

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: JESSICA
Last Name: LEMASSON
Main Phone: 973-940-1851
Ext.: 286
Fax: 973-940-1852
Email Address JLEMASSON@RISKSOLUTIONS.COM

Claimant

Request: MRI
First Name: REYNA
Last Name: BARRIOS
Claim Number: HST088373
Date of Injury: 2024-06-18
ICD Code
Describe Injury: INJ R LEG & KNEE EE KICKED A DOOR TO APPREHEND A SUSPECT WITH A KNIFE

Working: YES
Occupation: POLICE
Date of Birth: 1991-09-27
Gender: FEMALE
Home Phone: (973)412-5284
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 1489 LIBERTY AVE
Address 2:
City: HILLSIDE
State: NJ
Zip: 07205
Preferred Language:

Employee

Company: HILLSIDE TOWNSHIP

Phone Number: 973-926-3002 X 33

Contact:

Address 1: 1409 LIBERTY AVE

Address 2:

City: HILLSIDE

State: NJ

Zip: 07205

PT - Schedule during work hours?

What hours does patient work? 8:30PM ? 7:15AM (5 DAYS ON/OFF)

Referring Doctor

First Name: NILESH

Last Name: J. PATEL, M.D.

Practice Name: EDISON-METUCHEN ORTHOPAEDIC GROUP

Phone Number: 732-494-6226

Email Address:

Fax: 732-494-8762

Address 1: 10 PARSONAGE ROAD

Address 2: SUITE 500

City: EDISON

State: NJ

Zip: 08837

Did patient have surgery? NO

Surgery Date:

DX: LATERAL MENISCUS TEAR

Body Parts: RIGHT KNEE

of Auth visits:

Freq/Duration:

Script: YES

Follow-up MD:

Special Instructions

Special Instructions: PLEASE BE ADVISED CLAIM # IS HST088373
THE CLAIM # ON THE PAPERWORK WAS A TEMP # DUE TO
THE CLAIM NOT YET BEING IN OUR SYSTEM.

FOR FURTHER QUESTIONS OR CORRESPONDENCE, PLEASE
CONTACT:

LWINTER@RISKSOLUTIONS.COM

THANK YOU