

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: LUCIA
Last Name: WINTER
Main Phone: 973-940-1851
Ext.: 225
Fax: 973-940-1852
Email Address LWINTER@RISKSOLUTIONS.COM

Claimant

Request:
First Name: SEAN
Last Name: LEWIS
Claim Number: MT086542
Date of Injury: 2024-01-08
ICD Code S73.192A
Describe Injury: WHILE WALKING IN THE DPW PARKING LOT, IW SLIPPED ON BLACK ICE AND FELL ON HIS LEFT SIDE INJURING HIS LEFT HIP AND LEFT ELBOW.

Working: YES
Occupation: TRUCK DRIVER
Date of Birth: 1967-09-22
Gender: MALE
Home Phone: 9082987836
Cell Phone: (973)876-6054
Work Phone: 973-292-6626
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 2104 HAMPTON COURT
Address 2:
City: RANDOLPH
State: NEW JERSEY
Zip: 07869
Preferred Language: ENGLISH

Employee

Company: TOWN OF MORRISTOWN
Phone Number: 973-292-6626
Contact:
Address 1: 200 SOUTH STREET
Address 2:
City: MORRISTOWN
State: NJ
Zip: 07963
PT - Schedule during work hours? YES
What hours does patient work? 7:30AM - 3:30PM

Referring Doctor

First Name: STEPHEN
Last Name: HUNT
Practice Name: TRI-COUNTY ORTHOPEDICS
Phone Number: 973-538-2334
Email Address: MBOLLACK@TRI-COUNTYORTHO.COM
Fax: 973-538-4081
Address 1: 197 RIDGEDALE AVE
Address 2:
City: CEDAR KNOLLS
State: NJ
Zip: 07927
Did patient have surgery? NO
Surgery Date:
DX: S73.192A - OTHER SPRAIN OF LT HIP, INITIAL ENCOUNTER
Body Parts: LEFT HIP
of Auth visits: 36
Freq/Duration: 2-3X WEEK
Script: YES
Follow-up MD: 2024-02-05

Special Instructions

Special Instructions: PLEASE SCHEDULE PT AT TWIN BORO IN MORRISTOWN