

WC INSURANCE INFORMATION

NAME OF PATIENT: IVANA CLARKE

DATE OF BIRTH: 04/15/1999

SSN: 096-88-3843

ADDRESS: 3041 HOLLAND AVENUE, APT 52S, BRONX, NY 10467

TELEPHONE: 347-610-9142

EMPLOYER AT TIME OF ACCIDENT: METRO DDSO

ADDRESS: 2400 HALSEY STREET, BRONX, NY 10461

Tel. 718-430-0710

INSURANCE CARRIER: NYSIF

ADDRESS: PO BOX 66699, ALBANY, NY 12206

CARRIER CASE: 7311 7145

WCB No. G3027123

DATE OF INJURY: 05/15/2021

Case Manager: Nathaniel Burgess

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