

WC INSURANCE INFORMATION

NAME OF PATIENT: JASMIN JACKSON TAPPER

SSN: 794-21-1890

DOB: 12/31/1964

ADDRESS: 655 E 223RD STREET, APT. 2A, Bronx, NY 10466

TELEPHONE NUMBER: 347-741-0602

EMPLOYER: MARQUIS HOME CARE

ADDRESS: 230 NORTH MAIN STREET, SPRING VALLEY, NY 10

Tel. 845-363-8140

INSURANCE CARRIER: CORVEL INSURANCE

ADDRESS: PO BOX 6966, PORTLAND, OREGON 97228

CLAIM NUMBER: 1439WC-21-0000462

DATE OF LOSS: 08/05/2021

ADJUSTER: CHRIS BERGEN

TELEPHONE: 315-833-3602

845-363-8140 X222 845-363-8162

FAX NUMBER: 866-727-5573