

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: MRI
First Name: VERONICA
Last Name: DRISDOM
Claim Number: GSCR085038
Date of Injury: 2023-08-23
ICD Code
Describe Injury: LEFT SHOULDER, BACK

Working: YES
Occupation: DRIVER
Date of Birth: 1959-12-01
Gender: FEMALE
Home Phone: (732)877-3290
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 407 MAPLEHURST COURT
Address 2:
City: WHITING
State: NJ
Zip: 08759
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? YES
What hours does patient work? 11AM ? 3PM (M-F)

Referring Doctor

First Name: NEOLA
Last Name: GUSHWAY-HENRY, MD
Practice Name: CONCENTRA MEDICAL CENTERS (NJ)
Phone Number: 732-381-3636
Email Address:
Fax:
Address 1: 2 CITY HALL PLAZA
Address 2:
City: RAHWAY
State: NJ
Zip: 07065
Did patient have surgery? NO
Surgery Date:
DX: LEFT SHOULDER, BACK
Body Parts: LEFT SHOULDER, BACK
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD:

Special Instructions

Special Instructions: ADDRESS ON SCRIPT IS INCORRECT, CORRECT ADDRESS ENTERED INTO REFERRAL.

FOR FURTHER QUESTIONS AND CORRESPONDENCE,
PLEASE CONTACT:

KWILKINSON@RISKSOLUTIONS.COM

THANK YOU