## 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 |
|---|---|---|---|---|
| 07/05/2023 | | | 06/10/2023 | 233448926 |

PROGRESSIVE INSURANCE
P.O.BOX 2930
CLINTON, IA 52733

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 BANKS, AALIYAL
763 E 82ND ST BROOKLYN, NY 11236

| 2. AGE | 3. SEX | 4. OCCUPATION (IF KNOWN) |
|---|---|---|
| 26 | F | |

5. DIAGNOSIS AND CONCURRENT CONDITIONS:

*M54.2 NECK PAIN*
*M54.50 LOWER BACK PAIN*
M99.05 SEGMENTAL AND SOMATIÇ DYSF. OF PELVI
*M54.6 PAIN IN THORACIC REGION*
*M99.04 SEGMENTAL AND SOMATIC DYSF. OF SACRAL F*

6. WHEN DID SYMPTOMS FIRST APPEAR?
06/10/2023

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**