

**First Name:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_  
**Member ID #:** \_\_\_\_\_



Please select one WTC Health Program Clinical Center of Excellence that you wish to visit for your monitoring exams and any necessary treatment. Please return this card within 30 days. If we do not receive your card within 30 days, you will automatically be assigned to the clinic location nearest the home address you have provided.

**Icahn School of Medicine at Mount Sinai**  
Selikoff Centers for Occupational Health  
Three locations (choose one):

**Manhattan Clinical Center**  
1468 Madison Ave, 3<sup>rd</sup> Floor  
New York, NY 10029

**Staten Island Clinical Center**  
2052 Richmond Rd, Ste 2A  
Staten Island, NY 10306

**Rockland County Clinical Center**  
222 Route 59  
Suffern, NY 10901

**New York University Grossman School of  
Medicine**  
650 First Ave, 7<sup>th</sup> Floor, WTC Suite  
New York, NY 10016

**Northwell WTC Clinical Center**  
97-77 Queens Blvd, 9th Floor  
Rego Park, NY 11374

**Rutgers University**  
Environmental & Occupational Health Sciences Institute  
170 Frelinghuysen Rd  
Piscataway, NJ 08854

**State University of New York - Stony Brook**  
Stony Brook WTC Wellness Program  
Two locations:

**Suffolk County (Main Clinic)**  
500 Commack Rd, Ste 160  
Commack, NY 11725

**Nassau County (Satellite Clinic)**  
173 Mineola Blvd, Ste 302  
Mineola, NY 11501

*To protect your privacy, please fold and seal this card before mailing.*

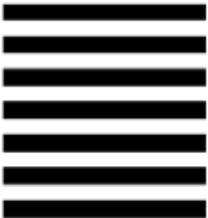
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