

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: PT
First Name: MAGALIZ
Last Name: GONZALEZ
Claim Number: PJWC085751
Date of Injury: 2023-10-19
ICD Code 908.9, S49.91XA
Describe Injury: UNSP INJ OF RIGHT SHOULD AND RIGHT UPPER ARM
Working: YES
Occupation: OFFICE CLERK
Date of Birth: 1962-01-25
Gender: FEMALE
Home Phone: (732)829-0405
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 5302 BRISTOL STATION CT
Address 2:
City: CARTERET
State: NJ
Zip: 07008
Preferred Language:

Employee

Company: CITY OF PERTH AMBOY
Phone Number: (732) 771-2508

Contact: MARIA RIVERA
Address 1: 260 HIGH STREET
Address 2:
City: PERTH AMBOY
State: NJ
Zip: 08861
PT - Schedule during work hours? YES
What hours does patient work? 8AM-4PM, M-F

Referring Doctor

First Name: SHANTHI
Last Name: REDDY, MD
Practice Name: CONCENTRA MEDICAL CENTERS (NJ)
Phone Number: (732) 248-0088
Email Address:
Fax: (732) 248-4408
Address 1: 16 ETHEL RD
Address 2:
City: EDISON
State: NJ
Zip: 08817
Did patient have surgery? NO
Surgery Date:
DX: UNSP INJ OF RIGHT SHOULDER AND RIGHT UPPER ARM
Body Parts: RIGHT SHOULDER, RIGHT UPPER ARM
of Auth visits: 6
Freq/Duration: 3X A WEEK FOR 2 WEEKS
Script: YES
Follow-up MD:

Special Instructions

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

KWILKINSON@RISKSOLUTIONS.COM

THANK YOU