

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: DME
First Name: BILAAL
Last Name: JONES
Claim Number: MT063962
Date of Injury: 2018-06-25
ICD Code M75.41, M75.111
Describe Injury: RIGHT SHOULDER INJURED LIFTING CONCRETE BLOCKS
Working: YES
Occupation: HEAVY EQUIPMENT OPERATOR
Date of Birth: 1975-08-03
Gender: MALE
Home Phone: (973)207-8335
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 51 LIVINGSTON ROAD
Address 2:
City: MORRISTOWN
State: NEW JERSEY
Zip: 07960
Preferred Language: ENGLISH

Employee

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

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

Referring Doctor

First Name: ANDREW
Last Name: WILLIS
Practice Name: SURGICAL CENTER AT CEDAR KNOLLS
Phone Number: 973-538-2334
Email Address:
Fax:
Address 1: 197 RIDGEDALE AVENUE
Address 2:
City: CEDAR KNOLLS
State: NJ
Zip: 07927
Did patient have surgery? NO
Surgery Date: 2023-08-31
DX: M75.41, M75.111
Body Parts: RIGHT SHOULDER
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD:

Special Instructions

Special Instructions: FOR ANY FURTHER QUESTIONS OR CORRESPONDENCE,
PLEASE E-MAIL LUCIA WINTER AT:

LWINTER@RISKSOLUTIONS.COM

THANK YOU!