

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, DME
First Name: JERAMEY
Last Name: MENDEZ
Claim Number: PJWC086024
Date of Injury: 2023-11-15
ICD Code S73.191A
Describe Injury: RIGHT HIP

Working: YES
Occupation: POLICE
Date of Birth: 1992-11-24
Gender: MALE
Home Phone: (848)314-0740
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 22 CHAUCER RD.
Address 2:
City: MANALAPAN
State: NJ
Zip: 07726
Preferred Language:

Employee

Company: CITY OF PERTH AMBOY
Phone Number: (732)826-0290

Contact: MARIA RIVERA
Address 1: 260 HIGH STREET
Address 2:
City: PERTH AMBOY
State: NJ
Zip: 08861
PT - Schedule during work hours? YES
What hours does patient work? 5PM ? 3AM

Referring Doctor

First Name: BERTRAND
Last Name: PARCELLS, MD
Practice Name: SEAVIEW ORTHOPAEDICS
Phone Number: 732-660-6211
Email Address:
Fax: 732-677-1054
Address 1: 222 SCHANK ROAD
Address 2:
City: FREEHOLD
State: NJ
Zip: 07728-3068
Did patient have surgery? YES
Surgery Date: 2024-03-28
DX: TEAR OF RIGHT ACETABULAR LABRUM
Body Parts: RIGHT HIP
of Auth visits: 12
Freq/Duration: 3X A WEEK/ 4 WEEKS
Script: YES
Follow-up MD:

Special Instructions

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

LWINTER@RISKSOLUTIONS.COM

THANK YOU