

WC INSURANCE INFORMATION

NAME OF PATIENT: ROZINA PERVIZI

DATE OF BIRTH: 07/08/1972

SSN: 075-92-5973

ADDRESS: 735 PELAM PARKWAY NORTH, APT. 2M, BRONX, NY 10467

TELEPHONE: 914-514-0477

EMPLOYER AT TIME OF ACCIDENT: INGRACIA *Family*

INSURANCE CARRIER: NYSIF

ADDRESS: 199 CHURCH STREET, NEW YORK, NY 10007

CARRIER CASE: 73314494 108

DATE OF INJURY: 09/25/2021

Case Manager: DOUGLAS FELDMAN

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