Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: JESSICA
Last Name: LEMASSON
Main Phone: 9739401851
Ext.:
Fax: 9739401852
Email Address JLEMASSON@RISKSOLUTIONS.COM

Claimant

Request: PT
First Name: JOSEPH
Last Name: HEUNEMAN
Claim Number: MT086030
Date of Injury: 2023-11-19
ICD Code
Describe Injury: LEFT HAND MIDDLE FINGER BONY MALLET FINGER

Working: YES
Occupation: POLICE
Date of Birth: 1978-07-31
Gender: MALE
Home Phone: (973)699-2891
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 10 SUMMIT ROAD
Address 2:
City: MORRISTOWN
State: NJ
Zip: 07960
Preferred Language:

Employee

Company: TOWN OF MORRISTOWN
Phone Number: (973)292-6641

Contact: BRANDY CHAVES
Address 1: :200 SOUTH STPO BOX 914
Address 2:
City: MORRISTOWN
State: NJ
Zip: 07960
PT - Schedule during work hours? YES
What hours does patient work? 7AM ? 5:45PM 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: LEFT HAND MIDDLE FINGER BONY MALLET FINGER
Body Parts: LEFT HAND MIDDLE FINGER BONY MALLET FINGER
# of Auth visits: 12
Freq/Duration: 2X A WEEK FOR 6 WEEKS
Script: YES
Follow-up MD:

Special Instructions

Special Instructions: FOR FURTHER QUESTIONS OR CORRESPEONDENCE,PLEASE CONTACT:

LWINTER@RISKSOLUTIONS.COM

THANK YOU