

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: STEPHEN
Last Name: MORILLO
Claim Number: PJWC079016
Date of Injury: 2022-03-04
ICD Code
Describe Injury: INJ L LEG-KNEE, STEPPING OFF OF TRUCK & FELL
Working: YES
Occupation: SANITATION DRIVER
Date of Birth: 1959-09-01
Gender: MALE
Home Phone: (732)925-7699
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 235 SHERMAN STREET
Address 2: APT. #1
City: PERTH AMBOY
State: NJ
Zip: 08861
Preferred Language:

Employee

Company: CITY OF PERTH AMBOY
Phone Number: (732)826-0290

Contact: MARIA RIVERA
Address 1: 260 HIGH STREET
Address 2:
City: PERTH AMBOY
State: NJ
Zip: 08861
PT - Schedule during work hours?
What hours does patient work? 3AM ? 1PM, 5AM- 12PM

Referring Doctor

First Name: MATTHEW J.
Last Name: GARFINKEL, MD
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: 2024-04-29
DX: LEFT KNEE, M17.12 UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT
Body Parts: LEFT KNEE
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD:

Special Instructions

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

LWINTER@RISKSOLUTIONS.COM

THANK YOU