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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 SUPPLEMENTAL COMBINED DEMANDS |
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| Plaintiff, in response to defendants Supplemental Combined Demands, upon information and belief, sets forth as follows:   1. Article of Incorporation of the P.C., including filling receipt;   ANSWER:   1. Copy of the application for the employer identification number for the P.C.;   ANSWER:   1. Copy of corporate resolution establishing all bank accounts for the P.C.   ANSWER:   1. List of all authorized signatories on bank accounts for the P.C.   ANSWER:   1. Indentify person(s) responsible for daily operation of facility (ies) of the P.C.   ANSWER:   1. Indentify person(s) responsible for the hiring medical and support staff of the P.C.   ANSWER:   1. Payroll tax filings including New York State Quarterly Combined Withholding, Wage Reporting and Unemployment Insurance Returns (NYS-45-MN), including all attachements (NYS-45-ATT-MN) or amendments (NYS-45-X-MN) for the period for which services were provided.   ANSWER:   1. For all services, including both the technical and professional aspects, provided to the alleged assignors by persons not listed as “employees” in the New York State Quarterly Combined Withholding, Wage reporting and Unemployment Insurance Returns forms, provide: a) any agreement, letter, document or notes under which the services were provided; or b) the terms of the agreement if there is no written agreement.   ANSWER:   1. Copies of all W-2, 1099 or other documents regarding the relationship between plaintiff and all persons that provided the dispute services. This includes both technical and professional aspects of each service for which plaintiff is seeking recovery.   ANSWER:   1. Copies of the plaintiff’s New York State employer Registration for Unemployment Insurance, Withholding and Wage Reporting forms (NYS-100) for all years that plaintiff was in existance.   ANSWER:   1. Copy of the management agreement between the plaintiff and the management in effect when the subject services were provided.   ANSWER:   1. Copy of the collection agreement between the plaintiff and any entity in effect when subject services were provided.   ANSWER:   1. All agreement pertaining to the use and rental of the space where the services which are the subject of this action were rendered.   ANSWER:   1. Copies of accounts receivable ledger or other documents recording receipt of payment (s) or partial payment(s) for the services at issue..   ANSWER: See plaintiff's response to paragraph # 14 above.   1. All agreements pertaining to the accounting services.   ANSWER:   1. Documentary proof that payment was made for use of the space where the services which are subject of this action were rendered, including but not limited to the invoices, receipts and cancelled checks.   ANSWER:   1. Documentary proof that payment was made for the accounting services, including but not limited to the invoices, receipts and cancelled checks.   ANSWER:   1. Documentary proof that payment was made for the advertising and marketing services, including but not limited to the invoices, receipts and cancelled checks.   ANSWER:   1. Documentary proof that payment was made for submission of bills and collection thereof for years, including but not limited to the invoices, receipts and cancelled checks.   ANSWER:   1. Documentary proof including but not limited to invoices, receipts and cancelled checks, that payments was made for: (a) the space where the services which are the subject of this action were rendered; (b) fees for management, collections, transcriptions, advertising, marketing and staffing of plaintiff concerning the dates of service involved in the subject action.   ANSWER:   1. Authorization directing all banks or other financial institutions to produce to defendant all financial records, cancelled checks, accounting ledgers, etc., of the plaintiff and all medical facilities allegedly owned by the shareholder/owners of.   ANSWER:   1. All documents itemizing the accounts receivable of Plaintiff for year at issue.   ANSWER:   1. All documents itemizing the accounts payable of Plaintiff for year at issue.   ANSWER:   1. All personal federal and state income tax returns for the shareholder/owners of plaintiff for year prior, year following and year at issue.   ANSWER:   1. All federal and state tax returns for plaintiff from tax years for yrar prior, year following and year at issue.   ANSWER:   1. The name, address and account number for each bank used by Plaintiff.   ANSWER:   1. The name, address and account number for each bank used by the shareholders/owners of plaintiff for year prior, year following and year at issue.   ANSWER.   1. Copies of all reports filed pursuant to §20-901© Chapter 6 of the Local Laws of the City of New York, entitled “No-Fault Insurance Medical Clinics”.   ANSWER   1. Copies of all management agreement between the plaintiff and any management company.   ANSWER   1. Copies of all collection and/or billing agreements between the plaintiff and any entity.   ANSWER |

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

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|  | Your, etc.  The Beynenson Law Firm, PC.  Attorneys for Plaintiff(s)  475 Franklin Avenue  Franklin Square, NY11010  Tel: 516-858-4411  Fax: 516-216-5405  **Our Case Id: Case\_Id** |

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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  475 Franklin Avenue Franklin Square, New York 11010  Tel: 516-858-4411  Fax: 516-216-5405  Our Case Id: **Case\_Id**  To:  LAW OFFICES OF BRYAN M. ROTHENBERG  100 DUFFY AVENUE, SUITE 500, HICKSVILLE, NEW YORK, 11801   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 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 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 OFFICES OF BRYAN M. ROTHENBERG  100 DUFFY AVENUE,SUITE 500, HICKSVILLE, NEW YORK, 11801 |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Alla Levy |

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| Sworn to before me on this day of \_\_\_\_\_\_\_\_\_\_\_\_, 2015   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Roza Pinkhasova  Notary Public, State of New York  No. 01PI6209788  Qualified In Queens County  Commission Expires August 03, 2017 |
| **Our Case Id No.: Case\_Id** |

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| *The Beynenson Law Firm, PC.* 475 Franklin Avenue, Franklin Square, New York, 11010 Tel: 516-858-4411m,  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 | | D/S: | DateOfService\_Start – DateOfService\_End |   Dear Dr. Provider\_President.:  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, PC., |

**Our Case Id No.: 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2011.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary Public |

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| **View Our 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** |