

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: DME
First Name: JOSEPH
Last Name: SULIKOWSKI
Claim Number: PJWC086322
Date of Injury: 2023-12-13
ICD Code
Describe Injury: INJ R LEG, WHILE DIRECTING TRAFFIC, WAS STRUCK BY A VEHICLE

Working: YES
Occupation: POLICE
Date of Birth: 1977-07-27
Gender: MALE
Home Phone: (732)803-5851
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 22 WINTHROP ROAD
Address 2:
City: EDISON
State: NJ
Zip: 08817
Preferred Language:

Employee

Company: PERTH AMBOY POLICE DEPT

Phone Number: 732-442-4400
Contact:
Address 1: 365 NEW BRUNSWICK AVE
Address 2:
City: PERTH AMBOY
State: NJ
Zip: 08861
PT - Schedule during work hours?
What hours does patient work?

Referring Doctor

First Name: TODD C.
Last Name: RYAN, D.O.
Practice Name: EDISON-METUCHEN ORTHOPAEDIC GROUP
Phone Number: 732-494-6226
Email Address:
Fax: 732-494-8762
Address 1: 10 PARSONAGE ROAD
Address 2: SUITE 500
City: EDISON
State: NJ
Zip: 08837
Did patient have surgery? YES
Surgery Date: 1014-05-14
DX: LEFT SHOULDER, RIGHT KNEE, LEFT KNEE, LEFT ELBOW
Body Parts: LEFT SHOULDER, RIGHT KNEE, LEFT KNEE, LEFT ELBOW
of Auth visits:
Freq/Duration:
Script:
Follow-up MD:

Special Instructions

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

LWINTER@RISKSOLUTIONS.COM

THANK YOU