

# Referral

## Submitter

**Company Name:** D&H ALTERNATIVE RISK SOULUTIONS  
**First Name:** KRISTIN  
**Last Name:** WILKINSON  
**Main Phone:** 973-940-1851  
**Ext.:**  
**Fax:** 973-940-1852  
**Email Address** KWILKINSON@RISKSOLUTIONS.COM

## Claimant

**Request:** DME  
**First Name:** BRYAN  
**Last Name:** JONES  
**Claim Number:** GSNP082235  
**Date of Injury:** 2022-12-14  
**ICD Code**  
**Describe Injury:** CLOSED DISPLACED FRACTURE OF NECK OF LEFT RADIUS.  
CLOSED NONDISCPLACED FRACTURE OF NECK OF LEFT  
RADIUS WITH NONUNION  
  
**Working:** YES  
**Occupation:** PATROLMAN  
**Date of Birth:** 1997-02-17  
**Gender:** MALE  
**Home Phone:** 609-661-4318  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 17 PENNSYLVANIA AVENUE  
**Address 2:**  
**City:** WARETOWN  
**State:** NJ  
**Zip:** 08758  
**Preferred Language:**

## Employee

**Company:** TOWNSHIP OF NEPTUNE  
**Phone Number:** 7329885200  
**Contact:** STEPHANIE OPPEGAARD  
**Address 1:** 25 NEPTUNE BLVD  
**Address 2:**  
**City:** NEPTUNE  
**State:** NJ  
**Zip:** 07753  
**PT - Schedule during work hours?**  
**What hours does patient work?** 7AM-7PM PITTMAN SCHEDULE

## Referring Doctor

**First Name:** JAMES  
**Last Name:** COZZARELLI. MD  
**Practice Name:** BT - SEAVIEW ORTHOPAEDIC  
**Phone Number:** 609-488-3988  
**Email Address:**  
**Fax:** 609-488-5793  
**Address 1:** 500 BARNEGAT BLVD  
**Address 2:** BUILDING 200  
**City:** BARNEGAT  
**State:** NJ  
**Zip:** 08005  
**Did patient have surgery?** NO  
**Surgery Date:**  
**DX:**  
**Body Parts:**  
**# of Auth visits:**  
**Freq/Duration:**  
**Script:** YES  
**Follow-up MD:** 2023-02-20

## Special Instructions

**Special Instructions:** ANY QUESTIONS OR FURTHER CORESSPONDENCE PLEASE  
CONTACT DFORGIONE@RISKSOLUTIONS.COM

THANK YOU