

WC INSURANCE INFORMATION

NAME OF PATIENT: CHRISTOPHER DIETZ

DATE OF BIRTH: 01/05/1965

SSN: 115-64-3332

ADDRESS: 489 PELHAM ROAD, B45, NEW ROCHELLE, NY 10805

TELEPHONE: 914-819-8738

EMPLOYER AT TIME OF ACCIDENT: NYC Parks Department

Address: 2550 Jerome Avenue, Bronx, NY 10468

INSURANCE CARRIER: NYC LAW DEPARTMENT

ADDRESS: 350 JAY STREET, 9TH FLOOR, BROOKLYN, NEW YORK 11201

CARRIER CASE NUMBER: W8462101518

WCB NUMBER:

DATE OF INJURY: 12/12/2020

Ketan D. Vora, DO, P.C.

68-60 Austin St., STE 404

Forest Hills, NY 11375

Tel #: 1-877-SPINE-DR

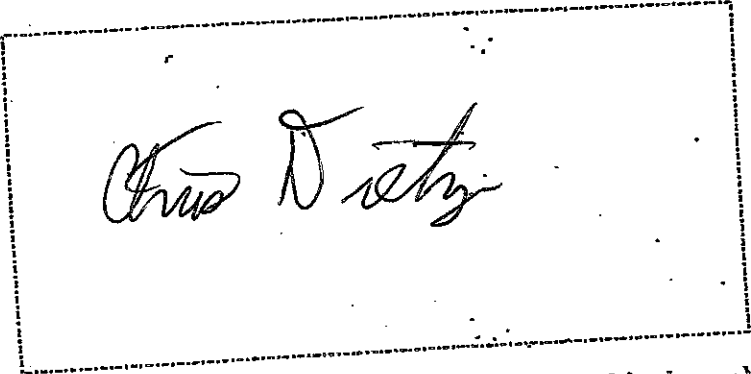
Fax: (347) 708-8499

WC Forms

Date: 7/15/12

I, CHRISTOPHER DIETZ, hereby authorize Ketan D. Vora, PC to use my signature as signed below for the following documents:

1. Workers Compensation Board form
2. Employee Claim, C-3 form
3. Workers Compensation release form, C-3.3
4. Consent to use and Disclosure of Health Information form
5. Informed Consent form
6. Fee Guarantee Agreement
7. HIPAA (OCA official Form NO.: 960)



(Please sign in the middle of the box with a black pen)