

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: RYAN
Last Name: HEUSSLER
Claim Number: IWC087588
Date of Injury: 2024-04-10
ICD Code
Describe Injury: INJ LOWER BACK LIFTING HEAVY MACHINERY
Working: YES
Occupation: PAID FIRE FIGHTER
Date of Birth: 1996-05-10
Gender: MALE
Home Phone: (973)303-0194
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 8 FOSTER ST.
Address 2:
City: BLOOMFIELD
State: NJ
Zip: 07003
Preferred Language:

Employee

Company: IRVINGTON FIRE DEPARTMENT
Phone Number: 973-399-6562

Contact:
Address 1: 1 CIVIC SQUARE
Address 2:
City: IRVINGTON
State: NJ
Zip: 07111
PT - Schedule during work hours?
What hours does patient work? 24 ON, 72 OFF; ROTATING

Referring Doctor

First Name: JAY S.
Last Name: REIDLER
Practice Name: PREMIER ORTHOPAEDICS & SPORTS MEDICINE
Phone Number: 201-431-7703
Email Address:
Fax: 201-862-0095
Address 1: 403 GRAND AVE
Address 2:
City: ENGLEWOOD
State: NJ
Zip: 07631
Did patient have surgery?
Surgery Date:
DX: LOW BACK PAIN
Body Parts: LOW BACK
of Auth visits:
Freq/Duration: 2-3 A WEEK/4 WEEKS
Script: YES
Follow-up MD:

Special Instructions

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

CSHELL@RISKSOLUTIONS.COM

THANK YOU