

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: RICHARD
Last Name: MULLER
Claim Number: PJWC087144
Date of Injury: 2024-02-28
ICD Code
Describe Injury: INJ R SHOULDER FELT A STRAIN,WHILE CLIMBING THE LADDER ON A TRUCK

Working: YES
Occupation: ELECTRICIAN
Date of Birth: 1964-07-20
Gender: MALE
Home Phone: (201)694-6700
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 70 LOUIS STREET
Address 2:
City: HACKENSACK
State: NJ
Zip: 07601
Preferred Language:

Employee

Company: TEANECK TOWNSHIP

Phone Number: (201)837-1600
Contact: DEAN KAZINICI
Address 1: 818 TEANECK RD
Address 2:
City: TEANECK
State: NJ
Zip: 07666
PT - Schedule during work hours?
What hours does patient work? 7AM ? 3PM MON-FRI

Referring Doctor

First Name: DENNIS J.
Last Name: PFISTERER, D.O
Practice Name:
Phone Number: 201-836-1663
Email Address:
Fax: 201-836-5729
Address 1: 870 PALISADE AVE
Address 2: SUITE 205
City: TEANECK
State: NJ
Zip: 07666
Did patient have surgery? YES
Surgery Date: 2024-05-03
DX: S43.431A
Body Parts: RIGHT 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