

WC INSURANCE INFORMATION

NAME OF PATIENT: MARIA MUNOZ

DATE OF BIRTH: 01/30/1968

SSN: 096-66-8882

ADDRESS: 22 METROPOLITAN OVAL 7B, BRONX, NY 10462

TELEPHONE: 929-610-3011

EMPLOYER AT TIME OF ACCIDENT: STOP AND SHOP

ADDRESS: 961 E 174<sup>TH</sup> STREET, BRONX, NY

INSURANCE CARRIER: RETAIL BUSINESS SERVICES

TEL 617-689-4908

CLAIM OPEN: RIGHT HIP, RIGHT ARM

ADDRESS: PO BOX 4184 CLINTON IOWA 52733

CLAIM NUMBER: 001 0000 39356 001

DATE OF INJURY: 12/29/2021

ADJUSTER: JULIE GREEN

TEL 617-689-4931