

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: DARLING
Last Name: CIRIACO
Claim Number: PJWC087195
Date of Injury: 2024-03-05
ICD Code
Describe Injury: INJ L SHOULDER DURING FOOT PURSUIT, WAS HURT WHEN CLIMBING A FENCE

Working: YES
Occupation: POLICE
Date of Birth: 1990-05-28
Gender: MALE
Home Phone: (908)338-3684
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 420 LEON AVENUE
Address 2:
City: PERTH AMBOY
State: NJ
Zip: 08861
Preferred Language:

Employee

Company: CITY OF PERTH AMBOY

Phone Number: (732)826-0290
Contact: MARIA RIVERA
Address 1: 260 HIGH STREET
Address 2:
City: PERTH AMBOY
State: NJ
Zip: 08861
PT - Schedule during work hours?
What hours does patient work? 5PM-3AM, 4 ON 4 OFF

Referring Doctor

First Name: ANDREW A.
Last Name: WILLIS, MD
Practice Name: TRI COUNTY ORTHOPEDICS
Phone Number: 973-538-2334
Email Address:
Fax: 973-538-6498
Address 1: 197 RIDGEDALE AVE
Address 2:
City: CEDAR KNOLLS
State: NJ
Zip: 07927
Did patient have surgery? NO
Surgery Date:
DX: LEFT SHOULDER
Body Parts: LEFT SHOULDER
of Auth visits: 24
Freq/Duration: 3X A WEEK FOR 8 WEEKS
Script: YES
Follow-up MD:

Special Instructions

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

LWINTER@RISKSOLUTIONS.COM

THANK YOU