

WC INSURANCE INFORMATION

NAME OF PATIENT: KERLINE ANTHONY

DATE OF BIRTH: 08/22/1960

SSN: 086-66-6458

ADDRESS: 19-25 ST. NICHOLAS AVENUE APT. 6D, NEW YORK, N Y 10026

TELEPHONE: 347-886-9961

EMPLOYER AT TIME OF ACCIDENT: BRONX PSYCHIATRIC CENTER

ADDRESS: 1500 WATERS PLACE, BRONX, NY 10461

Tel. 929-348-3464

INSURANCE CARRIER: NYSIF

ADDRESS: PO BOX 66699, ALBANY, NY 12206

CARRIER CASE: 72776909

WCB No. G2854174

DATE OF INJURY: 08/28/2020

Case Manager: Kristy Clark

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