

Referral

Submitter

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

Claimant

Request: PT
First Name: DOMINICK
Last Name: ZANGARI
Claim Number: PVS084835
Date of Injury: 2023-08-09
ICD Code S73.191A
Describe Injury: OTHER SPRAIN OF RIGHT HIP INITIAL ENCOUNTER
Working: YES
Occupation: SEWER WORKER ? LINE OPERATIONS
Date of Birth: 1952-02-01
Gender: MALE
Home Phone: 908-487-0602
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 139 BERWYN STREET
Address 2:
City: ROSELLE PARK
State: NJ
Zip: 07204
Preferred Language:

Employee

Company: PASSAIC VALLEY SEWAGE AUTHORITY
Phone Number: 973-817-5695

Contact: CHRISTINE CATENARO
Address 1: 600 WILSON AVE
Address 2:
City: NEWARK
State: NJ
Zip: 07105
PT - Schedule during work hours? YES
What hours does patient work? 7AM-3:30PM

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 ROUTE 206
Address 2:
City: BEDMINSTER
State: NJ
Zip: 07921
Did patient have surgery? NO
Surgery Date:
DX:
Body Parts: RIGHT HIP
of Auth visits: 6
Freq/Duration:
Script: YES
Follow-up MD: 2023-09-11

Special Instructions

Special Instructions: ANY QUESTIONS PLEASE CONTACT
CSHELL@RISKSOLUTIONS.COM

*PT. AUTHORIZED 6 VISITS ONLY MUST BE DONE BY
9/11/23

PLEASE SET UP IN EITHER ONE OF THESE LOCATIONS:
JAG ONE
TWIN BORO
PROGRESSIVE EDGE PT