

# 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:** DME  
**First Name:** ANDREW  
**Last Name:** KERTIS  
**Claim Number:** PJWC086836  
**Date of Injury:** 2024-02-04  
**ICD Code**  
**Describe Injury:** INJ ABDOMEN WHILE SETTING UP TABLES & CHAIRS  
**Working:** YES  
**Occupation:** ASST/HELPER  
**Date of Birth:** 1965-12-01  
**Gender:** MALE  
**Home Phone:** (201)519-5572  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 270 DEGRAW AVE  
**Address 2:**  
**City:** TEANECK  
**State:** NJ  
**Zip:** 07666  
**Preferred Language:**

## Employee

**Company:** TOWNSHIP OF TEANECK  
**Phone Number:** 201-837-1600

**Contact:****Address 1:** 818 TEANECK RD**Address 2:****City:** TEANECK**State:** NJ**Zip:** 07666**PT - Schedule during work hours?****What hours does patient work?** TUES & THURS 2:15PM ? 11:30PM AND FRI & SAT

## Referring Doctor

**First Name:** STEVEN P.**Last Name:** SHIKIAR, M.D., FACS**Practice Name:** GENERAL SURGERY PRACTICE OF NNJ, LLC**Phone Number:** 201-541-7940**Email Address:****Fax:** 201-541-7942**Address 1:** 1400 GRAND AVE**Address 2:****City:** ENGLEWOOD**State:** NJ**Zip:** 07631**Did patient have surgery?** YES**Surgery Date:** 2024-03-04**DX:** RECURRENT UMBILICAL HERNIA**Body Parts:** RECURRENT UMBILICAL HERNIA**# of Auth visits:****Freq/Duration:****Script:** YES**Follow-up MD:**

## Special Instructions

**Special Instructions:** FOR FURTHER QUESTIONS OR CORRESPONDENCE, PLEASE CONTACT:

LWINTER@RISKSOLUTIONS.COM

THANK YOU