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: JULIUS
Last Name: MADDEN
Claim Number: PJWC086685
Date of Injury: 2024-01-23
ICD Code
Describe Injury: RIGHT THUMB

Working: YES
Occupation: POLICE
Date of Birth: 1996-01-08
Gender: MALE
Home Phone: (732)766-9462
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 365 NEW BRUNSWICK AVE.
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 ? 5:30PM (4 DAYS ON/OFF)

Referring Doctor

First Name: ANDREW A.
Last Name: WILLIS, MD
Practice Name: TRI COUNTY ORTHOPEDICS
Phone Number: 973-538-2334
Email Address:
Fax: 973-538-6498
Address 1: 160 EAST HANOVER AVE
Address 2:
City: MORRISTOWN
State NJ
Zip: 07962
Did patient have surgery? NO
Surgery Date:
DX: RIGHT THUMB SPRAIN
Body Parts: RIGHT THUMB
# of Auth visits:
Freq/Duration: 2-3X A WEEK/6 WEEKS
Script: YES
Follow-up MD:

Special Instructions

Special Instructions: ***MD WOULD LIKE HAND THERAPY TO BE SCHEDULED AT PROFESSIONAL PT WITH KARA (THERAPIST)

FOR FURTHER QUESTIONS OR CORRESPONDENCE, PLEASE CONTACT:

LWINTER@RISKSOLUTIONS.COM

THANK YOU