# NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW
# DENIAL OF CLAIM FORM

**TO INSURER:** Complete this form, including item 33. Send 2 copies to applicant. Upon the request of the injured person, the insurer should send to the injured person a copy of all prescribed claim forms and documents submitted by or on behalf of the injured person.

| NAME, ADDRESS AND NAIC NUMBER OF INSURER OR NAME AND ADDRESS OF SELF-INSURER | For American Arbitration Association Use |
|---|---|
| HEREFORD INSURANCE COMPANY<br>36-01 43RD AVENUE 2ND FLOOR<br>LONG ISLAND CITY, NY 11101<br>NAIC: 24309 | |

| A. POLICYHOLDER | B. POLICY NUMBER | C. DATE OF ACCIDENT | D. INJURED PERSON |
|---|---|---|---|
| Shahid Iqbal | CA284326 | 05/08/2023 | Jonelle Alert |
| **E. CLAIM NUMBER** | **F. APPLICANT FOR BENEFITS (Name and Address)** | | **G. AS ASSIGNEE** |
| 103206-01 | Hudson Valley Chiropractic Health Services, PC (2)<br>210 Finley Avenue Staten Island, NY 10306 | | YES ☒ NO ☐ |

## TO APPLICANT: SEE REVERSE SIDE IF YOU WISH TO CONTEST THIS DENIAL

**YOU ARE ADVISED THAT FOR REASONS NOTED BELOW:**

☒ 1. Your entire claim is denied as follows:

☐ 2. A portion of your claim is denied as follows:

- ☐ A. Loss of Earnings $ _____
- ☐ B. Health Service Benefits $ _____
- ☐ C. Other Necessary Expenses $ _____
- ☐ D. Interest $ _____
- ☐ E. Attorney's Fee $ _____
- ☐ F. Death Benefit $ _____

**REASON(S) FOR DENIAL OF CLAIM (Check reasons and explain below in item 33)**

**POLICY ISSUES**

- ☐ 3. Policy not in force on date of accident
- ☐ 4. Injured person excluded under policy conditions or exclusion
- ☐ 5. Policy conditions violated
  - ☐ a. No reasonable justification given for late notice of claim
  - ☐ b. Reasonable justification not established - **You may qualify for special expedited arbitration** - See page 2 of this form for instructions.
- ☐ 6. Injured person not an "Eligible Injured Person"
- ☐ 7. Injuries did not arise out of use or operation of a motor vehicle
- ☐ 8. Claim not within the scope of your election under Optional Basic Economic Loss coverage

**LOSS OF EARNINGS BENEFITS DENIED**

- ☐ 9. Period of disability contested: period in dispute From _____ Through _____
- ☐ 10. Claimed loss not proven
- ☐ 11. Exaggerated earnings claim of $ _____ per month denied
- ☐ 12. Statutory offset taken
- ☐ 13. Other, explained below

**OTHER REASONABLE AND NECESSARY EXPENSES DENIED**

- ☐ 14. Amount of claim exceeds daily limit of coverage
- ☐ 15. Unreasonable or unnecessary expenses
- ☐ 16. Incurred after one year from date of accident
- ☐ 17. Other, explained below

**HEALTH SERVICE BENEFITS DENIED**

- ☒ 18. Fees not in accordance with fee schedules
- ☐ 19. Excessive treatment, service or hospitalization From _____ Through _____
- ☐ 20. Treatment not related to accident
- ☐ 21. Unnecessary treatment, service or hospitalization From _____ Through _____
- ☒ 22. Other, explained below

**COMPLETE ITEMS 23 THROUGH 32 IF CLAIM FOR HEALTH SERVICE BENEFITS IS DENIED**

| 23. Provider of Health Service (Name, Address and Zip Code) | 25. Period of bill–treatment dates | 29. Date final verification received |
|---|---|---|
| Hudson Valley Chiropractic Health Services, PC<br>108 Kenilworth Place<br>Brooklyn, NY 11210 | 12/08/2023 - 12/15/2023 | |
| | 26. Date of bill<br>01/05/2024 | 30.Amount of bill $<br>$114.60 |
| 24. Type of service rendered<br>Chiropractic | 27. Date bill received by insurer<br>01/09/2024 | 31. Amount paid by insurer<br>$0.00 |
| | 28. Date final verification requested | 32. Amount in dispute<br>$114.60 |

33. State reason for denial, fully and explicitly (attach extra sheets if needed):

Based on the Chiropractic/Acupuncture IME by Dr. John Iozzio, DC., LAc., conducted on 11/01/2023, all future Chiropractic/Acupuncture and related treatment benefits are denied. In addition, there is no need for further diagnostic testing, durable medical equipment/supplies, massage therapy, special transportation, household help or loss wages effective 12/07/2023.

cc: Please see attached page.

| 01/29/2024 | Sharonza Pruitt No Fault Medical Management Specialist | 718-361-1221 X 7669 |
|---|---|---|
| DATE | Name and Title of Representative of Insurer | Telephone No. & Ext. |

Name and address of Insurer claim processor (Third Party Administrator), if applicable — Telephone No. & Ext.