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| COURT\_VENUE COURT\_NAME | **Index No.: IndexOrAAA\_Number** |
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| |  |  |  | | --- | --- | --- | | **PROVIDER\_NAME**  A/A/O **INJUREDPARTY\_NAME** | | | |  | | PLAINTIFF (S), | |  | -AGAINST- |  | | **INSURANCECOMPANY\_NAME** | | | |  | | DEFENDANT (S), | | RESPONSE TO DEMAND FOR INTERROGATORIES |
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| Plaintiff, in response to defendants Demand for Interrogatories, upon information and belief, sets forth as follows:   1. State the name, address and employer of the person answering the interrogatories; state the job title, and duties of the person answering these interrogatories; state how long the person has been employed with his/her employer.   ANSWER: PROVIDER\_PRESIDENT, employee of PROVIDER\_NAME. Provider\_Name Provider\_PERM\_Address Provider\_PERM\_City, Provider\_PERM\_State Provider\_PERM   1. What is the date of loss, which is the basis for the No-Fault claim?   ANSWER: ACCIDENT\_DATE.   1. State whether the Plaintiff’s assigner forwarded, to Defendant, a copy of the police accident report describing a motor vehicle accident involving plaintiff’s assignor. 2. If yes, state the date the police accident report was forwarded to defendant.   ANSWER: Objection. Unduly burdensome. A Police Accident Report is a matter of public record and is therefore equally accessible to defendant. Cabellero v City of New York, 48 A.D.3d 727 (2nd Dept 2008); Blagrove v Cox 294 AD.2d 526 (2nd Dept 2002); Penn Palace Operating v Two Penn Plaza Assoc., 215 AD.2d 231 (1st Dept 1995). Answering further, see NYS Form NF-3/ bills, medical reports and supporting documentation annexed hereto, as applicable.   1. State whether the Plaintiff’s assigner completed and forwarded, to Defendant, an application for No-Fault benefits (NF-2) indicating that the Plaintiff’s assignor was involved in the motor vehicle accident. 2. If yes, provide the date the No-Fault application was completed and forwarded to Defendant.   ANSWER: If NF2 is available see attached. Objection as to remainder. Defendant has not shown that it rendered a timely denial preserving such defense.   1. State in detail the injuries sustained by the assignor in the accident.   ANSWER: Objection. Defendant has not shown that it rendered a timely denial preserving such defense. Answering further, see NYS Form NF-3/ bills, medical reports and supporting documentation annexed hereto, as applicable.   1. Set forth the date that the Plaintiff was first consulted by the assigner for injuries sustained on the date of loss herein.   ANSWER: Objection. Defendant has not shown that it rendered a timely denial preserving such defense. Answering further, see NYS Form NF-3/ bills, medical reports and supporting documentation annexed hereto, as applicable.   1. State whether the assignor executed an Assignment of Benefits to the Plaintiff for the testing/treatment/services at issue in this action. 2. If yes, on what date was the Assignment of Benefits executed by the Plaintiff and assignor?   ANSWER: Yes. See Assignment of Benefits form attached.   1. Provide a description of the nature of the testing, treatment or other health services rendered, including medical supplies provided, the dates of service or dates provided and locations of each of the subject services rendered by the Plaintiff. 2. How many minutes was the Plaintiff physically present with the assignor on each date of service?   ANSWER: Objection. Defendant has not shown that it rendered a timely denial preserving such defense. Answering further, see NYS Form NF-3/ bills, medical reports and supporting documentation annexed hereto, as applicable.   1. State if the assignor signed his/her name on any sign-in sheet or logs maintained by the Plaintiff before testing/treatment/services were received.   ANSWER: Objection. Defendant has not shown that it rendered a timely denial preserving such defense. Answering further, see NYS Form NF-3/ bills, medical reports and supporting documentation annexed hereto, as applicable.   1. State in detail all grounds upon which the Plaintiff contends that the testing/treatment/services were medically necessary.   ANSWER: Objection. Defendant has not shown that it rendered a timely denial preserving such defense. Answering further, see NYS Form NF-3/ bills, medical reports and supporting documentation annexed hereto, as applicable.   1. Set forth in detail how the services were casually related to the injuries sustained in the accident.   ANSWER: Objection. Defendant has not shown that it rendered a timely denial preserving such defense. Answering further, see NYS Form NF-3/ bills, medical reports and supporting documentation annexed hereto, as applicable.   1. Set forth the first and last dates the Plaintiff examined the assignor or provided treatment or services.   ANSWER: Objection. Defendant has not shown that it rendered a timely denial preserving such defense. Answering further, see NYS Form NF-3/ bills, medical reports and supporting documentation annexed hereto, as applicable.   1. Set forth the type of business entity of the Plaintiff.   ANSWER: Objection. Immaterial, overly burdensome and palpaply improper   1. State the full legal name of the entity, corporation, business or provider.   ANSWER: Objection. Immaterial, overly burdensome and palpaply improper   1. State the address, principals, and date of incorporation of the plaintiff.   ANSWER: Objection. Immaterial, overly burdensome and palpaply improper   1. State whether the Plaintiff was licensed in the State of New York to provide the treatment or services rendered to the assignor.   ANSWER: the provider of treatment is appropriately licensed in New York. Objection as to remainder.   1. State Plaintiff’s specialty.   ANSWER: Objection. Immaterial, overly burdensome and palpaply improper   1. State the name of all individual medical providers that rendered services upon the assignor and who referred the assignor to the Plaintiff.   ANSWER: Objection. Immaterial, overly burdensome and palpaply improper. Answering further, see NYS Form NF-3/ bills, medical reports and supporting documentation annexed hereto, as applicable.   1. State the date when written proof of claim for the bill(s) in dispute was provided to the Defendant.   ANSWER: proofs of mailing and NF-10 denials annexed hereto, as applicable. Objection as to remainder. Immaterial, overly burdensome and palpably improper.   1. State the documents that were submitted to the Defendant, which comprise Plaintiff’s proof of claim and provide copies of all proof of mailing specifying the dates in which the Plaintiff or Plaintiff’s agent submitted its proof of claim to the Defendant, which form the basis of the complaint;   ANSWER: See bills and proofs of mailing annexed hereto.   1. Set forth whether the Plaintiff received any correspondence from the Defendant subsequent to the proof of claim having being sent to the Defendant. If yes, identify such correspondence.   ANSWER: Objection. Immaterial, overly burdensome and palpaply improper. Defendant would be in possession of that information.   1. Set forth whether the Plaintiff received any request from verification from the Defendant subsequent to having sent proof of claim. 2. If yes, state what verification was requested and when. 3. Was a response to the request for verification sent to Defendant? If yes, when? 4. Describe what documents were sent to the Defendant to comply with its request for verification.   ANSWER: If a verification request for the services in dispute was received by Plaintiff, see documentation attached hereto. Objection as to reminder. Unduly burdensome. Such information is readily available to the defendant.   1. State in detail how the bills were calculated in accordance with the schedules and rates authorized by Insurance Law §5108. 2. State whether the bills were a charge in excess of the scheduled fees authorized by Insurance Law §5108. 3. State in detail how the bills were determined in accordance with the schedules and rates authorized by Insurance Law §5108. 4. Provide the Dollar Conversion Factor. 5. Provide the Unit Value. 6. Provide the fee schedule treatment codes. 7. Provide charges for each treatment rendered. 8. Provide the regional conversion factor.   ANSWER: Objection. Immaterial, overly burdensome and palpaply improper Answering further, see bills and medical records annexed herein.   1. State whether an unusual procedure was involved. If yes, state in detail why the procedure performed was unusual.   ANSWER: Objection. Immaterial, overly broad.   1. State whether any payment has been received from Defendant. If yes, state the amounts and dates received.   ANSWER: Objection. Such information is readily available to the defendant.   1. State whether a denial of claim was received by Plaintiff. If yes: 2. Set forth the date the Denial of Claim (NF-10) was received by the Plaintiff. 3. Set forth a true and accurate copy of the Denial of Claim Form (NF-10). 4. Sent forth whether the Plaintiff requested further information, regarding the Denial of Claim Form (NF-10) after it was received. If so, set forth the date and manner in which said injury was made. 5. Set forth if the injury was in writing. If so, attach a copy of the written injury. 6. If the injury was an oral communication, set forth the name and relationship of the person who made the injury. 7. Set forth, in detail, any response(s) to the injury.   ANSWER: See documentation attached hereto. Objection as to reminder. Unduly burdensome. Such information is readily available to the defendant   1. State whether Plaintiff or any person(s) on Plaintiff’s behalf, received and Explanation of Benefits regarding the claim. If yes: 2. State the date it was received. 3. Provide a copy. 4. State who received it 5. Set forth the US postmark date on the envelope in which the NF-10 and/or Explanation of Medical Bill Payment, which Plaintiff received from Defendant with regards to the claim(s) that is the subject matter of the lawsuit herein.   ANSWER: See documentation attached hereto. Objection as to reminder. Unduly burdensome. Such information is readily available to the defendant   1. Set forth the first and last date the Plaintiff examined the Assignor or provided treatment or services.   ANSWER: Objection. Immaterial, overly burdensome and palpaply improper.   1. Set forth whether the Plaintiff referred the Assignor to any other provider or facility for tests or treatment, and if so, identify the name and address of said providers and the reason for the referral together with the date of the referral.   ANSWER: Objection. Immaterial, overly burdensome and palpaply improper.   1. State whether as a result of referring the assignor to any other provider or facility, the Plaintiff was provided with any reports, evaluations, and/or test results, from whom they were received and when. State whether said report, evaluations, or results impacted on the course of treatment rendered to the assignor and specify the course of treatment was changed or impacted upon.   ANSWER: Objection. Immaterial, overly burdensome and palpaply improper.   1. State whether Plaintiff’s assignor has treated with Plaintiff assignee prior to the motor vehicle accident on which this claim is based. If yes: 2. Provide all dates of treatment. 3. Provide a summary of all injuries and treatment rendered.   ANSWER: Objection. Immaterial, overly burdensome and palpaply improper.   1. State in detail how the specific attorney’s fee was determined.   ANSWER: Attorney fees were determined in accordance with 11 N.Y.C.R.R. §65-3.10; 11 N.Y.C.R.R. §65.17(b)(6)(v); Smithtown General Hospital v. State Farm Mutual Insurance Company, 207 A.D.2d 338 (2nd Dept. 1994); Hempstead General Hospital v. Insurance Company of North America, 208 A.D.2d 501 (2nd Dept. 1994).   1. State whether no-fault regulations limiting the attorney’s is applicable.   ANSWER: Attorney fees were determined in accordance with 11 N.Y.C.R.R. §65-3.10; 11 N.Y.C.R.R. §65.17(b)(6)(v); Smithtown General Hospital v. State Farm Mutual Insurance Company, 207 A.D.2d 338 (2nd Dept. 1994); Hempstead General Hospital v. Insurance Company of North America, 208 A.D.2d 501 (2nd Dept. 1994).   1. State whether the Plaintiff was licensed in the State of New York to provide the treatment or services provided to the Assignor.   ANSWER: the provider of treatment is appropriately licensed in New York. Objection as to remainder.   1. Were any of the tests administered by a technician? If so, please indicate which tests were administered by a technician and provide the name and address of the technician.   ANSWER: Objection. Immaterial, overly burdensome and palpaply improper. Defendant failed to preserve such defense.   1. If Plaintiff is a supply company: 2. Where did the assignor receive the supplies? 3. If they were received in a medical provider’s office, when did Plaintiff deliver the supplies to that provider? 4. Were any monies received by Plaintiff from the provider for the item(s)? 5. What is the agreement, if any, between Plaintiff and the provider for the purchase price of the supplies? 6. On the stated date list he items delivered to the provider and the quantity of each item. 7. If they were received in a medical provider’s office, state the name of the person who gave the supplies to the Plaintiff’s assignor. 8. If they were received in a medical provider’s office, did Plaintiff ever receive a prescription for those supplies? If yes, when? 9. Were any instructions on how to use the items provided to the assignor? If the answer is yes, how were they relayed to the assignor? By whom? 10. If they were received in a medical provider’s office, was someone on Plaintiff’s behalf present when the supplies were given to the assignor? 11. If they were received in a medical provider’s office when did Plaintiff sign the assignment of benefits?   ANSWER: Objection. Immaterial, overly burdensome and palpaply improper Answering further, see bills and records annexed herein if relevant.   1. If any statute, law, ordinance, rule, regulation or code, including any relevant, No-Fault regulation, is claimed to have been violated by the answering Defendant, identify same by article, section and paragraph numbers as well as the manner in which same was violated.   ANSWER: Objection. Immaterial, overly burdensome and palpaply improper.   1. Set forth copies of all correspondence, medical reports, invoices, and verification forms, which will be used as evidence by the Plaintiff for the within claim.   ANSWER: See annexed. Objection. Immaterial, overly burdensome and palpaply improper. |

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| Dated: | Franklin Square, New York. NOWDT |

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|  | Yours, etc.  THE BEYNENSON LAW FIRM, P.C.  Attorneys for Plaintiff(s)  475 FRANKLIN AVENUE  FRANKLIN SQUARE, NY 11010  Tel: 516-858-4411: Fax: 516-216-5405  Our Case Id: Case\_Id |

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| Plaintiff, by its attorneys, The Beynenson Law Firm, P.C., in response to defendants Demand For Discovery & Inspection and Inspection, alleges as follows:   1. The NF-2 form sent to the Defendant(s) by the Plaintiff(s) and/or Plaintiff’s assignor to apply for No-Fault benefits, along with documents to indicate that said NF-2 was sent to defendant(s).   ANSWER: See bills annexed hereto, as applicable. Objection as to remainder. Immaterial, overly burdensome and palpably improper.   1. A copy of the police accident report.   ANSWER: Objection. Unduly burdensome. A Police Accident Report is a matter of public record and is therefore equally accessible to defendant. Cabellero v City of New York, 48 A.D.3d 727 (2nd Dept 2008); Blagrove v Cox 294 AD.2d 526 (2nd Dept 2002); Penn Palace Operating v Two Penn Plaza Assoc., 215 AD.2d 231 (1st Dept 1995). Answering further, see NYS Form NF-3/ bills, medical reports and supporting documentation annexed hereto, as applicable.   1. Any statements or accident reports prepared by the Plaintiff(s) and/or Plaintiff’s assigner the document that the accident allegedly occurred.   ANSWER: Objection. Unduly burdensome. A Police Accident Report is a matter of public record and is therefore equally accessible to defendant. Cabellero v City of New York, 48 A.D.3d 727 (2nd Dept 2008); Blagrove v Cox 294 AD.2d 526 (2nd Dept 2002); Penn Palace Operating v Two Penn Plaza Assoc., 215 AD.2d 231 (1st Dept 1995). Answering further, see NYS Form NF-3/ bills, medical reports and supporting documentation annexed hereto, as applicable.   1. Correspondence exchanged between the Plaintiff and Defendant pertaining to the application made by the Plaintiff and/or its assigner arising from the claimed automobile accident.   ANSWER: Objection. Unduly burdensome. Defendant would already be in position of such correspondence.   1. A true and accurate copy of the assignment of benefits between the Plaintiff and the assigner which serves as the legal basis for the Plaintiff’s standing to bring this action for reimbursement of No-Fault benefits.   ANSWER: See assignment of benefits annexed hereto, as applicable. Objection as to remainder. Immaterial, overly burdensome and palpably improper.   1. Copies of all bills that form the basis of the within action.   ANSWER: Annexed   1. Copies of the proof of mailing of all bills; copies of all proof of mailing specifying; the dates in which the Plaintiff or Plaintiff’s agent submitted its proof of claim to Defendant which form the basis of this Complaint; dates Plaintiff or Plaintiff’s agent responded to any requests for verification.   ANSWER: See proofs of mailing annexed hereto, as applicable. Objection as to remainder. Immaterial, overly burdensome and palpably improper.   1. Copies of all additional verification requests and letters of medical necessity recommending the testing/treatment/service rendered to the assignor in connection with the alleged injuries upon which the claim is predicated.   ANSWER: If a verification request for the services in dispute was received by Plaintiff, see documentation attached hereto. Objection as to reminder. Unduly burdensome. Such information is readily available to the defendant.   1. Narrative reports prepared by any and all treating health care providers pertaining to the medical history, examinations, diagnosis, treatments, prognosis and impressions of the Plaintiff(s).   Answer: Objection. Unduly burdensome. Answering further, see attached.   1. Copies of any progress notes of the treating physician, including any recommendations for further treatment and the progress notes of such further treatment in connection with the injuries upon which this claim is predicated.   ANSWER: Objection. Unduly burdensome. Answering further, see attached.   1. Copies of any progress notes and /or SOAP notes of the treating provider including any recommendations for further treatment and the progress and/or SOAP notes of any such further treatment in connection with the injuries upon which this claim is predicated.   ANSWER: Objection. Unduly burdensome. Answering further, see attached if available.   1. Copies of any letters of medical necessity recommending the tests or treatment rendered to the assigner in connection with the injuries upon which this claim is predicated.   ANSWER: Objection. Unduly burdensome. Immaterial. Answering further, see attached if available.   1. Copy of the retainer agreement between Plaintiff’s attorney(s) and the Plaintiff(s).   ANSWER: Objection. Privileged. Immaterial.   1. Copies of all logs and/or sign-in sheets.   ANSWER: Objection. Unduly burdensome. Immaterial. Answering further, see attached if available.   1. Copies of all test results.   ANSWER: Objection. Unduly burdensome. Immaterial. Answering further, see attached if available.   1. Copies of all office notes   ANSWER: Objection. Unduly burdensome. Immaterial. Answering further, see attached if available.   1. Copy of Plaintiff’s Certificate of Incorporation.   ANSWER: Objection. Unduly burdensome. Immaterial.   1. Copy of licenses of all individuals who treated the assignor.   ANSWER: Objection. Unduly burdensome. Immaterial.   1. If Plaintiff is a supply company, please provide: 2. Copies of wholesale invoices for the supplies at issue. 3. Copies of the cancelled checks, showing proof of purchase of these supplies. 4. Copy/copies of any and all written agreements between Plaintiff and any other providers of services who furnished supplies to the assignor(s). 5. Provide written instructions, if any given, to the assignor(s) on how to use the items they were provided. 6. Provide copies of any prescriptions that were received from the referring doctor.   ANSWER: Objection. Unduly burdensome. Immaterial.   1. Copy of any referral received.   ANSWER: Objection. Unduly burdensome. Immaterial. Answering further, see attached if available.   1. Copies of any requests for further verification.   ANSWER: If a verification request for the services in dispute was received by Plaintiff, see documentation attached hereto. Objection as to reminder. Unduly burdensome. Such information is readily available to the defendant.   1. Copies to any responses to requests for further verification.   ANSWER: If a verification request for the services in dispute was received by Plaintiff, see documentation attached hereto. Objection as to reminder. Unduly burdensome. Such information is readily available to the defendant.   1. Copy of any denials issued.   ANSWER: If a denials were received by Plaintiff, see documentation attached hereto. Objection as to reminder. Unduly burdensome. Such information is readily available to the defendant.   1. Copies of all records, reports, and any other documents received from any referring physician.   ANSWER: Objection. Unduly burdensome. Immaterial. Answering further, see attached if available.   1. Copies of all medical reports and records relating to treatment of this assignor resulting from a prior motor vehicle accident.   ANSWER: Objection. Unduly burdensome. Immaterial.   1. Copies of all medical reports, records, bills, and assignments relating to the treatment of this assignor resulting from the motor vehicle accident at issue in this case, but for services rendered which is not part of this lawsuit.   ANSWER: Objection. Unduly burdensome. Immaterial.   1. Copies of any and all documents which the Plaintiff intends to rely upon in trial.   ANSWER: Objection. Unduly burdensome. Immaterial. Answering further, see attached if available.   1. Provide the index number and a copy of proof of purchase.   ANSWER: Objection. Unduly burdensome. Immaterial. Answering further, see caption. |

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| Dated: | Franklin Square, New York. NOWDT |

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|  | Yours, etc.  THE BEYNENSON LAW FIRM, P.C.  Attorneys for Plaintiff(s)  475 FRANKLIN AVENUE  FRANKLIN SQUARE, NY 11010  Tel: 516-858-4411: Fax: 516-216-5405  Our Case Id: Case\_Id |

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| To:  THE LAW OFFICE OF JEENA R. BELIL, P.C.  150 MOTOR PARKWAY, SUITE 401  HAUPPAUGE, NY 11788  (631)828-5552  **Your File No. Attorney\_FileNumber,** |  |

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| |  |  |  | | --- | --- | --- | | **PROVIDER\_NAME**  A/A/O **INJUREDPARTY\_NAME** | | | |  | | PLAINTIFF (S), | |  | -AGAINST- |  | | **INSURANCECOMPANY\_NAME** | | | |  | | DEFENDANT(S), | | |  | | --- | | **Index No.: IndexOrAAA\_Number** | |
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| PURSUANT TO SECTION 130-1 OF THE RULES OF THE CHIEF ADMINISTRATOR (22 NYCRR) I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, FORMED AFTER AN INQUIRY REASONABLE UNDER THE CIRCUMSTANCES, THE WITHIN RESPONSES ARE NOT FRIVOLOUS.  Notice Pursuant to CPLR 2103(5) declining service by electronic transmittal  THE BEYNENSON LAW FIRM, P.C.  Attorneys for Plaintiff(s)  475 FRANKLIN AVENUE  FRANKLIN SQUARE, NY 11010  Tel: 516-858-4411: Fax: 516-216-5405  Our Case Id: Case\_Id  To:  THE LAW OFFICE OF JEENA R. BELIL, P.C.  150 MOTOR PARKWAY, SUITE 401  HAUPPAUGE, NY 11788 **Your File No. Attorney\_FileNumber**  Attorneys for Defendant  Service of a copy of the within DISCOVERY RESPONSES is hereby admitted.   Dated: |

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attorney for Defendant |

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| STATE OF NEW YORK COUNTY OF | ) ) ss. |

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| I, Alla Levy, being duly sworn say:  I am over 18 years old and am not a party to this action. On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I served upon the defendant herein a copy of the annexed responses by depositing same in a post-paid envelope in care of the United States Post Office, and affixed thereupon was the defendant's address:  THE LAW OFFICE OF JEENA R. BELIL, P.C.  150 MOTOR PARKWAY, SUITE 401  HAUPPAUGE, NY 11788 |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Alla Levy |

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| Sworn to before me    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Roza Pinkhasova  Notary Public, State of New York  No. 01PI6209788  Qualified In Queens County  Commission Expires August 03, 2017 |
| **Our Case Id: Case\_Id,** |

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| *The Beynenson Law Firm, P.C.* 475 Franklin Avenue Franklin Square, New York, 11010 Tel: 516-858-4411,  Fax: (516) 216-5405 |
| DATE: NOWDT |
| PROVIDER\_NAME Provider\_PERM\_Address Provider\_PERM\_City, Provider\_PERM\_State Provider\_PERM\_Zip   |  |  | | --- | --- | | Provider: | PROVIDER\_NAME | | Patient: | INJUREDPARTY\_NAME | | Claim No.: | Ins\_Claim\_Number | | Service: | Provider\_Type | | Amount: | Balance\_Amount | | DOS: | DateOfService\_Start – DateOfService\_End |   Dear :Sir or Madame:  Attached hereto please find discovery responses that we have taken the liberty of preparing on your behalf. Please review the responses, and if accurate, sign the annexed VERIFICATION and return to our office within **7 DAYS**.  If you have any questions, please call. Thank you. |

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|  | Very truly yours, The Beynenson Law Firm P.C. |

**Our Case Id: Case\_Id,**

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| STATE OF NEW YORK ) COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) ss. |
| I, Provider\_President, being duly sworn, deposes and says:  I am the owner of the plaintiff's office (Provider\_Name), and as such, am fully familiar with the facts set forth in plaintiff's discovery responses annexed hereto. I hereby verify that the plaintiff's interrogatory responses annexed hereto are true and accurate to the best of my knowledge. I make this verification based upon a review of the patient's file as maintained by this office.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Provider\_President    Sworn to before me this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary Public    **Our Case Id: Case\_Id** |

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| **Case Info Case\_ID** | | | | | | | |
| **Patient** | **Carrier ClaimNo** | **DOA** | **DOS** | **Claim Amt** | **Paid Amt** | **Balance** | **Provider** |
| InjuredParty\_name | Ins\_Claim\_Number | Accident\_Date | DateofService\_Start - DateofService\_End | Claim\_Amount | Paid\_Amount | Balance\_Amount | Provider\_Name |
|  |  |  |  | **Claim\_Amount** | **Paid\_Amount** | **Balance\_Amount** |