

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: SHALENE
Last Name: BOLAN
Main Phone: 973-940-1851
Ext.:
Fax: 973-940-1852
Email Address SBOLAN@RISKSOLUTIONS.COM

Claimant

Request: PT
First Name: GRANT
Last Name: SALCEDO
Claim Number: PJWC062325
Date of Injury: 2018-03-02
ICD Code M25.562
Describe Injury: LEFT LEG, ANKLE AND KNEE INJURED DUE TO STEPPING OFF
FIRE TRUCK ONTO UNEVEN PAVEMENT

Working: YES
Occupation: FIREMAN
Date of Birth: 1963-12-19
Gender: MALE
Home Phone: (908)229-7468
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 32 DEL BARTON COURT
Address 2:
City: HACKETTSTOWN
State: NEW JERSEY
Zip: 07840
Preferred Language: ENGLISH

Employee

Company: TOWNSHIP OF TEANECK

Phone Number: 201-837-1600
Contact: DEAN KAZINICI
Address 1: 818 TEANECK ROAD
Address 2:
City: TEANECK
State: NJ
Zip: 07666
PT - Schedule during work hours? YES
What hours does patient work? N/A

Referring Doctor

First Name: ERIK
Last Name: ZACHWIEJA
Practice Name: IVY REHAB PHYSICAL THERAPY
Phone Number: 908-684-5646
Email Address:
Fax:
Address 1: 108 BILBY ROAD
Address 2: SUITE 201
City: HACKETTSTOWN
State: NEW JERSEY
Zip: 07840
Did patient have surgery? YES
Surgery Date: 2023-05-02
DX: PAIN IN LEFT KNEE
Body Parts: LEFT KNEE
of Auth visits: 12
Freq/Duration: 3X PER WEEK FOR 4 WEEKS
Script: YES
Follow-up MD: 2023-07-24

Special Instructions

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

LUCIA WINTER AT LWINTER@RISKSOLUTIONS.COM