

WC INSURANCE INFORMATION

NAME OF PATIENT: PETER NICAJ

DATE OF BIRTH: 07/01/1971

ADDRESS: 16 HIGH RIDGE ROAD, HOPEWELL JUNCTION, NY

TELEPHONE: 347-993-4129

EMPLOYER AT TIME OF ACCIDENT: ST. BARNABAS HOSPITAL

ADDRESS: 2175 Quarry Road, Bronx, New York 10457

TEL: 718-960-3986

INSURANCE CARRIER: GCG RISK MANAGEMENT

ADDRESS: 100 CHURCH STREET, SUITE 810

NEW YORK, NEW YORK 10007

Nurse Case Manager: Dana Pirrello

PHONE: 516-365-0229

Fax: 516-365-1200

Carrier case: 005-210 056

Date of Injury: 12/29/2021

Claims Examiner : Jonas Ampomah

Tel. 646-925-8457 Fax 908-344-5518