

# Referral

## Submitter

**Company Name:** DH ALTERNATIVE RISK SOLUTIONS  
**First Name:** KRISTIN  
**Last Name:** WILKINSON  
**Main Phone:** 9739401851  
**Ext.:**  
**Fax:** 973-940-1852  
**Email Address** KWILKINSON@RISKSOLUTIONS.COM

## Claimant

**Request:** PT, MRI  
**First Name:** DOROTHY  
**Last Name:** NORRIS  
**Claim Number:** PLB085618  
**Date of Injury:** 2023-10-13  
**ICD Code** S13.9XXA  
**Describe Injury:** NECK  
  
**Working:** YES  
**Occupation:** TEACHER  
**Date of Birth:** 1961-08-22  
**Gender:** FEMALE  
**Home Phone:** 908-233-4308  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 718 CASTLEMAN DR  
**Address 2:**  
**City:** WESTFIELD  
**State:** NJ  
**Zip:** 07090  
**Preferred Language:**

## Employee

**Company:** PLAINFIELD BOARD OF EDUCATION  
**Phone Number:** 908-7314323

**Contact:** WENDY HARDY  
**Address 1:** 1200 MYRTLE AVE  
**Address 2:**  
**City:** PLAINFIELD  
**State:** NJ  
**Zip:** 07063  
**PT - Schedule during work hours?** YES  
**What hours does patient work?**

## Referring Doctor

**First Name:** ANTHONY  
**Last Name:** TARASENKO, MD.  
**Practice Name:** CONCENTRA MEDICAL CENTER NJ  
**Phone Number:** 908-757-1424  
**Email Address:**  
**Fax:** 908-757-5678  
**Address 1:** 116 CORPOATE BLVD  
**Address 2:** STE E  
**City:** PLAINFIELD  
**State:** NJ  
**Zip:** 07080  
**Did patient have surgery?** NO  
**Surgery Date:**  
**DX:**  
**Body Parts:** CERVICAL SPINE W/O CONTRAST S13.9XXA  
**# of Auth visits:** 6  
**Freq/Duration:** 3XS A WEEK FOR 2 WEEKS  
**Script:** YES  
**Follow-up MD:** 2023-12-05

## Special Instructions

**Special Instructions:** ANY QUESTION CONTACT  
KWILKINSON@RISKSOLUTIONS.COM

I SENT BOTH SCRIPTS VIS EMAIL PRIOR TO SUBMITTING