

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: MERRILUE
Last Name: NAICKEN
Claim Number: PLB076131
Date of Injury: 2021-06-28
ICD Code
Describe Injury: INJ HIP,LOWER BACK, WHILE WALKING ACROSS THE PARKING LOT, EE STEPPED IN A POTHOLE

Working: YES
Occupation: BUS DRIVER
Date of Birth: 1985-02-27
Gender: FEMALE
Home Phone: (732)423-5621
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 136 B HAMITON BLVD
Address 2:
City: SOUTH PLAINFIELD
State: NJ
Zip: 07080
Preferred Language:

Employee

Company: PLAINFIELD BD OF ED

Phone Number: 9087314325
Contact: LINDA SMITH
Address 1: 1200 MYRTLE AVENUE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07080
PT - Schedule during work hours? NO
What hours does patient work? 6:45A TO 3:30P

Referring Doctor

First Name: CHARLES
Last Name: GATTO
Practice Name: THE ADVANCED SPINE CENTER
Phone Number: 973-538-0900
Email Address:
Fax: 973-538-0909
Address 1: 160 E. HANOVER AVENUE
Address 2:
City: MORRISTOWN
State: NJ
Zip: 07960
Did patient have surgery?
Surgery Date: 2022-04-06
DX: SENSORY RADIC
Body Parts: LUMBAR
of Auth visits: 8
Freq/Duration: 2X/WK X 4WKS
Script: YES
Follow-up MD: 2023-03-17

Special Instructions

Special Instructions: BELONGS TO CAROLINA