

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOULUTIONS
First Name: KRISTIN
Last Name: WILKINSON
Main Phone: 973-940-1851
Ext.:
Fax: 973-940-1852
Email Address KWILKINSON@RISKSOLUTIONS.COM

Claimant

Request: PT
First Name: ANGEL
Last Name: SOTO
Claim Number: PJWC083364
Date of Injury: 2023-04-01
ICD Code S16.1XXA, S00.83XA. M62.838
Describe Injury: STRAIN OF MUSCLE, FASCIA AND TENDON AT NECK LEVEL,
INT; CONTUSION OF OTHER PART OF HEAD INITAL
ENCOUNTER; OTHER MUSCLE SPASM

Working: YES
Occupation: POLICE OFFICER
Date of Birth: 1985-05-01
Gender: MALE
Home Phone: 848-459-1589
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 514 SAYRE AVENUE
Address 2:
City: PERTH AMBOY
State: NJ
Zip: 08861
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? YES
What hours does patient work? 5PM- 3AM

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?
Surgery Date:
DX:
Body Parts:
of Auth visits: 6
Freq/Duration: 3XS A WEEK FOR 2 WEEKS
Script: YES
Follow-up MD: 2023-04-06

Special Instructions

Special Instructions: ANY FURTHER CORRESPONDENCE PLEASE CONT
KWILKINSON@RISKSOLUTIONS.COM

THANK YOU