

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: JESSICA
Last Name: LEMASSON
Main Phone: 973-940-1851
Ext.: 286
Fax: 973-940-1852
Email Address JLEMASSON@RISKSOLUTIONS.COM

Claimant

Request: PT
First Name: PETER
Last Name: ZULIN, JR.
Claim Number: PJWC086663
Date of Injury: 2024-01-20
ICD Code
Describe Injury: SPRAIN OF LIGAMENTS OF LUMBAR SPINE
Working: YES
Occupation: LABORER
Date of Birth: 2001-06-18
Gender: MALE
Home Phone: (732)277-4461
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 723 COLUMBUS CIRCLE
Address 2:
City: PERTH AMBOY
State: NJ
Zip: 08861
Preferred Language:

Employee

Company: CITY OF PERTH AMBOY
Phone Number: (732)826-0290

Contact: MARIA RIVERA
Address 1: 260 HIGH STREET
Address 2:
City: PERTH AMBOY
State: NJ
Zip: 08861
PT - Schedule during work hours? YES
What hours does patient work? 7:30AM ? 3:30PM (MON-FRI)

Referring Doctor

First Name: STEPHEN A.
Last Name: HUNT, MD
Practice Name: TRI COUNTY ORTHOPEDICS
Phone Number: 973-538-2334
Email Address:
Fax: 908-234-2022
Address 1: 1590 RT 206
Address 2:
City: BEDMINSTER
State: NJ
Zip: 07921
Did patient have surgery? NO
Surgery Date:
DX: SPRAIN OF LIGAMENTS OF LUMBAR SPINE
Body Parts: LUMBAR SPINE
of Auth visits: 12
Freq/Duration: 2-3X A WEEK
Script: YES
Follow-up MD:

Special Instructions

Special Instructions: FOR FURTHER QUESTIONS AND CORRESPONDENCE,
PLEASE CONTACT:

LWINTER@RISKSOLUTIONS.COM

THANK YOU