

UBER CORE  
LIBERTY MUTUAL FIRE INSURANCE COMPANY  
PO BOX 7214  
LONDON, KY 40742-7214



Telephone: (800) 672-0834  
Fax: (888) 325-8127

November 29, 2023

Hudson Valley Chiropractic  
Health Services Pc  
210 Finley Ave  
Staten Island NY 10306

Claimant: **Quiana Jermain**  
Claim Number: AB949-518232-06  
Customer: Rasier-NY  
Date of Loss: 08/08/2023

Dear Hudson Valley Chiropractic :

**\*\*2nd delay, 1st delay 10/21/2023\*\***

HUDSON VALLEY CHIROPRACTIC HEALTH SERVICES PC

DOS: 08/14-28/2023- \$ 270.39

DOB: 03/15/1989

This letter will serve to confirm receipt/review of your claim request, please be advised that your request is being delayed pending the following:

1] EUO [examination under oath] & Post EUO request for additional info from claimant. Which may include a recorded interview, signed statement, cell phone records, authorizations, photographs, and/or Examination Under Oath from the driver and/or passenger(s) involved OR other parties involved or related to the occurrence. Additional documentation may also be requested at the time of the Examination Under Oath or thereafter which may impact the investigation of this claim.

Once we received the requested verification, your bills will be reviewed for processing.

NYS DEPT OF FINANCIAL SERVICES - 4th AMENDMENT TO 11 NYCRR 65-3 (INS REG 68-C): An applicant from whom verification is requested shall, within 120 calendar days for 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 failure to comply. The insurer shall advise the applicant in the verification request that the insurer may deny the claim if the applicant does not provide within 120 calendar days for 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 lost earnings, to any accident occurring on or after 4/1/2013.

Sincerely,

GERALDINE CORDANO  
SR CLAIMS SPECIALIST I