

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: ANITHA
Last Name: THARIMANA
Claim Number: PJWC086867
Date of Injury: 2024-02-06
ICD Code
Describe Injury: CONTUSION OF LOWER BACK
Working: YES
Occupation: CROSSING GUARD
Date of Birth: 1969-08-18
Gender: FEMALE
Home Phone: (848)200-0215
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 200 LOCUST ST.
Address 2: #224
City: ROSELLE
State: NJ
Zip: 07203
Preferred Language:

Employee

Company: ROSELLE POLICE DEPARTMENT
Phone Number: 908-259-4028

Contact:
Address 1: 210 CHESTNUT STREET
Address 2:
City: ROSELLE
State: NJ
Zip: 07203
PT - Schedule during work hours? YES
What hours does patient work? 7:30AM ? 9AM & 12:30PM & 2PM ? 2:30PM

Referring Doctor

First Name: RYAN T
Last Name: CASSILLY, MD
Practice Name: GSOA- HOBOKEN
Phone Number: 201-876-5300
Email Address:
Fax: 201-876-5305
Address 1: 33-41 NEWARK ST
Address 2:
City: HOBOKEN
State: NJ
Zip: 07030
Did patient have surgery? NO
Surgery Date:
DX: CONTUSION OF BACK
Body Parts: BACK
of Auth visits: 6
Freq/Duration: 3X A WEEK/ 2 WEEKS
Script: YES
Follow-up MD:

Special Instructions

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

LWINTER@RISKSOLUTIONS.COM

THANK YOU