

# 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:** PT  
**First Name:** NATHANIEL  
**Last Name:** JAMES  
**Claim Number:** PVS083187  
**Date of Injury:** 2023-03-10  
**ICD Code**  
**Describe Injury:** INJ TAILBONE WHILE GETTING OUT OF TRUCK ,FOOT SLIPPED  
& EE FELL  
  
**Working:** NO  
**Occupation:** HEAVY EQUIPMENT/LINE OPERATOR  
**Date of Birth:** 1970-04-12  
**Gender:** MALE  
**Home Phone:** (973) 278-2098  
**Cell Phone:** (973) 278-2098  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 5 MANOR DRIVE  
**Address 2:** APT 7D  
**City:** NEWARK  
**State:** NJ  
**Zip:** 07106  
**Preferred Language:**

## Employee

**Company:** PASSAIC VALLEY SEWERAGE COMMISSION

**Phone Number:** 973-817-5695  
**Contact:** CHRISTINE CATENARO  
**Address 1:** 600 WILSON AVENUE  
**Address 2:**  
**City:** NEWARK  
**State:** NJ  
**Zip:** 07105  
**PT - Schedule during work hours?** NO  
**What hours does patient work?** 7A TO 3:30P

## Referring Doctor

**First Name:** ROBERT  
**Last Name:** MUSTILLO  
**Practice Name:** IRONBOUND MEDICAL SERVICES  
**Phone Number:** 973-878-3990  
**Email Address:**  
**Fax:** 973-878-3991  
**Address 1:** 221 CHESTNUT STREET  
**Address 2:**  
**City:** NEWARK  
**State:** NJ  
**Zip:** 07105  
**Did patient have surgery?** NO  
**Surgery Date:**  
**DX:** PAIN  
**Body Parts:** LUMBAR  
**# of Auth visits:** 6  
**Freq/Duration:** 3X/WK X 2WKS  
**Script:** YES  
**Follow-up MD:** 2023-04-27

## Special Instructions

**Special Instructions:** BELONGS TO CAROLINA