

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: SHALENE
Last Name: BOLAN
Main Phone: 973-940-1851
Ext.:
Fax: 973-940-1852
Email Address SBOLAN@RISKSOLUTIONS.COM

Claimant

Request: OT
First Name: MATTHEW
Last Name: MAJKOTOSKI
Claim Number: IWC082869-01
Date of Injury: 2023-02-14
ICD Code S69.81XD
Describe Injury: INJ R HAND GLOVE WAS CAUGHT IN A KINKED HOSE & BTW A RAILING

Working: YES
Occupation: PAID FIRE FIGHTER
Date of Birth: 1983-04-02
Gender: MALE
Home Phone: (908)930-6306
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 106 CAMEO PLACE
Address 2:
City: COLONIA
State: NEW JERSEY
Zip: 07067
Preferred Language: ENGLISH

Employee

Company: TOWNSHIP OF IRVINGTON

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 ON 3 OFF 7AM TO 4:30PM

Referring Doctor

First Name: ASHLEY
Last Name: IGNATIUK
Practice Name: RUTGERS NJ MEDICAL SCHOOL - DEPARTMENT OF SURGERY
Phone Number: 973-972-3229
Email Address:
Fax: 973-972-0006
Address 1: 90 BERGEN STREET
Address 2: SUITE 7100
City: NEWARK
State: NEW JERSEY
Zip: 07103
Did patient have surgery? YES
Surgery Date: 2023-04-13
DX: TFCC, S69.81XD
Body Parts: RIGHT WRIST
of Auth visits: 18
Freq/Duration: 3X PER WEEK FOR 3 MONTHS
Script: YES
Follow-up MD:

Special Instructions

Special Instructions: GOOD AFTERNOON,

OT MUST BE SCHEDULED FOR THIS CLAIMANT EVERY TWO WEEKS OVER THE COURSE OF THREE MONTHS.

I SEE THERE IS SUPPOSED TO BE A FOLLOW UP APPOINTMENT SCHEDULED FOR SOMETIME 2 WEEKS AFTER THE DATE OF 07/14/2023, BUT AN ACTUAL DATE FOR THE F/U WAS NOT SEEN, ON MY END.

FOR ANY OTHER QUESTIONS OR CORRESPONDENCE,

PLEASE USE THE CONTACT PROVIDED:

CSHELL@RISKSOLUTIONS.COM

THANK YOU,

SHALENE