

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: SEAN
Last Name: LEWIS
Claim Number: MT086542
Date of Injury: 2024-01-08
ICD Code
Describe Injury: LEFT HIP
Working: YES
Occupation: TRUCK DRIVER
Date of Birth: 1967-09-22
Gender: MALE
Home Phone: (973)876-6054
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 2104 HAMPTON COURT
Address 2:
City: RANDOLPH
State: NJ
Zip: 07869
Preferred Language:

Employee

Company: TOWN OF MORRISTOWN
Phone Number: (973)292-6627

Contact: CAITLIN CASTILLO
Address 1: 200 SOUTH ST PO BOX 914
Address 2:
City: MORRISTOWN
State: NJ
Zip: 07960
PT - Schedule during work hours? YES
What hours does patient work? 7AM ? 3:30PM MON ? FRI

Referring Doctor

First Name: ERIK
Last Name: ZACKWIEJA, MD
Practice Name: GSOA- FAIR LAWN
Phone Number: 201-791-4434
Email Address:
Fax: 201-791-9377
Address 1: 28-04 BROADWAY
Address 2:
City: FAIRLAWN
State: NJ
Zip: 07410-1216
Did patient have surgery? YES
Surgery Date: 2024-02-20
DX: LEFT HIP
Body Parts: LEFT HIP
of Auth visits: 9
Freq/Duration: 3X A WEEK FOR 3 WEEKS
Script: YES
Follow-up MD:

Special Instructions

Special Instructions: FOR FURTHER QUESTIONS AND CORRESPONDENCE
PLEASE CONTACT:

LWINTER@RISKSOLUTIONS.COM

THANK YOU