

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: DME
First Name: JONATHAN
Last Name: CORONADO
Claim Number: PJWC085779
Date of Injury: 0023-10-29
ICD Code
Describe Injury: RIGHT KNEE ARTHROSCOPY WITH POSSIBLE MENISCAL REPAIR
AND ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION
USING AUTOGRAFT CENTRAL 1/3 BONE-PATELLAR
TENDON-BONE.

Working: YES
Occupation: POLICE OFFICER
Date of Birth: 1986-02-20
Gender: MALE
Home Phone: 9739401852
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address: KWILKINSON@RISKSOLUTIONS.COM
Address 1: 110 WALTER DRIVE
Address 2:
City: WOODBRIDGE
State: NJ
Zip: 07095
Preferred Language:

Employee

Company: CITY OF PERTH AMBOY -PD
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?

Referring Doctor

First Name: MATTHEW
Last Name: GARFINKEL MD
Practice Name: EDISON-METUCHEN ORTHOPAEDIC GROUP
Phone Number: 732-494-6226
Email Address:
Fax: 732-494-8762
Address 1: 10 PARSONAGE ROAD
Address 2: SUITE 500, 5TH FLOOR
City: EDISON
State: NJ
Zip: 08837
Did patient have surgery?
Surgery Date:
DX:
Body Parts:
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD:

Special Instructions

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

SX IS TBS
2 SCRIPTS FOR DME"S WERE ALSO SENT VIA EMAIL