

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: RANDALL
Last Name: DEMARK
Claim Number: IWC084948
Date of Injury: 2023-08-19
ICD Code
Describe Injury: INJ LOWER BACK WHEN ESCORTING AN ARRESTEE INTO THE BUILDING

Working: NO
Occupation: POLICE
Date of Birth: 1995-09-24
Gender: MALE
Home Phone: (908)914-2392
Cell Phone: (973)398-6600
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 263 US HWY 46
Address 2:
City: OXFORD
State: NJ
Zip: 07863
Preferred Language:

Employee

Company: IRVINGTON TWP

Phone Number: 610-283-4375
Contact: CHRISTI KELLY
Address 1: 1 CIVIC SQUARE
Address 2:
City: IRVINGTON
State: NJ
Zip: 07111
PT - Schedule during work hours?
What hours does patient work? 4:45PM-4:00AM

Referring Doctor

First Name: RYAN
Last Name: CASSILLY
Practice Name: GARDEN STATE ORTHO
Phone Number: 201-791-4434
Email Address:
Fax: 201-791-9377
Address 1: 28-04 BROADWAY
Address 2:
City: FAIR LAWN
State: NJ
Zip: 07410
Did patient have surgery? NO
Surgery Date:
DX: STRAIN
Body Parts: LUMBAR
of Auth visits: 6
Freq/Duration: 3X/WK X 2 WKS
Script: YES
Follow-up MD: 2023-09-22

Special Instructions

Special Instructions: BELONGS TO CAROLINA