

**Underwritten By:  
Progressive Direct Insurance  
Company**

**Recipient:**  
HUDSON VALLEY CHIROPRACTIC HEALTH SERVICES  
210 FINLEY AVE  
STATEN ISLAND, NY 10306

Claim Number: 23-3448926  
Policy Number: 969960423-0  
Policy Holder: BANKS, AALIYAL  
Date of Loss: June 10, 2023  
Today's Date: September 21, 2023  
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## Verification Request: Follow-up Notice

### Medical Claim Pending

Injured person: **AALIYAL S BANKS**  
Provider: HUDSON VALLEY CHIROPRACTIC HEALTH SERVICES  
Provider invoice number:  
Bill number: 72899790  
Progressive invoice number: 117078346  
Date bill received: 08/04/2023  
Service dates: 07/13/2023 – 07/27/2023  
Bill total: \$140.60

We are in receipt of your claim for services captioned above. Based upon 11 NYCRR 65-3.5 (Regulation 68), "The insurer is entitled to receive all items necessary to verify the claim directly from the parties from whom such verification was requested." We require the following items before consideration of this bill:

- All benefits remain delayed pending the patient's cooperation in the investigation of this claim, including, but not limited to, his/her duly executed sworn statement taken at an examination under oath. This has been requested directly from the patient under separate cover.
- Our coverage investigation is continuing and therefore payment remains pending; required information at this time includes proof that the insured vehicle was garaged at the policy address during the policy inception period. Pursuant to Regulation 68; 11 NYCRR 65-1.1 and the applicable Policy of Insurance, we have requested this documentation directly from the injured party under separate cover.

#### Additional Comments:

Regulation 68, section 65-3.5(o) states: "An applicant from whom verification is requested shall, within 120 calendar days from the date of the initial request for verification, submit all such verification under the applicant's control or possession or written proof providing reasonable justification for the failure to comply." Please be advised "that the insurer may deny the claim if the applicant does not provide within 120 calendar days from the date of the initial request either all such verification under the applicant's control or possession or written proof providing reasonable justification for the failure to comply. This subdivision shall not apply to a prescribed form (NF-Form) as set forth in Appendix 13 of this Title, medical examination request, or examination under oath request. This subdivision shall apply, with respect to claims for medical services, to any treatment or service rendered on or after April 1, 2013."

Please direct any correspondence to:

Progressive  
PO Box 2930  
Clinton, IA 52733-2930

HOLLY LEBLANC, Claims Department  
Name and Title of Representative of Insurer

1-800-627-4581  
Telephone Number

September 21, 2023  
Date