

WC INSURANCE INFORMATION

NAME OF PATIENT: LETTURA DELL-JOHNSON

DATE OF BIRTH: 02/25/1951

SSN: XXX-XX-0362

ADDRESS: 3830 BRONX BLVD, APT. 2A, BRONX, NY 10467

TELEPHONE: 347-256-1056

EMPLOYER AT TIME OF ACCIDENT: CARELINK INC

ADDRESS: 25 S. TYSON AVENUE, FLORAL PARK, NY 11001

TEL: 646-672-6808

INSURANCE CARRIER: New York STATE INSURANCE FUND

ADDRESS: 199 CHURCH STREET, NEW YORK, NY 10007

WCB No. G3002605

CARRIER CASE: 73050452-119

DATE OF INJURY: 01/01/2021

Case Manager: Colette Rameau Marcellus

Tel: 631-756-4169

Fax: 631-456-4074 CMARCELL@nysif.com