

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: ANGELA
Last Name: MONTGOMERY
Main Phone: 9739401850
Ext.: 241
Fax: 973-940-1852
Email Address AMONTGOMERY@RISKSOLUTIONS.COM

Claimant

Request: PT
First Name: LUIS
Last Name: RAMOS
Claim Number: PJWC088118
Date of Injury: 2024-05-30
ICD Code
Describe Injury: INJ LOWER BACK WAS PERFORMING CPR ON AN UNRESPONSIVE PERSON

Working: YES
Occupation: POLICE
Date of Birth: 1995-07-08
Gender: MALE
Home Phone: (732)877-3614
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 10 FERN CT
Address 2:
City: SAYREVILLE
State: NJ
Zip: 08872
Preferred Language:

Employee

Company: CITY OF PERTH AMBOY

Phone Number: 732-826-0290 EXT 4010
Contact: MARIA RIVERA
Address 1: 260 HIGH STREET
Address 2:
City: PERTH AMBOY
State: NJ
Zip: 08861
PT - Schedule during work hours? NO
What hours does patient work? 5:30AM ? 2PM

Referring Doctor

First Name: DOROTA
Last Name: SOHAIL
Practice Name: HACKENSACK MERIDIAN HEALTH
Phone Number: 732-362-3871
Email Address:
Fax: 732-362-3873
Address 1: 742 US-1N
Address 2:
City: ISELIN
State: NJ
Zip: 08830
Did patient have surgery? NO
Surgery Date:
DX: STRAIN
Body Parts: UPPER BCK
of Auth visits: 8
Freq/Duration: 2X/WK X 4WKS
Script: YES
Follow-up MD: 2024-06-13

Special Instructions

Special Instructions: BELONGS TO LUCIA.
UNSURE ABOUT THE WORK HOURS