

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: JESSICA
Last Name: LEMASSON
Main Phone: 9739401851
Ext.:
Fax: 9739401852
Email Address JLEMASSON@RISKSOLUTIONS.COM

Claimant

Request: DME
First Name: ROBERT
Last Name: WILLIS
Claim Number: PJWC086348
Date of Injury: 2023-12-18
ICD Code S83.242A
Describe Injury: LEFT KNEE

Working: YES
Occupation: TRUCK DRIVER
Date of Birth: 1971-02-06
Gender: MALE
Home Phone: (201) 238-3082
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 121 WALNUT STREET
Address 2:
City: NUTLEY
State: NJ
Zip: 07110
Preferred Language:

Employee

Company: TEANECK TOWNSHIP
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? 7AM ? 3PM MON - FRI

Referring Doctor

First Name: DANIEL
Last Name: FEGHHI, M.D.
Practice Name: HOLY NAME PHYSICIANS
Phone Number: 201-836-1663
Email Address:
Fax: 201-836-5729
Address 1: 433 HACKENSACK AVE
Address 2:
City: HACKENSACK
State: NJ
Zip: 07601
Did patient have surgery? YES
Surgery Date: 2024-01-29
DX: LEFT KNEE MENISCUS
Body Parts: LEFT KNEE
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD:

Special Instructions

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

LWINTER@RISKSOLUTIONS.COM

THANK YOU