

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: JESSICA
Last Name: LEMASSON
Main Phone: 973-940-1851
Ext.: 286
Fax: 973-940-1852
Email Address JLEMASSON@RISKSOLUTIONS.COM

Claimant

Request: PT
First Name: TIMOTHY
Last Name: WOODY
Claim Number: PLB088893
Date of Injury: 2024-08-07
ICD Code
Describe Injury: INJ HEAD AND BACK WHILE STRIPPING THE FLOOR SLIPPED & FELL

Working:
Occupation: ASSISTANT CUSTODIAN
Date of Birth: 1978-07-12
Gender: MALE
Home Phone: 908-274-9861
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 721 KENSINGTON AVENUE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07060
Preferred Language: ENGLISH

Employee

Company: PLAINFIELD BOARD OF ED

Phone Number: 908-731-4322
Contact: WENDY HARDY
Address 1: 1200 MYRTLE AVE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07060
PT - Schedule during work hours?
What hours does patient work? OUT OF WORK

Referring Doctor

First Name: ANTHONY
Last Name: TARASENKO, MD
Practice Name: CONCENTRA MEDICAL CENTER
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: BILATERAL LUMBAR SPINE
Body Parts: BILATERAL LUMBAR SPINE
of Auth visits: 6
Freq/Duration: 3X A WEEK/ 2 WEEKS
Script: YES
Follow-up MD: 2024-08-15

Special Instructions

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

CSHELL@RISKSOLUTIONS.COM

THANK YOU