

Referral

Submitter

Company Name: TOWNSHIP OF IRVINGTON
First Name: CHRISTI
Last Name: KELLY
Main Phone: 610.283.4375
Ext.:
Fax: 484.244.7130
Email Address CKELLY@IRVINGTONNJ.ORG

Claimant

Request: XR
First Name: ALEXANDER
Last Name: NEMETH
Claim Number: IRTW-10994014
Date of Injury: 2002-01-10
ICD Code
Describe Injury: LONG TERM CARE - REPEAT XRAY
Working: NO
Occupation: RETIRED/PERM DIS
Date of Birth: 1943-06-12
Gender: MALE
Home Phone: 732.244.2947
Cell Phone: (732) 408-0248
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address: ERIKANEM4@VERIZON.NET
Address 1: 7 RADCLIFFE LANE
Address 2:
City: MANCHESTER
State: NJ
Zip: 08759
Preferred Language: ENGLISH

Employee

Company: TOWNSHIP OF IRVINGTON
Phone Number: 6102834375

Contact: CHRISTI KELLY
Address 1:
Address 2:
City:
State:
Zip:
PT - Schedule during work hours?
What hours does patient work?

Referring Doctor

First Name: DHARAM
Last Name: MANN, MD
Practice Name:
Phone Number: 732.202.3000
Email Address:
Fax:
Address 1: 1100 NJ-70
Address 2:
City: WHITING
State: NJ
Zip: 08759
Did patient have surgery? NO
Surgery Date:
DX: MULTIPLE
Body Parts: SEE ATTACHED SCRIPT
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD: 2023-08-07

Special Instructions

Special Instructions: BILLING TO:
LAST NAME: SCHETTING
FIRST NAME: JENIFER
COMPANY: D&H ALTERNATIVE RISK SOLUTIONS
ADDRESS: PO BOX 68
CITY: NEWTON
STATE: NJ
ZIP: 07860
PHONE: 973.940.1851 X 250
EMAIL: JSCHETTING@RISKSOLUTIONS.COM