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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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| STATE OF NEW YORK )  COUNTY OF NASSAU)  Plaintiff, in response to defendants Demand for Notice to Admit, upon information and belief, sets forth as follows:   1. The plaintiff received the annexed denial(s).   ANSWER:   1. The plaintiff received the annexed denial (s) within 30 days from the date that appears on the annexed bill (s).   ANSWER:   1. That plaintiff received the annexed denial(s) within 30 days from the date that plaintiff mailed the bill (s) at issue in this matter.   ANSWER:   1. The plaintiff received full payment (s) for the bill(s) at issue in this matter. Please see annexed bill(s)   ANSWER:   1. The plaintiff received partial payment(s) for the bill(s) at issue in this matter. Please see annexed bill(s).   ANSWER:   1. The plaintiff received partial payment(s) for the bill(s) at issue in this matter and the payment was paid pursuant to the New York State Workers Compensation fee schedule rate.   ANSWER:   1. The plaintiff created the bill (s) at issue in this matter. Please see annexed bill(s).   ANSWER:   1. The plaintiff mailed the bill(s) at issue in this matter. Please see annexed bill(s).   ANSWER:   1. The plaintiff did not mail the bill notated by defendant in **Exhibit “D”.**   ANSWER:   1. The plaintiff received the annexed peer review and/or independent medical examination(s).   ANSWER:   1. The plaintiff received the annexed medical records.   ANSWER:   |  |  | | --- | --- | | Dated: | Franklin Square, New York. NOWDT |   I, Hannah Abrams, being duly sworn, deposes and says:  I have reviewed the above responses to the Defendant’s Notice to Admit and they are true.  Furthermore, I am authorized to do so on behalf of corporate plaintiff, PROVIDER\_NAME  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Hannah Abrams    Sworn to before me on /2016  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary Public, State of New York |

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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  475 Franklin Avenue Franklin Square, NY 11010 (516)858-4411 (516) 216-5405 **Our Case Id: Case\_Id**   To: Attorneys for Defendant LAW OFFICES OF JAMES F. SULLIVAN, P.C.  52 Duane Street, 7th Floor New York, New York 10007    Service of a copy of the within NOTICE TO ADMIT is hereby admitted.   Dated: |

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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 JAMES F. SULLIVAN, P.C.  52 Duane Street, 7th Floor New York, New York 10007 |
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| Sworn to before me on    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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** |