

Referral

Submitter

Company Name: ALTERNATIVE RISK SOLUTIONS
First Name: ANGELA
Last Name: MONTGOMERY
Main Phone: 973-940-1851
Ext.: 241
Fax: 973-940-1852
Email Address LUCESITAV700@GMAIL.COM

Claimant

Request: PT, MRI, ARTH
First Name: STEPHEN
Last Name: HEDBERG
Claim Number: PJWC067641
Date of Injury: 2024-12-03
ICD Code
Describe Injury: INJ R HAND, WHILE ATTEMPTING TO RESTRAIN A
Working: YES
Occupation: FORMER POLICE OFFICER
Date of Birth: 2008-01-16
Gender: MALE
Home Phone: (732) 910-4132
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 12 BRUCE PLACE
Address 2:
City: RUMSON
State: NJ
Zip: 07760
Preferred Language: CITY OF PERTH AMBOY

Employee

Company: CITY OF PERTH AMBOY
Phone Number: 732-826-0290 EXT 4010

Contact: MARIA RIVERA
Address 1: 260 HIGH STREET
Address 2:
City: PERTH AMBOY
State: NJ
Zip: 08861
PT - Schedule during work hours? YES
What hours does patient work? 10PM TO 8AM

Referring Doctor

First Name: FGFDGDFG
Last Name: GDFGDFGDFG
Practice Name: GDFGDFGFD
Phone Number: 43534543
Email Address:
Fax: 435345634
Address 1: ETERTERTRE
Address 2: RETERTRE
City: FDG
State: ERRER
Zip: 5465475
Did patient have surgery? YES
Surgery Date: 2024-12-03
DX: PAIN
Body Parts: RT. HAND/ 4TH AND 5TH MCP
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD: 2024-12-11

Special Instructions

Special Instructions: INSTRUCCIPKSDFKSFSDFKSD