

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: ANGELA
Last Name: MONTGOMERY
Main Phone: 9739401850
Ext.: 241
Fax: 973-940-1852
Email Address AMONTGOMERY@RISKSOLUTIONS.COM

Claimant

Request: DME
First Name: ROBERTO
Last Name: MOLINA
Claim Number: PJWC083775
Date of Injury: 2023-05-05
ICD Code
Describe Injury: INJ R KNEE WHEN THE BRANCH SWUNG AROUND & STRUCK
EE

Working:
Occupation: LABORER
Date of Birth: 1974-10-14
Gender: MALE
Home Phone: (347)898-6093
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 145 STUYVESANT
Address 2:
City: TEANECK
State: NJ
Zip: 07666
Preferred Language:

Employee

Company: TWP OF TEANECK

Phone Number: 201-837-1600
Contact: EXT. 1727
Address 1: 818 TEANECK ROAD
Address 2:
City: TEANECK
State: NJ
Zip: 07666
PT - Schedule during work hours? NO
What hours does patient work? 7AM TO 3PM

Referring Doctor

First Name: ERIK
Last Name: ZACHWIEJA
Practice Name: GARDEN STATE ORTHO
Phone Number: 201-475-8940
Email Address:
Fax: 201-475-8944
Address 1: 28-04 BROADWAY
Address 2:
City: FAIR LAWN
State: NJ
Zip: 07410
Did patient have surgery?
Surgery Date: 2024-07-16
DX: OSTEOARTHRITIS
Body Parts: RT. KNEE
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD: 2024-07-16

Special Instructions

Special Instructions: BELONGS TO LUCIA