

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: KEITH
Last Name: BIERWISCH
Claim Number: IWC073411-01
Date of Injury: 2020-11-10
ICD Code
Describe Injury: INJ R FOOT AND LOWER BACK, WHILE STRETCHING THE LINE TO SUPPRESS FIRE TRIPPED AND FELL BACKWARDS

Working: YES
Occupation: FIRE FIGHTER
Date of Birth: 1964-06-18
Gender: MALE
Home Phone: (908)577-1901
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 33 CULVER STREET
Address 2:
City: SOMERVILLE
State: NJ
Zip: 08876
Preferred Language:

Employee

Company: IRVINGTON TWP

Phone Number: 610-283-4375
Contact: CHRISTIE KELLY
Address 1: 1 CIVIC SQUARE
Address 2:
City: IRVINGTON
State: NJ
Zip: 07111
PT - Schedule during work hours? NO
What hours does patient work? 7:30A TO 7:30A

Referring Doctor

First Name: GARY
Last Name: RACICH
Practice Name: TRI COUNTY ORTHO
Phone Number: 973-267-6882
Email Address:
Fax: 973-538-4081
Address 1: 197 RIDGEDALE AVE
Address 2:
City: CEDAR KNOLLS
State: NJ
Zip: 07927
Did patient have surgery? YES
Surgery Date: 2022-08-30
DX: SPRAIN
Body Parts: RT. HIP
of Auth visits: 12
Freq/Duration: 3X/WK X 4WKS
Script: YES
Follow-up MD: 2022-12-22

Special Instructions

Special Instructions: BELONGS TO CAROLINA