

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: SHALENE
Last Name: BOLAN
Main Phone: 973-940-1851
Ext.:
Fax: 973-940-1852
Email Address SBOLAN@RISKSOLUTIONS.COM

Claimant

Request: PT
First Name: KEVIN
Last Name: WILLIAMS
Claim Number: IWC083920
Date of Injury: 2023-05-11
ICD Code S32.401A
Describe Injury: INJ FOOT WAS ASSISTING IN HANGING A LIGHT, FELL OFF LADDER

Working: YES
Occupation: LABORER
Date of Birth: 1967-03-30
Gender: MALE
Home Phone: (973)306-6220
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 14-20 PROSPECT ST.
Address 2:
City: EAST ORANGE
State: NEW JERSEY
Zip: 07017
Preferred Language: ENGLISH

Employee

Company: IRVINGTON TOWNSHIP

Phone Number: (973) 399-8111
Contact: CHRISTI KELLY
Address 1: 1 CIVIC SQUARE
Address 2:
City: IRVINGTON
State: NJ
Zip: 07111
PT - Schedule during work hours? YES
What hours does patient work? M-F 7:30AM-4:00PM

Referring Doctor

First Name: JOHN W.
Last Name: LOPEZ, DO
Practice Name: KESSLER INSTITUTE FOR REHABILITATION
Phone Number: (973) 243-6999
Email Address:
Fax:
Address 1: 1199 PLEASANT VALLEY WAY
Address 2:
City: WEST ORANGE
State: NEW JERSEY
Zip: 07052
Did patient have surgery? NO
Surgery Date:
DX: S32.401A,
Body Parts: UNSPECIFIED FRACTURE OF RIGHT ACETABULUM
of Auth visits: 12
Freq/Duration: 3X PER WEEK FOR 4 WEEKS
Script: YES
Follow-up MD:

Special Instructions

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

CSHELL@RISKSOLUTIONS.COM

THANK YOU