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| COURT\_NAME COURT\_VENUE | **Index No.: IndexOrAAA\_Number** |
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| |  |  |  | | --- | --- | --- | | PROVIDER\_NAME  A/A/O INJUREDPARTY\_NAME | | | |  | | PLAINTIFF (S), | |  | -AGAINST- |  | | INSURANCECOMPANY\_NAME | | | |  | | DEFENDANT(S), | | RESPONSE TO NOTICE TO ADMIT |
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| STATE OF NEW YORK )  )  COUNTY OF NASSAU)  I, PROVIDER\_PRESIDENT, being duly sworn, says:  I am the president for PROVIDER\_NAME (hereinafter “Provider” or “Plaintiff”),  Plaintiff, in response to defendants Demand for Notice to Admit, upon information and belief, sets forth as follows:   1. Plaintiff utilizes a non-party entity for the submission of claims.   ANSWER: Denied   1. Plaintiff utilizes a non-party entity for the receipt of communications from insurance carriers   ANSWER: Denied   1. Plaintiff received Defendant’s answer and discovery demands for the above captioned litigation.   ANSWER: Admitted.   1. Prior to the litigation, plaintiff received an independent medical examination report dated March 31, 2014 for the claims in dispute.   ANSWER: Denied.   1. A copy of the above referenced peer report is attached at **Exhibit “1”**   ANSWER: Denied.   1. Prior to the Litigation, plaintiff received a denial of claim form dated August 8, 2014 for DOS 7/1/14-7/11/14 for the claims in dispute.   ANSWER: Admitted.   1. A copy of the above referenced denial of claim form is attached at **Exhibit “2”**   ANSWER: Admitted.   1. Prior to the Litigation, plaintiff received a denial of claim form dated August 8, 2014 for DOS 06/11/14-6/27/14 for the claims in dispute.   ANSWER: Admitted.   1. A copy of the above referenced denial of claim form is attached at **Exhibit “2”**   ANSWER: Admitted. |

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

By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sworn to before me this \_\_\_\_\_ Day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2015

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Notary Public, State of New York

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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 NAUSSAU | ) ) 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 notice to admit 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 ALOY O. IBUZOR, P.C.  485 Lexington Avenue, 7th Floor New York, New York, 10017 |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Sworn to before me this\_\_\_\_\_day of\_\_\_\_\_\_\_\_\_\_\_\_2015   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary Public  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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| 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 NOTICE TO ADMIT** | |  | |
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**RESPONSE TO NOTICE TO ADMIT**

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The Beynenson Law Firm, PC  
Attorneys for Plaintiffs  
475 Franklin Avenue.  
Franklin Square, NY 11010  
Tel: 516-858-4411

Fax: 516-216-5405

Our File # Case\_ID