

WC INSURANCE INFORMATION

NAME OF PATIENT: MICHAEL ALESSANDRO

DATE OF BIRTH: 08/19/1969

SSN: 053-56-6946

ADDRESS: 1561 LURTING AVENUE, BRONX, NY 10461

TELEPHONE: 917-693-7510

EMPLOYER AT TIME OF ACCIDENT: VERIZON

ADDRESS: 999 NEPPERHAN AVENUE, YONKERS, NY

TEL 914-364-0762

INSURANCE CARRIER: SEDGWICK

ADDRESS: PO BOX 14156, LEXINGTON KY 40512

WCB NUMBER: G3054618

CARRIER CASE: C133149 389 000 101331

DATE OF INJURY: 06/01/2021

CLAIMS EXAMINER: CRYSTAL C RUZ

TEL : 631-768-1188

FAX: 631-454-2700