

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: LAMONT
Last Name: HARRIS, SR.
Claim Number: PLB089383
Date of Injury: 2024-09-27
ICD Code
Describe Injury: INJ R SHOULDER WAS LIFTING A LARGE TABLE
Working: YES
Occupation: CUSTODIAN
Date of Birth: 1961-12-24
Gender: MALE
Home Phone: (908)279-9604
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 1115 HELENE AVENUE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 1115 HELENE AVENUE
Preferred Language:

Employee

Company: PLAINFIELD BOARD OF ED
Phone Number: (908)731-4323

Contact: WENDY HARDY
Address 1: 1200 MYRTLE AVE
Address 2:
City: PLAINFIELD
State: NJ
Zip: 07063
PT - Schedule during work hours?
What hours does patient work? OOW SINCE 9/27

Referring Doctor

First Name: HEATHER A.
Last Name: PEDERSON, PA-C
Practice Name: INFINITY ORTHOPEDICS
Phone Number: 908-364-7801
Email Address:
Fax: 908-222-2757
Address 1: PO BOX 4290
Address 2:
City: WARREN
State: NJ
Zip: 07059
Did patient have surgery? NO
Surgery Date:
DX: UNSPECIFIED SPRAIN OF RIGHT SHOULDER JOINT
Body Parts: RIGHT SHOULDER
of Auth visits: 6
Freq/Duration: 3X A WEEK/ 2 WEEKS
Script: YES
Follow-up MD:

Special Instructions

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

CSHELL@RISKSOLUTIONS.COM

THANK YOU