

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: INLIAN
Last Name: HIGGINS
Claim Number: PLB082936
Date of Injury: 2023-02-21
ICD Code
Describe Injury: INJ R KNEE WHILE MOVING CHAIRS IN CLASSROOM, EE
SLIPPED & FELL

Working: NO
Occupation: TEACHER
Date of Birth: 1963-07-21
Gender: FEMALE
Home Phone: (732) 406-1714
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 32 CENTRAL AVENUE
Address 2:
City: EAST BRUNSWICK
State: NJ
Zip: 08816
Preferred Language:

Employee

Company: PLAINFIELD BD OF ED

Phone Number: 9087314325
Contact: LINDA SMITH
Address 1: 1200 MYRTLE AVENUE
Address 2:
City: PLIAINFIELD
State: NJ
Zip: 07063
PT - Schedule during work hours? NO
What hours does patient work? 8A TO 3:05P

Referring Doctor

First Name: GREGORY
Last Name: GALLICK
Practice Name:
Phone Number: 908-686-6665
Email Address:
Fax: 908-687-7507
Address 1: 2780 MORRIS AVENUE
Address 2:
City: UNION
State: NJ
Zip: 07083
Did patient have surgery? NO
Surgery Date:
DX: FRACTURE
Body Parts: RT. PATELLA
of Auth visits: 6
Freq/Duration: 3X/WK X 2WKS
Script: YES
Follow-up MD: 2023-05-12

Special Instructions

Special Instructions: BELONGS TO ANGELA
IW IS OUT OF WORK SO ANY DAY AND TIME WILL BE
GREAT.
THANK YOU