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

Allstate Insurance Co. PO BOX 2874 CLINTON, IA 52733 ATE POLICY HOLDER POLICY NUMBER DATE OF ACCIDENT 11/13/2023 0737846238 ATE PROVIDER'S NAME AND ADDRESS: BORNIKHOV RAdiology PLLC dba Highline Radiology 138-21 QUEENS BL/D BRIARWOOD, NY 11435 Tel: 718-480-1259 KINDLY COMPLETE AND SUBMIT THIS FORM S SOON AS POSSIBLE. PLEASE NOTE, THIS COMPLETED FORM MUST BE SUBMITTED TO THE INSUIRER AS SOON AS REASONABLY POSSIBLE BUT NOT LATER THAN 48 DAYS OF 1490 DAYS AFTER THE TREATMENT DATE, DEPROMING UPON THE POLICY ENDONSEMENT IN FEFCE AT THE THE OF THE ACCIDENT. IF YOU ARE UNSUIRE OF THE APPLICABLE TIME REQUIREMENT, KINDLY COMPLETE THAN 48 DAYS OF 1490 DAYS AFTER THE TREATMENT DATE, DEPROMING UPON THE POLICY ENDONSEMENT IN FEFCE AT THE THE MISE OF THE ACCIDENT. IF YOU ARE UNSUIRE OF THE APPLICABLE THE REQUIREMENT, KINDLY CONTACT THE CLAIMS REPRESENTATIVE TO DETERMINE WHICH DEADLES IS A PUBLICABLE TO THIS CLAIM. IF YOU MAKE PREVIOUSLY SUBMITTED AN EARLIER REPORT ON THE ACCIDENT, YOU NEED ONLY NOTE ANY CHANGES FROM THE INFORMATION PREVIOUSLY FURNISHED AND ADDITIONAL CHARGES BLVD APT 210, BRONX, NY 10454 2. DATE OF BIRTH 7/22/95 3. SEX FEMALE 4. OCCUPATION (I known). 3. BIAGNOSIS AND CONCURRENT CONDITIONS: M54.2-CETVICAL Sprain/Strain S33.3 XXA-Cervical Sprain/Strain S33.3 XXA-Cervical Sprain/Strain S33.3 XXA-Cervical Sprain/Strain S33.3 XXA-CERVICAL SPRAIN/STRAIN S33.5 XXA PATIENT EVER HAD SAME OR SIMILAR CONDITION? YES NO YES THE APPEAR? YES NO YES SHARD OF THIS AUTOMOBILE ACCIDENT? YES NO YES SHARD OF THE SEMPLOYMENT? YES NO HIT YES, doscribo: NOT DETERMINABLE AT THIS TIME X		ME AND ADDRESS OF INSUR	ER:	NAME	OF INSURER'S	CLAIM REPRESENTATIVE:
INTON, 1A 52733 The control of th						•
TTE POLICY HOLDER POLICY NUMBER DATE OF ACCIDENT CLAIM NUMBER 11/13/2023 0737846238 PROVIDER'S NAME AND ADDRESS: SOPURKOV Radiology PLLC dba Highline Radiology 38-21 QUEENS BL.VD BRIARWOOD, NY 11435 Tel: 718-480-1250 KINDLY COMPLETE AND SUBBIT THIS FORM'S SOON AS POSSIBLE. PLEASE NOTE, THIS COMPLETED FORM MUST BE SUBBITTED TO THE INSURER AS SOON AS RASAONABLY POSSIBLE BUT NOT LATER THAN 45 DAYS OR 180 DAYS AFTER THE TREATMENT DATE, DEPENDING UPON THE POLICY ENDORSEMENT IN EFFECT AT THE THE OF THE ACCIDENT. FY OUA HEAVE PREVIOUSLY SUBBITTED AN EARDING HER REPORT ON THE ACCIDENT, KINDLY CONTACT THE CLAIMS REPRESENTATIVE TO DETERMINE WHICH DEADLINE IS APPLICABLE TO THIS CLAIM. FYOU HAVE PREVIOUSLY SUBBITTED AN EARLIER REPORT ON THE ACCIDENT, YOU NEED ONLY NOTE ANY CHANGES FROM THE INFORMATION REVIOUSLY FURRISHED AND ADDITIONAL CHARGES. FOR MUST PREVIOUSLY FURRISHED AND ADDITIONAL CHARGES. PATIENT'S NAME AND ADDRESS: LOPEZ VARGAS SILVANA LUCERO 156 BRUCKER BLVD APT 210, BRONX, NY 10454. DATE OF BIRTH. 7/22/95 3. SEX FEMALE 4. OCCUPATION ((Kinnown) 1016/1016/1016/1016/1016/1016/1016/1016				1		
PROVIDER'S NAME AND ADDRESS: FOR UNION Y COMPLETE AND SUBMIT THIS FORM S SOON AS POSSIBLE. FORM MIND'S GENERAL TO THE HOUSE AS SOON AS POSSIBLE. FORM MIND'S BE SUBMITED TO THE HOUSE AS SOON AS POSSIBLE. FORM MIND'S BE SUBMITED TO THE HOUSE AS SOON AS POSSIBLE. FORM MIND'S BE SUBMITED TO THE HOUSE AS SOON AS POSSIBLE. FORM MIND'S BE SUBMITED TO THE HOUSE AS SOON AS POSSIBLE. FORM MIND'S BE SUBMITED TO THE HOUSE AS SOON AS POSSIBLE. FORM MIND'S BE SUBMITED TO THE HOUSE AS SOON AS POSSIBLE. FOR MIND'S BE SUBMITED TO THE HOUSE AS SOON AS POSSIBLE. FOR MIND'S BE SUBMITED TO THE HOUSE AS SOON AS POSSIBLE. FOR MIND'S BE SUBMITED TO THE HOUSE AS SOON AS POSSIBLE. FOR MIND'S BE SUBMITED TO THE FORM SOON AS POSSIBLE. FOR MIND'S BE SUBMITED TO THE FORM SOON AS POSSIBLE. FOR MIND'S BENDER THAN AS DAYS OR 180 DAYS AFTER THE TREATBENT DAY THE FORM SOON AS POSSIBLE. FOR MIND'S BENDER THAN AS DAYS OR 180 DAYS AFTER THE TREATBENT DAYS OR THE INFORMATION OF PATIENTS HOUSE, STANDARD ON THE HOUSE AS THE HOU	LINT	ON, IA 52733				
AS PATIENT S NAME AND ADDRESS: LOPEZ VARGAS SILVANA LUCERO DATE OF BRITH 7/22/95 3. SEX FEMALE 4. OCCUPATION ((f/known)) DIAGNOSIS AND CONCURRENT CONDITIONS: 154-2-Cervical gira 1.33.5.XXA-Lumbar Sprain WHEN DID SYMPTOMS FIRST APPEAR? DATE: 11/13/2024 HAS PATIENT EYER HAD SAME OR SIMILAR CONDITION? YES NO X NO X IS CONDITION SOLELY A RESULT OF THIS AUTOMOBILE ACCIDENT? YES NO X NO X IS CONDITION SOLELY A RESULT OF THIS AUTOMOBILE ACCIDENT? YES NO X NO X IS CONDITION SOLELY A RESULT OF FAISA GUT OF PATIENT'S EMPLOYMENT? YES NO X NO X IS CONDITION SOLELY A RESULT OF FAISA GUT OF PATIENT'S EMPLOYMENT? YES NO X NO X NO X IS CONDITION SOLELY A RESULT OF FAISA GUT ON PERMANENT DISABillity?		POLICY HOLDER	POLICY NUMBE			
ACCIDENT, IF YOU ARE UNSURE OF THE APPLICABLE TIME REQUIREMENT, KINDLY CONTACT THE CLAIMS REPRESENTATIVE TO DETERMINE WHICH DEADLINE IS APPLICABLE TO THIS CLAIM. PATIENT'S NAME AND ADDITIONAL CHARGES. PATIENT'S NAME AND ADDRESS: LOPEZ VARGAS SILVANA LUCERO 156 BRUCKER BLVD APT 210, BRONX, NY 10454 DATE OF BIRTH 7/22/95 3. SEX FEMALE 4. OCCUPATION (If known) DIAGNOSIS AND CONCURRENT CONDITIONS: 154-2-Cervicalgia 13.4XXA-Cervical Sprain/Strain 13.5XXA-Lumbar Sprain WHEN DID SYMPTOMS FIRST APPEAR? DATE: 11/13/2023 7. WHEN DID PATIENT FIRST CONSULT YOU FOR THIS CONDITION DATE: 11/13/2023 DATE: 1/12/2024 HAS PATIENT EVER HAD SAME OR SIMILAR CONDITION? YES NO X If 'YES', state when and describe: IS CONDITION SOLELY A RESULT OF THIS AUTOMOBILE ACCIDENT? YES NO X If 'NO', explain: D. IS CONDITION DUE TO INJURY ARISING OUT OF PATIENT'S EMPLOYMENT? YES NO X NO X WILL INJURY RESULT INSIGNIFICANT DISFIGUREMENT OR PERMANENT DISABILITY?	Joruki 38-21 BRIAR	hov Radiology PLLC dba F I QUEENS BLVD RWOOD, NY 11435 KINDLY COMPLETE AND SUBMIT FORM MUST BE SUBMITTED TO 1	Tel: 718-480-125	 BLE. PLEASE NO SONABLY POSSIBLE BUT	NOT LATER THA	N 45 DAYS OR 180
DATE OF BIRTH. 7/22/95 3. SEX FEMALE. 4. OCCUPATION ((f/known)) DIAGNOSIS AND CONCURRENT CONDITIONS: (54.2-Cervical gia 13.4XXA-Cervical Sprain/Strain 13.5XXA-Eumbar Sprain WHEN DID SYMPTOMS FIRST APPEAR? 7. WHEN DID PATIENT FIRST CONSULT YOU FOR THIS CONDITION DATE: 11/13/2023 DATE: 11/12/2024 HAS PATIENT EVER HAD SAME OR SIMILAR CONDITION? YES NO X If YES', state when and describe: IS CONDITION SOLELY A RESULT OF THIS AUTOMOBILE ACCIDENT? YES X NO If 'NO', explain: D. IS CONDITION DUE TO INJURY ARISING OUT OF PATIENT'S EMPLOYMENT? YES NO X I. WILL INJURY RESULT INSIGNIFICANT DISFIGUREMENT OR PERMANENT DISABILITY?	YOU H	ACCIDENT. IF YOU ARE UNSURE TO DETERMINE WHICH DEADLINI NAVE PREVIOUSLY SUBMITTED AN USLY FURNISHED AND ADDITIONAL NT'S NAME AND ADDRESS: L	OF THE APPLICABLE TIME RECE IS APPLICABLE TO THIS CLAIR EARLIER REPORT ON THE ACCIDENT CHARGES. OPEZ VARGAS SILV	DENT, YOU NEED ONLY NO	TE ANY CHANGES	S REPRESENTATIVE
DIAGNOSIS AND CONCURRENT CONDITIONS: 154.2-Cervical gia						
### 13.4XXA-Cervical Sprain/Strain 33.5XXA-Lumbar Sprain WHEN DID SYMPTOMS FIRST APPEAR? DATE: 11/13/2023 ### 11/13/2023 ### 11/13/2023 ### 11/12/2024 ### 11/13/2023 ### 11/12/2024 ### 11/13/2023 ### 11/12/2024 ### 13.4XXA-Cervical Sprain/Strain 7. WHEN DID PATIENT FIRST CONSULT YOU FOR THIS CONDITION DATE: 11/13/2023 DATE: 1/12/2024 ### 11/12/2024	DATE	OF BIRTH 7/22/95 3.	SEX FEMALE	4. OCCUPATION	(if.known)	The contract of the contract o
DATE: 11/13/2023 DATE: 1/12/2024 HAS PATIENT EVER HAD SAME OR SIMILAR CONDITION? YES NO X If 'YES', state when and describe: IS CONDITION SOLELY A RESULT OF THIS AUTOMOBILE ACCIDENT? YES X NO If 'NO', explain: D. IS CONDITION DUE TO INJURY ARISING OUT OF PATIENT'S EMPLOYMENT? YES NO X I. WILL INJURY RESULT INSIGNIFICANT DISFIGUREMENT OR PERMANENT DISABILITY?			s 2 , 8	*		. *
DATE: 11/13/2023 DATE: 1/12/2024 HAS PATIENT EVER HAD SAME OR SIMILAR CONDITION? YES NO X If 'YES', state when and describe: IS CONDITION SOLELY A RESULT OF THIS AUTOMOBILE ACCIDENT? YES X NO If 'NO', explain: D. IS CONDITION DUE TO INJURY ARISING OUT OF PATIENT'S EMPLOYMENT? YES NO X I. WILL INJURY RESULT INSIGNIFICANT DISFIGUREMENT OR PERMANENT DISABILITY?						·
YES NO X If 'YES', state when and describe: IS CONDITION SOLELY A RESULT OF THIS AUTOMOBILE ACCIDENT? YES X NO If 'NO', explain: D. IS CONDITION DUE TO INJURY ARISING OUT OF PATIENT'S EMPLOYMENT? YES NO X I. WILL INJURY RESULT INSIGNIFICANT DISFIGUREMENT OR PERMANENT DISABILITY?		I DID SYMPTOMS FIRST APPE	AR?	7. WHEN DID PATIENT		
YES X NO If 'NO', explain: D. IS CONDITION DUE TO INJURY ARISING OUT OF PATIENT'S EMPLOYMENT? YES NO X I. WILL INJURY RESULT INSIGNIFICANT DISFIGUREMENT OR PERMANENT DISABILITY?	WHEN	DATE: 11/13/2023				
YES NO X I. WILL INJURY RESULT INSIGNIFICANT DISFIGUREMENT OR PERMANENT DISABILITY?	HAS P	ATIENT EVER HAD SAME OR		If 'YES', state when and	describe:	
	HAS PAYE	ATIENT EVER HAD SAME OR SES NO	X	ENT?	describe:	
	HAS PAYE	ATIENT EVER HAD SAME OR SES NO	THIS AUTOMOBILE ACCIDE	ENT? If 'NO', explain:	describe:	

. Continue on next page

(05763)