

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

DATE	POLICY HOLDER	POLICY NUMBER	DATE OF ACCIDENT	FILE NUMBER
01/05/2024			05/08/2023	103206

HEREFORD INS CO  
36-01 43RD AVENUE  
LONG ISLAND CITY, NY 11101

Office Location:  
108 KENILWORTH PL  
BROOKLYN, NY 11210

**PROVIDER'S NAME AND ADDRESS**  
HUDSON VALLEY CHIROPRACTIC HEALTH SERVICES, PC  
210 FINLEY AVE  
STATEN ISLAND, NY 10306

84-3420083

1. PATIENT'S NAME AND ADDRESS      ALERT, JONELLE  
747 E 45TH ST BROOKLYN, NY 11203

2. AGE 31	3. SEX M	4. OCCUPATION (IF KNOWN)
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5. DIAGNOSIS AND CONCURRENT CONDITIONS:

*M54.2 NECK PAIN*

*M54.50 LOWER BACK PAIN*

*M54.6 PAIN IN THORACIC REGION*

6. WHEN DID SYMPTOMS FIRST APPEAR?  
05/08/2023

7. WHEN DID PATIENT FIRST CONSULT YOU FOR THE CONDITION?  
DATE:

8. HAS PATIENT EVER HAD SAME OR SIMILAR CONDITION?  
☐ YES    ☒ NO    IF "YES", STATE WHEN AND DESCRIBE:

9. IS CONDITION SOLELY A RESULT OF THIS AUTOMOBILE ACCIDENT?  
☒ YES    ☐ NO    IF "NO", EXPLAIN:

10. IS CONDITION DUE TO INJURY ARISING OUT OF PATIENT'S EMPLOYMENT?  
☐ YES    ☒ NO

11. WILL INJURY RESULT IN SIGNIFICANT DISFIGUREMENT OR PERMANENT DISABILITY?  
☐ YES    ☐ NO    ☒ NOT DETERMINABLE AT THIS TIME  
IF "YES", DESCRIBE:

12. PATIENT WAS DISABLED (UNABLE TO WORK)  
FROM:                      THROUGH:

13. IF STILL DISABLED THE PATIENT SHOULD BE ABLE TO RETURN TO  
WORK ON:

14. WILL THE PATIENT REQUIRE REHABILITATION AND/OR OCCUPATIONAL THERAPY AS A RESULT OF THE INJURIES SUTAINED IN THIS ACCIDENT  
☒ YES    ☐ NO    IF "YES", DESCRIBE YOUR RECOMMENDATIONS BELOW

SEE ATTACHED BILLS AND REPORTS

CONTINUED