

Referral

Submitter

Company Name: D&H ALTERNATIVE RISK SOLUTIONS
First Name: JESSICA
Last Name: LEMASSON
Main Phone: 9739401851
Ext.:
Fax: 9739401852
Email Address JLEMASSON@RISKSOLUTIONS.COM

Claimant

Request: PT
First Name: ORLANDO
Last Name: MARCANO-CENTENO
Claim Number: PJWC086289
Date of Injury: 2023-12-11
ICD Code 840.3, S46.911A, 841.7, S56.911A
Describe Injury: STRAIN UNSP MUSC/FASC/TEND AT SHLDR/UP ARM, RIGHT ARM

Working: YES
Occupation: HEAVY EQUIPMENT OPERATOR
Date of Birth: 1961-08-14
Gender: MALE
Home Phone: (732)881-2171
Cell Phone:
Work Phone:
Ext.:
Alternate Phone:
Alt. Phone Description:
Email Address:
Address 1: 792 MAY AVENUE
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? 6:30AM-1:30PM, M-F

Referring Doctor

First Name: SHANTHI
Last Name: REDDY, MD
Practice Name: CONCENTRA MEDICAL CENTERS (NJ)
Phone Number: 732-248-0088
Email Address:
Fax: (732) 248-4408
Address 1: 16 ETHEL RD
Address 2:
City: EDISON
State: NJ
Zip: 08817
Did patient have surgery? NO
Surgery Date:
DX: STRAIN UNSP MUSC/FASC/TEND AT SHLDR/UP ARM, RIGHT ARM
Body Parts: RIGHT SHOULDER, RIGHT ELBOW
of Auth visits: 6
Freq/Duration: 3X A WEEK FOR 2 WEEKS
Script: YES
Follow-up MD:

Special Instructions

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

LWINTER@RISKSOLUTIONS.COM

THANK YOU