

**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
09/04/2023			08/08/2023	AB949518232

LIBERTY MUTUAL INS
P.O. BOX 5014
SCRANTON, PA 18505

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 GERMAINE, QUIANA
900 DUMONT AVE BROOKLYN, NY 11207

2. AGE 30	3. SEX F	4. OCCUPATION (IF KNOWN)
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5. DIAGNOSIS AND CONCURRENT CONDITIONS:

M54.2 NECK PAIN
M54.50 LOWER BACK PAIN

M54.6 PAIN IN THORACIC REGION
M99.04 SEGMENTAL AND SOMATIC DYSF. OF SACRAL F

6. WHEN DID SYMPTOMS FIRST APPEAR?
08/08/2023

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