

A. POLICYHOLDER	B. POLICY NUMBER	C. DATE OF ACCIDENT 05/28/2023	D. INJURED PERSON BOLIVAR, DIANA 742 127TH STREET COLLEGE POINT, NY 11356
E. CLAIM NUMBER AB949507799	F. APPLICANT FOR BENEFITS (Name and address) BORUKHOV RADIOLOGY PLLC DBA HIGHLINE RADIO 13821 Queens Blvd Briarwood, NY 11435		G. AS ASSIGNEE 1. Yes <input checked="" type="checkbox"/> 2. No <input type="checkbox"/>

DENIAL OF CLAIM FORM - Box 33 REASON FOR DENIAL



- ♦ Reference Document Number: LU0527223
- ♦ The benefits for this patient/claim are exhausted.