

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: ANGELA
Last Name: MONTGOMERY
Main Phone: 9739401851
Ext.: 241
Fax: 9739401852
Email Address AMONTGOMERY@RISKSOLUTIONS.COM

Claimant

Request: PT
First Name: JOCELINE-GRACE
Last Name: CARRILLO-SOTO
Claim Number: PJWC090080
Date of Injury: 2024-12-08
ICD Code
Describe Injury: INJ MULT BODY WHILE CHASING A LOOSE DOG, COLLIDED WITH PARKED VEHICLE

Working: YES
Occupation: ANIMAL CONTROL
Date of Birth: 2004-04-21
Gender: FEMALE
Home Phone: (732)646-3507
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 491 JOHNSTON ST.
Address 2:
City: PERTH AMBOY
State: NJ
Zip: 08861
Preferred Language:

Employee

Company: CITY OF PERTH AMBOY

Phone Number: 7328260290
Contact: MARIA RIVERA
Address 1: 260 HIGH STREET
Address 2:
City: PERTH AMBOY
State: NJ
Zip: 08861
PT - Schedule during work hours?
What hours does patient work? 1PM TO 12 MIDNIGHT

Referring Doctor

First Name: DOROLA
Last Name: SOHAIL
Practice Name: HACAENSACK 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/CONTUSION
Body Parts: UPPER BACK/LT. KNEE
of Auth visits: 6
Freq/Duration: 2X/WK X 3WKS
Script: YES
Follow-up MD: 2024-12-20

Special Instructions

Special Instructions: BELONGS TO LUCIA