|  |  |
| --- | --- |
| COURT\_VENUE  COURT\_NAME | **Index No.: IndexOrAAA\_Number** |
| ------------------------------------------------------------------------X |  |
| |  |  |  | | --- | --- | --- | | **PROVIDER\_NAME**  A/A/O **INJUREDPARTY\_NAME** | | | |  | | PLAINTIFF (S), | |  | -AGAINST- |  | | **INSURANCECOMPANY\_NAME** | | | |  | | DEFENDANT(S), | |  |  |  | | RESPONSE FOR NOTICE TO ADMIT |
| ------------------------------------------------------------------------X |  |

|  |
| --- |
| 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 hereto are true and accurate copies of the denials received by the plaintiff.   ANSWER:   1. The INDEPENDENT MEDICAL EXAMINATION is a true and accurate copy of the report that was received by the plaintiff.   ANSWER:   1. That the plaintiff did not mail the bill in the amount of 606.17 for date of service 10/2/11-10/31/11 to the defendant.   ANSWER:   1. That the proper reimbursement for CPT code 98941 is $23.29.   ANSWER:   1. That the Plaintiff included CPT code 97110 for the date of service 11/3/11 on more than one bill.   ANSWER:   1. That the plaintiff included CPT code 97110 for date of service 11/8/11 on more than one bill.   ANSWER:   1. That the plaintiff included CPT code 97110 for date of service 11/9/11 on more than one bill.   ANSWER:   1. That the plaintiff included CPT code 97110 for date of service 11/10/11 on more than one bill.   ANSWER:   1. That the plaintiff included CPT code 97110 for date of service11/14/11 on more than one bill.   ANSWER:   1. That the plaintiff included CPT code 97110 for date of service 11/15/11 on more than one bill.   ANSWER:   1. That the plaintiff included CPT code 97110 for date of service 11/16/11 on more than one bill.   ANSWER:   1. That the plaintiff included CPT code 97110 for date of service 11/17/11 on more than one bill.   ANSWER:   1. That the plaintiff included CPT code 97110 for date of service 11/21/11 on more than one bill.   ANSWER:   1. That the plaintiff included CPT code 97110 for date of service 11/22/11 on more than one bill.   ANSWER:   1. That the plaintiff included CPT code 97110 for date of service 11/23/11 on more than one bill.   ANSWER:   1. That the plaintiff included CPT code 97110 for date of service 11/28/11 on more than one bill.   ANSWER:   1. That the plaintiff included CPT code 97110 for date of service 11/30/11 on more than one bill.   ANSWER:   1. That the Plaintiff was reimbursed the maximum amount of physical therapy permitted per date of service for services rendered on 11/3/11.   ANSWER:   1. That the Plaintiff was reimbursed the maximum amount of physical therapy permitted per date of service for services rendered on 11/8/11.   ANSWER:   1. That the Plaintiff was reimbursed the maximum amount of physical therapy permitted per date of service for services rendered on 11/9/11.   ANSWER:   1. That the Plaintiff was reimbursed the maximum amount of physical therapy permitted per date of service for services rendered on 11/10/11.   ANSWER:   1. That the Plaintiff was reimbursed the maximum amount of physical therapy permitted per date of service for services rendered on 11/14/11.   ANSWER:   1. That the Plaintiff was reimbursed the maximum amount of physical therapy permitted per date of service for services rendered on 11/15/11.   ANSWER:   1. That the Plaintiff was reimbursed the maximum amount of physical therapy permitted per date of service for services rendered on 11/16/11.   ANSWER:   1. That the Plaintiff was reimbursed the maximum amount of physical therapy permitted per date of service for services rendered on 11/17/11.   ANSWER:   1. That the Plaintiff was reimbursed the maximum amount of physical therapy permitted per date of service for services rendered on 11/21/11.   ANSWER:   1. That the Plaintiff was reimbursed the maximum amount of physical therapy permitted per date of service for services rendered on 11/22/11.   ANSWER:   1. That the Plaintiff was reimbursed the maximum amount of physical therapy permitted per date of service for services rendered on 11/23/11.   ANSWER:   1. That the Plaintiff was reimbursed the maximum amount of physical therapy permitted per date of service for services rendered on 11/28/11.   ANSWER:   1. That the plaintiff received $280.73 towards the bill in dispute for date of service 1/3/12-1/26/12 in the amount of $488.87.   ANSWER:   1. That the plaintiff received $393.04 towards the bill in dispute for date of service 2/1/12-2/29/12 in the amount of $404.43.   ANSWER:   1. That the plaintiff received $820.76 towards the bill in dispute for date of service 9/2/11-9/29/11 in the amount of #1014.39.   ANSWER:   1. That the plaintiff received $705.50 towards the bill in dispute for date of service 11/1/11-11/30/11 in the amount of $1102.90.   ANSWER: |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | | |  |  | | --- | --- | | Dated: | Franklin Square, New York. NOWDT | |  | | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | |  | Yours, etc. The Beynenson Law Firm P.C. Attorneys for Plaintiff 475 Franklin Avenue Franklin Square, NY 11010 (516)858-4411 Fax:(516) 216 5405 **Our Case Id: Case\_ID** | | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Provider\_President   
  
  
Sworn to before me this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_.  
  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Notary Public 

|  |  |
| --- | --- |
| COURT\_VENUE  COURT\_NAME |  |
| ------------------------------------------------------------------------X |  |
| |  |  |  | | --- | --- | --- | | **PROVIDER\_NAME**  A/A/O **INJUREDPARTY\_NAME** | | | |  | | PLAINTIFF (S), | |  | -AGAINST- |  | | **INSURANCECOMPANY\_NAME** | | | |  | | DEFENDANT(S), | |  |  |  | | |  | | --- | | **Index No.: IndexOrAAA\_Number** | |
| ------------------------------------------------------------------------X |  |

|  |
| --- |
| 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.  298 Fifth Avenue, 3rd Floor, New York, New York, 10001   Attorneys for Defendant  Service of a copy of the within DISCOVERY RESPONSES is hereby admitted.   Dated: |

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

|  |  |
| --- | --- |
| COURT\_VENUE  COURT\_NAME | **Index No.: IndexOrAAA\_Number** |
| ------------------------------------------------------------------------X |  |
| |  |  |  | | --- | --- | --- | | **PROVIDER\_NAME**  A/A/O **INJUREDPARTY\_NAME** | | | |  | | PLAINTIFF (S), | |  | -AGAINST- |  | | **INSURANCECOMPANY\_NAME** | | | |  | | DEFENDANT(S), | |  |  |  | | |  | | --- | | **AFFIDAVIT OF SERVICE** | |  | |
| ------------------------------------------------------------------------X |  |

|  |  |
| --- | --- |
| STATE OF NEW YORK COUNTY OF NAUSSAU | ) ) ss. |

|  |
| --- |
| 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.  298 Fifth Avenue, 3rd Floor, New York, New York, 10001 |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| 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** |