



**THIS IS A XCC ACCOUNT!**

## **City of Boynton Beach**

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Employer Address: **PO Box 310  
Boynton Beach, FL 33426**

Point of Contact(s) – To be used for authorization/questions/concerns.

**Richard Ignoffo - PH (561) 742-6048  
Keyla Miller - PH (561) 742-6271**

Authorized Services -

**Worker's Compensation / 10 Panel X Cup / Audiometry / Breath Alcohol  
Testing / CXR Single View / EKG / PPD / Spirometry / Work Physical  
Exam**

Escreen Account – **City of Boynton Beach / Acct #45481-1**

Worker's Compensation Insurance (chose this in ECW)

**Commercial Risk Management  
PO Box 6966  
Portland, OR 97228**

DWC-25 must be sent via fax to:

**813-289-3771**

Email DWC-25 to:

**claims@bbfl.us**