

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: SALAZAR
Last Name: DAVIS
Claim Number: PJWC085781
Date of Injury: 2023-10-27
ICD Code
Describe Injury: CONTUSION OF LEFT SHOULDER, INITIAL
ENCOUNTER-S40.012A 922.31 S30.0XXA CONTUSION OF LOWER
BACK AND PELVIS, INITIAL ENCOUNTER-S30.0XXA 924 S70.02XA
CONTUSION OF LEFT HIP, INITIAL ENCOUNTER-S70.02XA 924.1
S80.01XA CONTUSION OF RIGHT KNEE, INITIAL
ENCOUNTER-S80.01XA

Working: YES
Occupation: POLICE OFFICER
Date of Birth: 1980-08-10
Gender: MALE
Home Phone: 848-242-0244
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 212 RARITAN ST
Address 2:
City: UNION
State: NJ
Zip: 07735
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? 2PM -12AM

Referring Doctor

First Name: SARLA
Last Name: CHHABRIA, 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: 6
Freq/Duration: 3XS A WEEK FOR 2 WEEKS
Script: YES
Follow-up MD: 2023-11-03

Special Instructions

Special Instructions: ANY QUESTIONS CONTACT
KWILKINSON@RISKSOLUTIONS.COM