

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
First Name: JAMAAL
Last Name: MCCALL
Claim Number: PJWC087050
Date of Injury: 2024-02-21
ICD Code
Describe Injury: LOWER BACK PAIN

Working: YES
Occupation: LABORER
Date of Birth: 1984-11-06
Gender: MALE
Home Phone: (862)772-5245
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 12 HIGHLAND TERRACE
Address 2:
City: IRVINGTON
State: NJ
Zip: 07111
Preferred Language:

Employee

Company: BOROUGH OF ROSELLE DPW
Phone Number: 908-241-2014

Contact: SHATERA SMITH
Address 1: 210 CHESTNUT STREET
Address 2:
City: ROSELLE
State: NJ
Zip: 07203
PT - Schedule during work hours? YES
What hours does patient work? 530AM-1030AM, M-F

Referring Doctor

First Name: JOSEPH
Last Name: BRUNO, PAC
Practice Name: MD URGENT CARE
Phone Number: 908-691-3800
Email Address:
Fax: 908-352-0505
Address 1: 637 WESTFIELD AVE
Address 2:
City: ELIZABETH
State: NJ
Zip: 07208
Did patient have surgery? NO
Surgery Date:
DX: LOWER BACK PAIN
Body Parts: LOWER BACK
of Auth visits: 12
Freq/Duration: 3X A WEEK/ 4 WEEKS
Script: YES
Follow-up MD:

Special Instructions

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

LWINTER@RISKSOLUTIONS.COM

THANK YOU