

CASE INFORMATION SHEET

Patient: JUAN BATISTA

Claim #: 2339466-1

SSNumber: **DOB:** 4/3/1969

Adjuster: LISA SABATTINI

Street: 11530 SW 32ND LN

Phone: 800-866-8600 **Ext:** 26613

City: MIAMI

Insurer: AMTRUST C/O CARLISLE & ASSOC

State: FLORIDA

Street: P.O. BOX 94574

Zip: 33165 **Ext:**

City: CLEVELAND

Phone: 786-237-6845

State: OH

Alternative Phone: 305-986-9566

Zip: 44101 **Ext:** 6404

DOI: 9/17/2016

Phone: 800-866-8600 **Ext:**

Injury: LEFT FOOT AND LEFT ANKLE

Fax: 561-962-0620

CC: **CC:**

Price per Hour: 0.00

Yes **No** **Company**

Date of Referral: 10/21/2016

Translation:

Transportation:

Physical therapy:

Permission to Contact:

Longshore: ☐

State Company: ☒

Other: ☐

Notes:

Refricenter of Miami, Inc.
7101 NW 43 St
Miami, FL 33166
305-477-8880