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

STATE OF NEW YORK )

)

COUNTY OF NASSAU )

I, Heidi Gonzalez, being duly sworn, says:

I am the billing manager for INSURANCECOMPANY\_NAME (hereinafter “Provider”), and I submit this affidavit in support of the attached motion. My duties as billing manager include ensuring that bills reflecting services rendered to Provider’s patients are mailed to the proper party in timely fashion, and tracking and responding to incoming payments are overdue. As billing manager, and based on discussions with other members of provider, I am aware of the mailing protocol for proof of claim that was in effect on the dates that the services were rendered for the above-captioned claim. I make this affidavit based upon my personal knowledge of the facts surrounding this case, personal knowledge of the business practices of Provider, including but not limited to the mailing procedures used by Provider to submit bills and other documents to insurance companies, a review of my notes and a review of Provider’s records kept in the ordinary course of business. Also, my position as a billing manager allows me determine with certainly whether or not bills were sent to insurance companies, the timeliness of such mailing, and whether payments and / or verification request were received by Provider.

Provider has a well-defined and detailed process for maintaining and sending claim-related documents to insurance companies. Copies of bills, assignment of benefits forms and other documents that are created and maintained by Provider are kept in Provider’s records as a vital part of Provider’s general business practices. Provider’s ordinary and common business practice is to send proof of claim documents and assignment of benefits forms to insurers via the United States Postal Service. The bills are generated using a computer based program and printed to a networked or attached printer. The bills are placed in an envelope that has the address of the insurer on it. The address of the insurer as stated on the bills is checked against the address on the envelope to ensure that the mail will reach its destination. The bills are mailed on or about the same date that they are printed. Once mailed, Provider’s general business procedure is to retain copies of the proof of mailing in order to track the bills that were mailed out. These mailing records are made and kept in the ordinary course of business, and the records are made at or about the time the bills are mailed. It is also Provider’s normal business practice to retain any delay letters or denial of claim forms issued by insurance companies in response to Provider’s claim submissions. These denials may also serve additional proof of mailing since the often admit receipt of bills sent by Provider. In the event that Provider does not have copies of the mailing receipts or mailing logs for specific claim, Provider looks to the denial and other correspondences from the insurance companies as proof that the insurance company received the bills in a timely fashion.

After a thorough review of the files and notations pertaining to the bills attached hereto, I am certain that the mailing procedures described above were followed.

Due to a reasonable uncertainty in the first several weeks after the date of the accident over which carrier would cover the instant claim and based on the information provided to our office by the assignor and/or his personal injury attorney, the bill for dates of services 01/05/2010 was originally mailed to MVAIC on 02/18/2010. See bill annexed hereto as **Exhibit A**. See proof of mailing annexed hereto as **Exhibit B**.

Due to a reasonable uncertainty in the first several weeks after the date of the accident over which carrier would cover the instant claim and based on the information provided to our office by the assignor and/or his personal injury attorney, the bill for dates of services 01/06/2010 was originally mailed to MVAIC on 02/18/2010. See bill annexed hereto as **Exhibit A**. See proof of mailing annexed hereto as **Exhibit B**.

Thereafter, we were informed that STATE FARM INSURANCE COMPANY was the appropriate carrier and we immediately forwarded all previous bills to them.  Any delays that prevented the provider from mailing the bills herein to STATE FARM INSURANCE COMPANY within 45 days of the date of service were reasonable due to the circumstances surrounding the investigation of this claim in its initial stages.After it was determined that the instant claim was covered by STATE FARM INSURANCE COMPANY this bill was mailed to STATE FARM INSURANCE COMPANY on April 16, 2010.

BY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Heidi Gonzalez

Sworn to before me this \_\_\_\_\_ Day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2013

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Notary Public, State of New York