

# Referral

## Submitter

**Company Name:** D&H ALTERNATIVE RISK SOLUTIONS  
**First Name:** ANGELA  
**Last Name:** MONTGOMERY  
**Main Phone:** 9739401851  
**Ext.:** 241  
**Fax:** 973-940-1852  
**Email Address** AMONTGOMERY@RISKSOLUTIONS.COM

## Claimant

**Request:** XR  
**First Name:** MATTHEW  
**Last Name:** MAJKOTOSKI  
**Claim Number:** IWC082869-01  
**Date of Injury:** 2023-02-14  
**ICD Code**  
**Describe Injury:** INJ R HAND GLOVE WAS CAUGHT IN A KINKED HOSE & BTW A RAILING  
  
**Working:** NO  
**Occupation:** FIRE CAPTAIN  
**Date of Birth:** 1983-04-02  
**Gender:** FEMALE  
**Home Phone:** (732) 669-7856  
**Cell Phone:** (908) 930-6306  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 106 CAMEO PLACE  
**Address 2:**  
**City:** COLONIA  
**State:** NJ  
**Zip:** 07067  
**Preferred Language:**

## Employee

**Company:** IRVINGTON TWP

**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?** NO  
**What hours does patient work?** 7A TO 4:30PM

## Referring Doctor

**First Name:** RUTHANN  
**Last Name:** KERR  
**Practice Name:** RWJ BARNABAS HEALTH-CORP CARE  
**Phone Number:** 973-322-6450  
**Email Address:**  
**Fax:** 973-322-6460  
**Address 1:** 101 OLD SHORT HILLS RD.  
**Address 2:** STE. 415  
**City:** WEST ORANGE  
**State:** NJ  
**Zip:** 07052  
**Did patient have surgery?** NO  
**Surgery Date:**  
**DX:** SPRAIN  
**Body Parts:** RT. HAND/WRIST  
**# of Auth visits:**  
**Freq/Duration:**  
**Script:** YES  
**Follow-up MD:** 2023-02-16

## Special Instructions

**Special Instructions:** BELONGS TO CAROLINA