

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: MRI
First Name: JONATHAN
Last Name: CORONADO
Claim Number: [PJWC085779
Date of Injury: 2023-10-29
ICD Code W19.XXXA UNSPECIFIED FALL, INITIAL ENCOUNTER-W19.XXXA
Describe Injury: RIGHT KNEE

Working: YES
Occupation: POLICE OFFICER
Date of Birth: 1986-02-20
Gender: MALE
Home Phone: 732-877-7942
Cell Phone:
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:

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: 07095
PT - Schedule during work hours?
What hours does patient work? 7:30A-5:30P, 4 ON 4 OFF

Referring Doctor

First Name: SHANTHI
Last Name: REDDY MD
Practice Name: CONCENTRA MEDICAL CENTER NJ
Phone Number: 732-248-0088
Email Address:
Fax: 732-248-4408
Address 1: 16 ETHEL ROAD
Address 2:
City: EDISON
State: NJ
Zip: 08817
Did patient have surgery? NO
Surgery Date:
DX:
Body Parts:
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD: 2023-11-27

Special Instructions

Special Instructions: ANY QUESTIONS CONTACT
KWILKINSON@RISKSOLUTIONS.COM