

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: JONATHON
Last Name: CORONADO
Claim Number: PJWC054031
Date of Injury: 2023-10-29
ICD Code 843.8, S83.91XA
Describe Injury: SPRAIN OF UNSPECIFIED SITE OF RIGHT KNEE
Working: YES
Occupation: POLICE
Date of Birth: 1986-02-20
Gender: MALE
Home Phone:
Cell Phone: (732) 877-7942
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 110 WALTER DRIVE
Address 2:
City: WOODBRIDGE
State: NJ
Zip: 07095
Preferred Language: ENGLISH

Employee

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

Contact: MARTA RIVERA
Address 1: 250 HIGH STREET
Address 2:
City: PERTH AMBOY
State: NJ
Zip: 08861
PT - Schedule during work hours? YES
What hours does patient work? 7:30 AM- 5:30 PM

Referring Doctor

First Name: SARLA
Last Name: CHHABRIA, 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: SPRAIN OF UNSPECIFIED SITE OF RIGHT KNEE
Body Parts: RIGHT KNEE
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