

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: JESSICA
Last Name: LEMASSON
Main Phone: 973-940-1851
Ext.: 286
Fax: 973-940-1852
Email Address JLEMASSON@RISKSOLUTIONS.COM

Claimant

Request: PT, OT
First Name: IVETTE
Last Name: RIOS
Claim Number: PJWC090069
Date of Injury: 2024-11-21
ICD Code
Describe Injury: INJ MULT BODY WHEN ANOTHER VEHICLE HIT THEM IN THE REAR

Working:
Occupation:
Date of Birth: 1972-08-25
Gender: FEMALE
Home Phone: (848)207-8552
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 414 PADEREWSKI AVE
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? YES
What hours does patient work?

Referring Doctor

First Name: DOROTA
Last Name: SOHAIL, APN
Practice Name: HACKENSACK MERIDIAN HEALTH
Phone Number: 732-362-3871
Email Address:
Fax: 732-362-3873
Address 1: 742 US-1N
Address 2:
City: ISELIN
State: NJ
Zip: 08830
Did patient have surgery? NO
Surgery Date:
DX: PT- NECK STRAIN, UPPER BACK STRAIN, LOW BACK STRAIN; OT- RI
Body Parts: NECK, UPPER BACK, LOWER BACK, RIGHT WRIST, RIGHT HAND
of Auth visits:
Freq/Duration: 2X A WEEK/4 WEEKS
Script: YES
Follow-up MD:

Special Instructions

Special Instructions: FOR FURTHER QUESTIONS OR CORRESPONDENCE, PLEASE
CONTACT:

LWINTER@RISKSOLUTIONS.COM

THANK YOU