

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
First Name: DENNIS
Last Name: BERGMAN
Claim Number: MT072383
Date of Injury: 2020-07-28
ICD Code
Describe Injury: LUMBAR STRAIN

Working: NO
Occupation: RETIRED
Date of Birth: 1975-10-13
Gender: MALE
Home Phone: (201)317-0463
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 6 DICKERSON ROAD
Address 2:
City: AUGUSTA
State: NJ
Zip: 07822
Preferred Language:

Employee

Company: TOWN OF MORRISTOWN
Phone Number: (973)292-6641

Contact: BRANDY CHAVEZ
Address 1: 200 SOUTH ST PO BOX 914
Address 2:
City: MORRISTOWN
State: NJ
Zip: 07960
PT - Schedule during work hours? NO
What hours does patient work? RETIRED

Referring Doctor

First Name: CHARLES A
Last Name: GATTO, MD
Practice Name: THE ADVANCED SPINE CENTER
Phone Number: 973-538-0900
Email Address:
Fax: 973-538-0909
Address 1: PO BOX 2266
Address 2:
City: MORRISTOWN
State: NJ
Zip: 07962
Did patient have surgery? YES
Surgery Date: 2020-11-18
DX: LUMBAR STRAIN
Body Parts: LUMBAR SPINE
of Auth visits: 8
Freq/Duration: 2X A WEEK/4 WEEKS
Script: YES
Follow-up MD:

Special Instructions

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

LWINTER@RISKSOLUTIONS.COM

THANK YOU