

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: OT
First Name: PAUL
Last Name: NOEL
Claim Number: IWC086968
Date of Injury: 2024-02-14
ICD Code
Describe Injury: RT THUMB NEUROLYSIS/GRAFT & FPL TENOLYSIS
Working: YES
Occupation: POLICE
Date of Birth: 1982-09-06
Gender: MALE
Home Phone: (973)609-2527
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 1255 MAGIE AVE.
Address 2: APT.325
City: UNION
State: NJ
Zip: 07083
Preferred Language:

Employee

Company: IRVINGTON POLICE DEPARTMENT
Phone Number: 973-399-6600

Contact:
Address 1: 1 CIVIC SQUARE
Address 2:
City: IRVINGTON
State: NJ
Zip: 07111
PT - Schedule during work hours?
What hours does patient work? OOW

Referring Doctor

First Name: ASHLEY
Last Name: IGNATIUK, MD
Practice Name: NJMS DEPARTMENT OF SURGERY, RUTGERS STATE UNIVERSITY
Phone Number: 973-972-2400
Email Address:
Fax: 973-972-2988
Address 1: 90 BERGEN ST
Address 2: SUITE 7100
City: NEWARK
State: NJ
Zip: 07103
Did patient have surgery? YES
Surgery Date: 2024-06-25
DX: RT THUMB NEUROLYSIS/GRAFT & FPL TENOLYSIS
Body Parts:
of Auth visits: 18
Freq/Duration: 3X A WEEK FOR 6 WEEKS
Script: YES
Follow-up MD:

Special Instructions

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

CSHELL@RISKSOLUTIONS.COM

THANK YOU