

Referral

Submitter

Company Name: DH ALTERNATIVE RISK SOLUTIONS
First Name: KRISTIN
Last Name: WILKINSON
Main Phone: 9739401851
Ext.:
Fax: 973-940-1852
Email Address KWILKINSON@RISKSOLUTIONS.COM

Claimant

Request: MRI
First Name: ANTONIO
Last Name: CORTES III
Claim Number: PJWC085211
Date of Injury:
ICD Code
Describe Injury: LEFT KNEE
Working: YES
Occupation: POLICE OFFICER
Date of Birth: 1990-11-11
Gender: MALE
Home Phone: 908-419-8010
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 30 ALLISON ROAD
Address 2:
City: ROSELLE
State: NJ
Zip: 07203
Preferred Language:

Employee

Company: BOROUGH OF ROSELLE
Phone Number: 908-241-2014

Contact: KHEESHA WALLS
Address 1: 210 CHESNUT STREET
Address 2:
City: ROSELLE
State: NJ
Zip: 07203
PT - Schedule during work hours?
What hours does patient work? 8PM ? 630AM (4 ON - 4 OFF)

Referring Doctor

First Name: GREGORY S.
Last Name: GALLICK, MD
Practice Name: ORTHOPAEDIC SURGERY & SPORTS MEDICINE
Phone Number: 908-686-6665
Email Address:
Fax: 908-687-7507
Address 1: 2780 MORRIS AVE
Address 2: SUITE 2C
City: UNION
State: NJ
Zip: 07083
Did patient have surgery? NO
Surgery Date:
DX:
Body Parts:
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD: 2023-10-27

Special Instructions

Special Instructions: ANY QUESTIONS PLEASE CONTACT
KWILKINSON@RISKSOLUTIONS.COM