

10/30/2023

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Patient: JONELLE ALERT

15. Report of services rendered				
Date of service	Place of service	Description of treatment or health service rendered	Fee Schedule Treatment Code	Charges
10/02/2023	108 KENILWORTH PL BROOKLYN, NY 11210			
10/16/2023	11 108 KENILWORTH PL BROOKLYN, NY 11210	Chiro adjustment (Spinal 3-4 Regions)..	98941	\$57.30
	11	Chiro adjustment (Spinal 3-4 Regions)..	98941	\$57.30
Total charges to date \$				\$114.60

## 16. If treating provider is different than billing provider complete the following:

Treating providers's name	Title	License or certification number	Business relationship check applicable box			
RONA ALLEN, DC	CHIROPRACTOR	006744-01	Employee <input type="checkbox"/>	Independent Contractor <input type="checkbox"/>	Owner <input checked="" type="checkbox"/>	Other <input type="checkbox"/>

## 17. If the provider of service is a professional service corporation or doing business under an assumed name (DBA), list the owner and professional licensing credentials of all owners (Provide an additional attachment if necessary).

HUDSON VALLEY CHIROPRACTIC HEALTH SERVICES, PC RONA ALLEN, DC (Lic. 006744-01)

Has this patient received or is this patient entitled to Medicare benefits for the above treatment?

☐ Yes ☒ No18. Is patient still under your care for this condition? ☒ Yes ☐ No

May any health services be required for more than one year from date of accident?

☐ Probably yes ☐ Probably No ☒ Unknown

## 19. Estimated duration of future treatment

UNCERTAIN

## 20.(OPTIONAL)

I AUTHORIZE PAYMENT OF HEALTH BENEFITS TO THE UNDERSIGNED HEALTH CARE PROVIDER OR SUPPLIER OF SERVICES DESCRIBED BELOW. I RETAIN ALL RIGHTS, PRIVILEGES AND REMEDIES TO WHICH I AM ENTITLED UNDER ARTICLE 51(THE NO-FAULT PROVISION) OF THE INSURANCE LAW

SIGNED SIGNATURE ON FILE  
(PATIENT)

OR

## 21. [OPTIONAL] ASSIGNMENT OF NO-FAULT BENEFITS:

I HEREBY ASSIGN TO THE HEALTH CARE PROVIDER INDICATED BELOW ALL RIGHTS, PRIVILEGES AND REMEDIES TO WHICH I AM ENTITLED UNDER ARTICLE 51 (THE NO-FAULT PROVISION) OF THE INSURANCE LAW, THIS AGREEMENT SHALL BECOME NULL AND VOID IF AT ANY TIME IT IS DETERMINED THAT BENEFITS ARE NOT PAYABLE DUE TO THE FOLLOWING CIRCUMSTANCES LACK OF COVERAGE, VIOLATION OF A POLICY CONDITION, OR DETERMINATION THAT THE TREATMENTS/SERVICES RENDERED ARE NOT RELATED TO SAID MOTOR VEHICLE ACCIDENT. ANY PAYMENT PURSUANT TO THIS ASSIGNMENT SHALL NOT EXCEED THE HEALTH CARE PROVIDER'S PERMISSIBLE CHARGES UNDER SAID ARTICLE 51. THE PROVIDER OF HEALTH SERVICES CERTIFIES THAT THEY HAVE NOT RECEIVED ANY PAYMENT FROM OR ON BEHALF OF THE INJURED PARTY AND SHALL NOT PURSUE PAYMENT DIRECTLY FROM THE INJURED PARTY FOR SERVICES PROVIDED DUE TO INJURIES SUSTAINED IN RELATION TO THE AUTOMOBILE ACCIDENT.

SIGNED SIGNATURE ON FILE  
(PATIENT)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

Date	Providers's signature	IRS/TIN Identification No.	WCB Rating Code
10/30/2023	RONA ALLEN, DC (Lic. 006744-01)	84-3420083	Specialty. CHIROPRACTOR