

Referral

Submitter

Company Name: D & H ALTERNATIVE RISK SOLUTIONS
First Name: ANGELA
Last Name: MONTGOMERY
Main Phone: 43534
Ext.: 241
Fax: 973-940-1852
Email Address LUCESITAV700@GMAIL.COM

Claimant

Request: PT, OT, WH, FCE
First Name: STEPHEN
Last Name: HEDBERG
Claim Number: PJWC067641
Date of Injury: 2022-10-06
ICD Code ICDCODE
Describe Injury: INJ R HAND, WHILE ATTEMPTING TO RESTRAIN ASUSPECT WHO WAS RESISTING

Working: YES
Occupation: FORMER POLICE OFFICER
Date of Birth: 2022-10-05
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:
City: RUMSON
State: NJ
Zip: 07760
Preferred Language: ENGLISH