

# 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:** CT  
**First Name:** WILLIAM  
**Last Name:** DICKSON  
**Claim Number:** GSCR086398  
**Date of Injury:** 2023-12-22  
**ICD Code:** S16.1XXA STRAIN OF MUSCLE, FASCIA AND TENDON AT NECK LEVEL  
**Describe Injury:** NECK  
**Working:** YES  
**Occupation:** DRIVER  
**Date of Birth:** 1957-11-28  
**Gender:** MALE  
**Home Phone:** (732)374-2948  
**Cell Phone:**  
**Work Phone:**  
**Ext.:**  
**Alternate Phone:**  
**Alt. Phone Description:**  
**Email Address:**  
**Address 1:** 1230 CELLAR AVE  
**Address 2:** APT 21  
**City:** CLARK  
**State:** NJ  
**Zip:** 07066  
**Preferred Language:**

## Employee

**Company:** CITY OF RAHWAY  
**Phone Number:** 732-827-2096

**Contact:** MOLLY ORTIZ  
**Address 1:** 1 CITY HALL PLAZA  
**Address 2:**  
**City:** RAHWAY  
**State:** NJ  
**Zip:** 07065  
**PT - Schedule during work hours?**  
**What hours does patient work?** 7AM -230PM

## Referring Doctor

**First Name:** LULU  
**Last Name:** JIMMA  
**Practice Name:** CONCENTRA MEDICAL CENTER NJ  
**Phone Number:** 732-381-3636  
**Email Address:**  
**Fax:** 732-381-5977  
**Address 1:** 2 CITY HALL PLAZA  
**Address 2:** SUITE 302  
**City:** RAHWAY  
**State:** NJ  
**Zip:**  
**Did patient have surgery?** NO  
**Surgery Date:**  
**DX:**  
**Body Parts:**  
**# of Auth visits:**  
**Freq/Duration:**  
**Script:** YES  
**Follow-up MD:** 2024-01-02

## Special Instructions

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

DOL: 12/22/2023 IS CORRECT THE SCRIPT DOL IN WRONG  
THIS IS A NEW CLAIM & NEW INJURY TO THE NECK