

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: JERAMEY
Last Name: MENDEZ
Claim Number: PJWC086024 *
Date of Injury: 2023-11-15
ICD Code MRI, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAS
Describe Injury: LUMBAR
Working: YES
Occupation: POLICE OFFICER
Date of Birth: 1992-11-24
Gender: MALE
Home Phone: 848-314-0740
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 22 CHAUCER ROAD
Address 2: 2ND FLOOR
City: MANALAPAN
State: NJ
Zip: 07726
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? 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? NO
Surgery Date:
DX:
Body Parts:
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD: 2024-01-03

Special Instructions

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

THANK YOU