NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW
VERIFICATION OF TREATMENT BY ATTENDING PHYSICIAN OR PROVIDER OF HEALTH SERVICE

DATE	POLICY HOLDER	POLICY NUMBER	DATE OF ACCIDENT	FILE NUMBER
12/04/2023			06/10/2023	233448926

PROGRESSIVE INSURANCE
P.O.BOX 2930
CLINTON, IA 52733

Office Location:
108 KENILWORTH PL
BROOKLYN, NY 11210

PROVIDER'S NAME AND ADDRESS
HUDSON VALLEY CHIROPRACTIC HEALTH SERVICES, PC
210 FINLEY AVE
STATEN ISLAND, NY 10306

84-3420083

1. PATIENT'S NAME AND ADDRESS BANKS, AALIYAL
763 E 82ND ST BROOKLYN, NY 11236

2. AGE	3. SEX	4. OCCUPATION (IF KNOWN)
26	F	

5. DIAGNOSIS AND CONCURRENT CONDITIONS:
M54.2 NECK PAIN
M54.50 LOWER BACK PAIN
M99.05 SEGMENTAL AND SOMATIC DYSF. OF PELVI
M54.6 PAIN IN THORACIC REGION
M99.04 SEGMENTAL AND SOMATIC DYSF. OF SACRAL I

6. WHEN DID SYMPTOMS FIRST APPEAR?
06/10/2023

7. WHEN DID PATIENT FIRST CONSULT YOU FOR THE CONDITION?
DATE:

8. HAS PATIENT EVER HAD SAME OR SIMILAR CONDITION?
☐ YES ☒ NO IF "YES", STATE WHEN AND DESCRIBE:

9. IS CONDITION SOLELY A RESULT OF THIS AUTOMOBILE ACCIDENT?
☒ YES ☐ NO IF "NO", EXPLAIN:

10. IS CONDITION DUE TO INJURY ARISING OUT OF PATIENT'S EMPLOYMENT?
☐ YES ☒ NO

11. WILL INJURY RESULT IN SIGNIFICANT DISFIGUREMENT OR PERMANENT DISABILITY?
☐ YES ☐ NO ☒ NOT DETERMINABLE AT THIS TIME
IF "YES", DESCRIBE:

12. PATIENT WAS DISABLED (UNABLE TO WORK)
FROM: THROUGH:

13. IF STILL DISABLED THE PATIENT SHOULD BE ABLE TO RETURN TO WORK ON:

14. WILL THE PATIENT REQUIRE REHABILITATION AND/OR OCCUPATIONAL THERAPY AS A RESULT OF THE INJURIES SUTAINED IN THIS ACCIDENT
☒ YES ☐ NO IF "YES", DESCRIBE YOUR RECOMMENDATIONS BELOW

SEE ATTACHED BILLS AND REPORTS

CONTINUED