

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: JESSICA
Last Name: LEMASSON
Main Phone: 9739401851
Ext.:
Fax: 9739401852
Email Address JLEMASSON@RISKSOLUTIONS.COM

Claimant

Request: PT
First Name: ROBERT
Last Name: DORSEY
Claim Number: PLB086001
Date of Injury: 2023-10-31
ICD Code 922.31, S30.0XXA
Describe Injury: CONTUSION OF LOWER BACK AND PELVIS
Working: NO
Occupation: PLUMBER
Date of Birth: 1957-05-13
Gender: MALE
Home Phone: (908)422-5777
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 430 WEST 7TH STREET
Address 2: APT. 2-C
City: PLAINFIELD
State: NJ
Zip: 07062
Preferred Language:

Employee

Company: PLAINFIELD BOARD OF EDUCATION
Phone Number: 908-732-4323

Contact: WENDY HARDY
Address 1: 1200 MYRTLE AVE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07063
PT - Schedule during work hours? NO
What hours does patient work? PATIENT IS OOW

Referring Doctor

First Name: SHANTHI
Last Name: REDDY, MD
Practice Name: CONCENTRA MEDICAL CENTERS (NJ)
Phone Number: (732) 248-0088
Email Address:
Fax: (732) 248-4408
Address 1: 16 ETHEL RD
Address 2:
City: EDISON
State: NJ
Zip: 08817
Did patient have surgery? NO
Surgery Date:
DX: CONTUSION OF LOWER BACK AND PELVIS
Body Parts: LOWER BACK AND PELVIS
of Auth visits: 6
Freq/Duration: 3X A WEEK FOR 2 WEEKS
Script: YES
Follow-up MD:

Special Instructions

Special Instructions: FOR FURTHER QUESTIONS OR CORRESPONDENCE, PLEASE CONTACT:

KWILKINSON@RISKSOLUTIONS.COM

THANK YOU