

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: DME
First Name: DHUNKAL
Last Name: MOHAMED
Claim Number: [PJWC062063
Date of Injury: 2018-02-18
ICD Code
Describe Injury: STRAIN/SPRAIN OF LEFT SHOULDER
Working: YES
Occupation: LABORER
Date of Birth: 1979-02-19
Gender: MALE
Home Phone: (551) 200-2357
Cell Phone: (201) 530-5173
Work Phone: (201) 837-4816
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 82 WALRAVEN DRIVE
Address 2: APT. 1B
City: TEANECK
State: NJ
Zip: 07666
Preferred Language:

Employee

Company: TOWNSHIP OF TEANECK
Phone Number: 201-837-1600

Contact:
Address 1: 818 TEANECK ROAD
Address 2:
City: TEANECK
State: NJ
Zip: 07666
PT - Schedule during work hours?
What hours does patient work?

Referring Doctor

First Name: STEPHEN G
Last Name: SILVER
Practice Name: HACKENSACK MERIDIAN HEALTH MEDICAL GROUP, ORTHOPAEDIC
Phone Number: 551-996-8835
Email Address:
Fax: 551-996-8573
Address 1: 360 ESSEX ST
Address 2: STE 203
City: HACKENSACK
State: NJ
Zip: 07601
Did patient have surgery? YES
Surgery Date: 2023-11-17
DX: STRAIN/SPRAIN
Body Parts: LEFT SHOULDER
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