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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 FOR 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 a copy of the denial(s) and explanation of benefits attached hereto.   ANSWER:   1. That the denial(s) and explanation of benefits are dated within 30days of the date the plaintiff mailed the claim(s) to defendant.   ANSWER:   1. That plaintiff received a copy of the denial(s) and explanation of benefits attached hereto within 30 days of the date the claim(s) were mailed to defendant.   ANSWER:   1. That plaintiff received a copy of the denial(s) and explanation of benefits attached hereto within 30 days of the date the defendant received the claim(s) as indicated on the denial(s).   ANSWER:   1. That the denial(s) and explanation of benefits attached hereto were issued “timely” pursuant to the no-fault regulations.   ANSWER:   1. The denials attached are based on a PEER REVIEW.   ANSWER:   1. The denials attached hereto are true and accurate copies of the denials received by plaintiff.   ANSWER:   1. The PEER REVIEW is a true and accurate copy of the report that is the basis of the denial attached hereto.   ANSWER:   1. The PEER REVIEW is a true and accurate copy of the report that was received by the plaintiff.   ANSWER:   1. That the Plaintiff provided services in what would be region 4 per the fee schedule.   ANSWER:   1. That the conversion factor for region 4 is 8.45.   ANSWER:   1. That the relevant value for code 95904 is 12.60.   ANSWER:   1. That the relevant value for code 95903 is 19.70.   ANSWER:   1. That the relevant value for code 95861 is 28.58.   ANSWER:   1. That the relevant value for code 95934 is 14.20.   ANSWER:   1. That the proper reimbursement for code 95903 is $166.47.   ANSWER:   1. That the proper reimbursement for code 95904 is $106.47.   ANSWER:   1. That the proper reimbursement for code 95861 is $241.50.   ANSWER:   1. That the proper reimbursement for code 95934 is $119.99.   ANSWER: |

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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:  LAW OFFICES OF PETER C. MERANI, P.C.  1001 Avenue of the Americas Suite 1800  New York, NY 10018   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 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 PETER C. MERANI, P.C.  1001 Avenue of the Americas Suite 1800  New York, NY 10018 |
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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, 2013 |
| **Our Case Id: Case\_Id** |