

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: CELESTE
Last Name: SITARSKI
Claim Number: PJWC082682
Date of Injury: 2023-01-28
ICD Code M54.2
Describe Injury:
Working: YES
Occupation: TRUCK DRIVER
Date of Birth: 1963-09-16
Gender: FEMALE
Home Phone: 908-671-6119
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 409 DRAKE AVE
Address 2:
City: ROSELLE
State: NJ
Zip: 07203
Preferred Language:

Employee

Company: BOROUGH OF ROSELLE
Phone Number: 9082455600

Contact: KHEESHA WALLS
Address 1: 225 CHESNUT STREET
Address 2:
City: ROSELLE
State: NJ
Zip: 07203
PT - Schedule during work hours? YES
What hours does patient work? 5AM -1PM

Referring Doctor

First Name: CLARA
Last Name: IRIZARRY PA-C
Practice Name: MD CARE - URGENT CARE CENTER
Phone Number: 908-691-3800
Email Address:
Fax: 908-352-0505
Address 1: 637 WESTFILED AVE
Address 2:
City: ELIZABETH
State: NJ
Zip: 07208
Did patient have surgery? NO
Surgery Date:
DX:
Body Parts:
of Auth visits: 9
Freq/Duration: 3XS A WEEK FOR 3WEEKS
Script: YES
Follow-up MD:

Special Instructions

Special Instructions: ANY QUESTIONS FOR FURTHER CORRESPONDENCE
PLEASE CONTACT DFORGIONE@RISKSOLUTIONS.COM

THANK YOU!