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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 VERIFIED BILL OF PARTICULARS |
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| Plaintiff, by its attorneys, The Beynenson Law Firm, PC., in response to defendant's Demand for Bill of Particulars, upon information and belief sets forth and alleges as follows:   1. Set forth whether it will be claimed that the health services allegedly rendered were necessary and if so, the manner in which it will be claimed that said services were necessary including *a)* specific complaints of plaintiff’s assignor; *b)* clinical findings if any, made by plaintiff as part of rendition of alleged health services claimed to have been rendered.   ANSWER:   1. Set forth two [2] copies of any written reports, findings and/or recommendations provided to the plaintiff by any other health provider(s) relied upon by the plaintiff in determining to render the alleged health services claimed to have been rendered.   ANSWER:   1. Set forth the basis of plaintiff’s claim that he is “entitled” to **$1936.81** for services allegedly rendered, itemized thereon the manner in which his bill was calculated, inclusive of *a)* specific services rendered; *b)* the date said service was rendered and *c)* the fee schedule of the workers compensation board utilized by plaintiff.   ANSWER:   1. Set forth the manner in which legal fees are calculated including *a)* an itemization of each and every service rendered *b)* an itemization of the amount of time expended as respects each and every service rendered and *c)* an itemization of the alleged reasonable value of each and every service rendered.   ANSWER: |

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

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|  | Yours, etc.  THE BEYNENSON LAW FIRM, PC.  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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| **VERIFICATION** |
| I am an attorney admitted to practice in the Courts of the State of New York, affirm that the following statements are true under penalties of perjury. I am a member of the The Beynenson Law Firm, P.C., attorneys of record for the Plaintiff herein.  The reason I make this affirmation instead of the plaintiff is that the plaintiff's office is not located in the county wherein my office is located. I have read the annexed discovery responses and the contents thereof are true to my knowledge based upon information and belief. My belief as to those matters therein is based upon the following: bills, reports, conversations, etc. |

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

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|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Alek Beynenson, Esq. |

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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, PC  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:  WOLLERSTEIN AND FUTORAN  59 MAIDEN LANE  NEW YORK, NY 10038 **Your File No.: Attorney\_FileNumber,**  Attorneys for Defendant  Service of a copy of the within DISCOVERY RESPONSE is hereby admitted.   Dated: |

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

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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), | | |  | | --- | | **AFFIDAVIT OF SERVICE** | |  | |
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| STATE OF NEW YORK COUNTY OF NASSAU | ) ) 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 11/ /2011, 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:  LAW OFFICE OF TERESA M. SPINA  170 FROEHLICH FARM BLVD, WOODBURY, NEW YORK, 11797 **Your File No. ATTORNEY\_FILENUMBER,** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Sworn to before me on 11/ /2011.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Roza Pinkhasova  Notary Public, State of New York  No. 01PI6209788  Qualified In Queens County  Commission Expires August 03, 2013 |

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| **View Our Case: Case\_Id** | | | | | | | | |
|  | **Patient** | **Carrier ClaimNo** | **DOA** | **DOS** | **Claim Amt** | **Collect 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 |  |