

Referral

Submitter

Company Name: D & H ALTERNATIVE RISK SOLUTIONS
First Name: ANGELA
Last Name: MONTGOMERY
Main Phone: 973-940-1851
Ext.: 241
Fax: 973-940-1852
Email Address AMONTGOMERY@RISKSOLUTIONS.COM

Claimant

Request: OT, WH, FCE, MRI
First Name: STEPHEN
Last Name: HEDBERG
Claim Number: PJWC067641
Date of Injury: 2022-10-21
ICD Code ICDCODE
Describe Injury: INJ R HAND, WHILE ATTEMPTING TO RESTRAIN ASUSPECT WHO WAS RESISTING INJ R HAND, WHILE ATTEMPTING TO RESTRAIN ASUSPECT WHO WAS RESISTING

Working: YES
Occupation: FORMER POLICE OFFICER
Date of Birth: 2022-10-13
Gender: MALE
Home Phone: (732) 910-4132
Cell Phone: (732) 910-4
Work Phone: (732) 910
Ext.: YY
Alternate Phone:(732) 4
Alt. Phone Description:(732) 6666666
Email Address: AMONTGOMERY@RISKSOLUTIONS.COM
Address 1: 12 BRUCE PLACE
Address 2: 12 BRUCE PLACE 2
City: RUMSON
State: NJ
Zip: 07760
Preferred Language: ENGLISH

Employee

Company: CITY OF PERTH AMBOY
Phone Number: 732-826-0290 EXT 4010
Contact: MARIA RIVERA
Address 1: 260 HIGH STREET
Address 2: 260 HIGH STREET 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: ROMAN
Last Name: ISAAC
Practice Name: HUDSON PRO ORTHO AND SPORTS MEDICINES
Phone Number: 973-538-5200
Email Address: AMONTGOMERY@RISKSOLUTIONS.COM
Fax: 973-538-9762
Address 1: 2333 MORRIS AVENUE
Address 2: STE B107
City: UNION
State: NJ
Zip: 07083
Did patient have surgery? YES
Surgery Date: 2022-10-14
DX: PAIN
Body Parts: RT. HAND/ 4TH AND 5TH MCP
of Auth visits: VISIT
Freq/Duration: DURATION
Script: YES
Follow-up MD: 2022-10-21

Special Instructions

Special Instructions: INJ R HAND, WHILE ATTEMPTING TO RESTRAIN ASUSPECT WHO WAS RESISTING INJ R HAND, WHILE ATTEMPTING TO RESTRAIN ASUSPECT WHO WAS RESISTING