Patient:

AALIYAL BANKS

	15. Report of services rendered							
Date of service	Place of service	-	f treatment or health ce rendered		Fee Schedule Treatment Code	Charges		
11/13/2023	108 KENILWORTH PL BROOKLYN, NY 11210							
	11	Chiro adjustment (Spinal 3-4	Regions)		98941	\$57.30		
	<u></u>			Total	charges to date \$	\$57.30		
16. If treating	g provider is different th	an billing provider compleate t	he following:					
Treating	providers's	Title	License or		Business relationship			
n	ame		certification number		check applicable box			
RONA ALL	EN, DC	CHIROPRACTOR	006744-01	Employee	Independent Owner Contractor	Other		
		CTIC HEALTH SERVICES, I tient entitled to Medicare bene		DC (Lic. 00	6744-01)			
Has this pation Yes 18. Is patient May any hea Probably	ent received or is this pa X No still under your care for Ith services be required	tient entitled to Medicare bene r this condition? for more than one year from da bably No X Unknow tment	its for the above treatment? X Yes No nte of accident?	DC (Lic. 00	06744-01)			
Has this pation Yes 18. Is patient May any hea Probably 19. Estimated	ent received or is this pa No still under your care for th services be required yes duration of future trea	tient entitled to Medicare bene r this condition? for more than one year from da bably No X Unknow tment	its for the above treatment? X Yes No nte of accident?	DC (Lic. 00	6744-01)			
Has this pation Yes 18. Is patient May any hea Probably 19. Estimated	ent received or is this pa No	tient entitled to Medicare bene r this condition? for more than one year from da bably No X Unknow tment UNCI	Tits for the above treatment? X Yes	PLIER OF SER	VICES DESCRIBED BE	LOW. I RETAIN		
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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 VHICILE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VHICILES 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	
12/4/2023	RONA ALLEN, DC (Lic. 006744-01)	84-3420083	Specialty.	CHIROPRACTOR