

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: TAYLOR
Last Name: WOODS
Claim Number: GSCR085223
Date of Injury: 2023-09-16
ICD Code S93.401A
Describe Injury: SPRIN OF UNSPECIFIED LIGAMENT OF RIGHT ANKLE, INT
ENCNTR

Working: YES
Occupation: 911 DISPATCHER
Date of Birth: 1996-12-18
Gender: FEMALE
Home Phone: 908-463-1370
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 400 MATAWAN AVE
Address 2: 127 G
City: CLIFFWOOD
State: NJ
Zip: 07721
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? 6AM - 5PM (4ON 4OFF)

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? YES
Surgery Date:
DX:
Body Parts:
of Auth visits: 6
Freq/Duration: 3XS A WEEK FOR 2 WEEKS
Script: YES
Follow-up MD: 2023-09-27

Special Instructions

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

THANK YOU