

WC INSURANCE INFORMATION

NAME OF PATIENT: KADIATOU CAMARA

DOB: 05/04/1979

ADDRESS: 353 EAST 141 STREET, APT. 2C, BRONX, NY 10454

TELEPHONE NUMBER: 917-995-7577

EMPLOYER: CITADEL NURSING HOME

ADDRESS: 3400 CANON PLACE, BRONX, NY 10463

TEL: 718-796-8100

INSURANCE CARRIER: CORVEL INSURANCE

ADDRESS: PO BOX 6955 PORTLAND, OREGON 97228

WCB NUMBER: G3228427

CLAIM NUMBER: 1439-WC-20-0000218

DATE OF LOSS: 04/19/2022

ADJUSTER: STEPHANIE DEMCHOCK

TELEPHONE: 315-453-8780

EMAIL ADDRESS: stephanie_demchock@corvelle.com

Chris 150299@web.ny.gov