Zip: 08902
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: 07063
PT - Schedule during work hours? NO
What hours does patient work?

Referring Doctor

First Name: JEFFREY
Last Name: WARSHAUER
Practice Name: INFINITY ORTHO
Phone Number: 908-364-7801
Email Address:
Fax: 908-222-2757
Address 1: 1450 ROUTE 22 WEST
Address 2:
City: MOUNTAINSIDE
State: NJ
Zip: 07092
Did patient have surgery? NO
Surgery Date: 2023-06-07
DX: SLING SHOT BRACE
Body Parts: RT. SHOULDER
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD: 2023-06-12

Special Instructions

Special Instructions: BELONGS TO ANGELA