

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: DME
First Name: LISA
Last Name: RODRIGUEZ
Claim Number: HST085491
Date of Injury: 2023-10-03
ICD Code HAND BASED SPLINT
Describe Injury: LEFT RING FINGER MIDDLE PHALANX FRATURE
Working: YES
Occupation: POLICE OFFICER
Date of Birth: 1983-11-20
Gender: FEMALE
Home Phone: 973-202-1431
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 234 N 9TH STREET
Address 2:
City: KENILWORTH
State: NJ
Zip: 07033
Preferred Language:

Employee

Company: HILSIDE TOWNSHIP
Phone Number: 973-926-3002 EXT 333

Contact: HOPE SMITH
Address 1: 1409 LIBERTY AVE
Address 2:
City: HILLSIDE
State: NJ
Zip: 07205
PT - Schedule during work hours?
What hours does patient work? 7A-5P (5ON 5 OFF)

Referring Doctor

First Name: PETER S.H.
Last Name: CHAN, MD
Practice Name: HAND SURGERY SPECIALISTS
Phone Number: 908-470-4263
Email Address:
Fax: 908-470-001
Address 1: 28 WILLIS WAY
Address 2:
City: PISCATAWAY TOWNSHIP
State: NJ
Zip: 08854
Did patient have surgery? YES
Surgery Date: 2023-10-12
DX:
Body Parts:
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD: 2023-10-16

Special Instructions

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

THANK YOU