

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: JESSICA
Last Name: LEMASSON
Main Phone: 9739401851
Ext.:
Fax: 9739401852
Email Address JLEMASSON@RISKSOLUTIONS.COM

Claimant

Request: XR
First Name: CALVIN
Last Name: MOTTLEY
Claim Number: PJWC086727
Date of Injury: 2024-01-17
ICD Code
Describe Injury: LEFT THUMB
Working: YES
Occupation: TRUCK DRIVER
Date of Birth: 1969-08-15
Gender: MALE
Home Phone: (917)586-3665
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 336 E 7TH AVENUE
Address 2:
City: ROSELLE
State: NJ
Zip: 07203
Preferred Language:

Employee

Company: BOROUGH OF ROSELLE
Phone Number: (908)241-2014

Contact: KHEESHA WALLS
Address 1: 210 CHESTNUT ST
Address 2:
City: ROSELLE
State: NJ
Zip: 07203
PT - Schedule during work hours? YES
What hours does patient work? 6AM ? 2PM (MON-FRI)

Referring Doctor

First Name: JERROLD R.
Last Name: ZEITELS, MD
Practice Name: ASSOCIATES IN PLASTIC & AESTHETIC SURGERY
Phone Number:
Email Address:
Fax:
Address 1: 955 SPRINGFIELD AVE
Address 2: SUITE 105
City: SPRINGFIELD
State: NJ
Zip: 07081
Did patient have surgery? NO
Surgery Date:
DX: LEFT THUMB
Body Parts: LEFT THUMB
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD: 2024-02-08

Special Instructions

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

LWINTER@RISKSOLUTIONS.COM

THANK YOU