

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: PT
First Name: THOMAS
Last Name: EMERSON
Claim Number: GSCR083521
Date of Injury: 2023-03-01
ICD Code
Describe Injury: LUMBAR STRAIN

Working: YES
Occupation: DRIVER
Date of Birth: 1972-10-24
Gender: MALE
Home Phone: (908)463-6932
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 916 BACHELLER AVE.
Address 2:
City: LINDEN
State: NJ
Zip: 07036
Preferred Language:

Employee

Company: CITY OF RAHWAY DPW
Phone Number: (732)827-2096

Contact: MOLLY ORTIZ
Address 1: 1 CITY HALL PLAZA
Address 2:
City: RAHWAY
State: NJ
Zip: 07065
PT - Schedule during work hours? YES
What hours does patient work? 6:30 - 1:15 PM

Referring Doctor

First Name: CHARLES A
Last Name: GATTO, MD
Practice Name: THE ADVANCED SPINE CENTER
Phone Number: 973-538-0900
Email Address:
Fax: 973-538-0909
Address 1: PO BOX 2266
Address 2:
City: MORRISTOWN
State: NJ
Zip: 07962
Did patient have surgery? YES
Surgery Date: 2023-06-29
DX: LUMBAR STRAIN
Body Parts: LUMBAR SPINE
of Auth visits: 8
Freq/Duration: 2X A WEEK/4 WEEKS
Script: YES
Follow-up MD:

Special Instructions

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

LWINTER@RISKSOLUTIONS.COM

THANK YOU