

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, MRI
First Name: JUAN
Last Name: PAPICA 3RD
Claim Number: PJWC086344
Date of Injury: 2023-12-18
ICD Code
Describe Injury: LEFT ANKLE
Working: YES
Occupation: POLICE
Date of Birth: 1979-05-30
Gender: MALE
Home Phone: (732)406-7924
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 8 LINDA LANE
Address 2:
City: CLARK
State: NJ
Zip: 07066
Preferred Language:

Employee

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

Contact: MARIA RIVERA
Address 1: 210 CHESTNUT STREET
Address 2:
City: ROSELLE
State: NJ
Zip: 07203
PT - Schedule during work hours? YES
What hours does patient work? 630AM -5PM (4 ON 4OFF)

Referring Doctor

First Name: ERIC
Last Name: BEIGHTS, DPM
Practice Name: M-SEAVIEW ORTHOPEDICS
Phone Number: 609-495-1688
Email Address:
Fax: 609-662-4467
Address 1: 294 APPLGARTH RD
Address 2: SUITE C
City: MONROE
State: NJ
Zip: 08831
Did patient have surgery? NO
Surgery Date:
DX: LEFT ANKLE SPRAIN
Body Parts: LEFT ANKLE
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:

LWINTER@RISKSOLUTIONS.COM

THANK YOU