

WC INSURANCE INFORMATION

NAME OF PATIENT:STEPHANIE RODRIGUEZ

DATE OF BIRTH: 11/12/1980

SSN: 130-64-2429

ADDRESS: 1134 BURKE AVENUE, APAT. 2G, BRONX, NY 10469

TELEPHONE: 646-441-7825

EMPLOYER AT TIME OF ACCIDENT: T-MOBILE

ADDRESS: 2098 BARTOW AVENUE, BRONX, NY 10475

TEL. 718-320-0357

INSURANCE CARRIER: BROADSPIRE

ADDRESS: PO BOX 14645 LEXINGTON, KY 40512

CARRIER CASE NUMBER: 189 559 291

WCB CASE NO. G3059198

DATE OF INJURY: 06/29/2021

ADJUSTER: EMERSON DEFREITAS

TEL. 631 232 6700

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For requests fax to: 770-723-8647