

NO FAULT INSURANCE INFORMATION

NAME OF PATIENT: ANTHONY ROSA

SSN: 086-60-7231

DOB: 01/15/1975

ADDRESS: 2757 CLAFLIN AVENUE APT. 3J, BRONX, NY 10468

TELEPHONE: 917-~~251-4872~~ 660-3416

MARIAN ROSA (347-261-5638)

INSURANCE CARRIER: GEICO INSURANCE

BILLING ADDRESS: PO BOX 9507, FREDERICKSBURG, VA 22403-9526

CLAIM NUMBER: 046 456 42 10101036

DATE OF INJURY: 11/06/2021

Adjuster: Ashley Herrera

Tel: 516-496-~~5619~~

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