

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: PT
First Name: VERONICA
Last Name: DRISDOM
Claim Number: GSCR05038
Date of Injury: 2023-08-23
ICD Code S16.1XXA & S46.912A & V89.2XXA
Describe Injury: NECK & LEFT SHOULDER

Working: YES
Occupation: LABORER/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: 08757
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 - 3 PM (M-F)

Referring Doctor

First Name: SARLA
Last Name: CHHABRIA, MD
Practice Name: CONCENTRA MEDICAL CENTER NJ
Phone Number: 732-381-3636
Email Address:
Fax: 732-381-5977
Address 1: 2 CITY HALL PLAZA
Address 2: STE 302
City: RAHWAY
State: NJ
Zip: 07065
Did patient have surgery? NO
Surgery Date:
DX:
Body Parts:
of Auth visits: 6
Freq/Duration: 3XS A WEEK FOR 2 WEEKS
Script: YES
Follow-up MD: 2023-10-04

Special Instructions

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