

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: JEFFREY
Last Name: VASFAILO
Claim Number: GSCR084863
Date of Injury: 2023-08-14
ICD Code S29.011A & S23.41XA
Describe Injury: STRAIN OF MUSCLE AND TENDON OF FRONT WALL OF THROX
& SPRAIN OF RIBS

Working: YES
Occupation: DPW WORKER
Date of Birth: 1988-03-26
Gender: MALE
Home Phone: 908-380-1447
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 906 WOODMERE DRIVE
Address 2:
City: KEYPORT
State: NJ
Zip: 07735
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 - 1:15PM (M-F)

Referring Doctor

First Name: JENNIFER
Last Name: SCAROZZA, PA-C
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:
Follow-up MD: 2023-08-23

Special Instructions

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

THANK YOU