

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

Case Manager: Martha Bermudez

PHONE: 646-925-8444

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WCB: G2689845

Carrier case: 005-200 010

Date of Injury: 05/11/2020