

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: DME
First Name: SANDRO
Last Name: PEREZ-JIMENEZ
Claim Number: PJWC080185
Date of Injury: 2022-06-13
ICD Code M75.101
Describe Injury: RIGHT SHOULDER

Working: NO
Occupation: LABORER
Date of Birth: 1971-10-14
Gender: MALE
Home Phone: 787-368-3107
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 469 MCKEAN STREET
Address 2:
City: PERTH AMBOY
State: NJ
Zip: 08861
Preferred Language:

Employee

Company: CITY OF PERTH AMBOY
Phone Number: 732-826-0290

Contact: MARIA RIVERA
Address 1: 260 HIGH STREET
Address 2:
City: PERTH AMBOY
State: NJ
Zip: 08861
PT - Schedule during work hours?
What hours does patient work?

Referring Doctor

First Name: ANDREW
Last Name: WILLIS,M.D
Practice Name: TRI COUNTY ORTHOPEDICS
Phone Number: 973-538-2334
Email Address:
Fax:
Address 1: 197 RIDGEDALE AVENUE
Address 2:
City: CEDAR KNOLLS
State: NJ
Zip: 07927
Did patient have surgery?
Surgery Date: 2023-09-14
DX: RIGHT SHOULDER ARTHROSCOPY & OPEN EXPLORATION SUBSCAP
Body Parts: RIGHT SHOULDER
of Auth visits:
Freq/Duration:
Script: YES
Follow-up MD:

Special Instructions

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

DME - COLD THERAPY (SHOULDER)
DME - UPPER EXTREMITY BRACING (ABDUCTION PILLOW
SLING)