

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: DME
First Name: YASIN
Last Name: WELCH
Claim Number: PJWC087788
Date of Injury: 2024-04-29
ICD Code
Describe Injury: INJ LOWER BACK FELT POP WHEN HE GRABBED OVERWEIGHT RECYCLING CAN

Working: YES
Occupation: LABORER
Date of Birth: 1979-04-27
Gender: MALE
Home Phone: (973)220-7704
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 1148 OLD FREEHOLD RD.
Address 2:
City: TOMS RIVER
State: NJ
Zip: 08753
Preferred Language:

Employee

Company: BOROUGH OF ROSELLE

Phone Number: 908-245-2920
Contact:
Address 1: 210 CHESTNUT STREET
Address 2:
City: ROSELLE
State: NJ
Zip: 07203
PT - Schedule during work hours?
What hours does patient work? N/A

Referring Doctor

First Name: MATTHEW J.
Last Name: GARFINKEL, MD
Practice Name: EDISON-METUCHEN ORTHOPAEDIC GROUP
Phone Number: 732-494-6226
Email Address:
Fax: 732-494-8762
Address 1: 10 PARSONAGE ROAD
Address 2: SUITE 500
City: EDISON
State: NJ
Zip: 08837
Did patient have surgery?
Surgery Date:
DX: LEFT KNEE INTERNAL DERANGEMENT AND GRADE II MEDIAL COLL
Body Parts: LEFT KNEE
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD:

Special Instructions

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

LWINTER@RISKSOLUTIONS.COM

THANK YOU