

COVER SHEET

ID NO: CASE\_ID

STATUS – COMPLETE

DISTRICT COURT OF THE COUNTY OF NASSAU  
FIRST DISTRICT: HEMPSTEAD PART

INDEX NO: INDEX\_NUMBER

-----X  
PROVIDER\_NAME

As Assignee of INJURED\_NAME,

Plaintiff(s),

PLAINTIFF RESPONSE TO  
DEMAND FOR DISCOVERY AND  
INSPECTION

-against-

INSURANCE\_COMPANY,

Defendant(s),  
-----X

Plaintiff, PROVIDER\_NAME by their attorneys, LAWFIRM\_NAME, as and for their answers to defendant's demand for Discovery and Inspection, states as follows:

1. Copies of all original answers and questions asked of plaintiff.

ANSWER: OBJECTION. Defendant was required to preserve requests for the above-mentioned documents during the claims process. Nevertheless, in the interest of cooperation, Plaintiff has annexed available requested copies hereto.

2. Copies of all raw data used to compile plaintiff's report.

ANSWER: OBJECTION. Defendant was required to preserve requests for the above-mentioned documents during this lawsuit. Nevertheless, in the interest of cooperation, Plaintiff has annexed copies of all pertinent medical records hereto.

3. Copies of all administering doctors' original notes.

ANSWER: OBJECTION. Defendant was required to preserve requests for the above-mentioned documents during this lawsuit. Nevertheless, in the interest of cooperation, Plaintiff has annexed copies of all pertinent medical records hereto.

4. Copies of all x-rays, films and MRI's.

ANSWER: All medical reports which pertain to this lawsuit are herein attached

5. Copies of all results of diagnostic tests.

ANSWER: Copies of all available documents which are pertinent to this lawsuit are annexed hereto.

6. State the time, date and place where the treatment was administered.

ANSWER: Such information can be gleaned from the bills and medical reports annexed hereto.

7. State the name and title of the person or persons who administered the treatment.

ANSWER: Such information can be gleaned from the bills and medical reports annexed hereto.

8. State the names of all individuals present when treatment took place.

ANSWER: OBJECTION: Irrelevant. This demand is irrelevant unless the same was preserved via issuance of timely and proper verification requests. Additionally, the demand is also unduly burdensome as it would be time consuming and require efforts to gather the names of the individuals who were present during the treatment. Nevertheless, in the interest of cooperation copies of pertinent medical records are attached to this lawsuit.

9. State whether or not an interpreter was present during the treatment. If so, provide that person's name.

ANSWER: OBJECTION: This demand is not relevant unless the same was preserved via issuance of timely and proper verification requests. Additionally, the demand of the Defendant is objectionable as it is not pertinent for deciding the *prima-facie* entitlement of the Plaintiff's "No-Fault" claim.

10. Copies of all documents reflecting or referring to the engagement of the law firm by the health care provider regarding the law firm's representation with regard to the prosecution of the involved in this action.

ANSWER:

11. Copies of all documents referring to any agreement between the law firm and any third (including the plaintiff) concerning the acquisition and/or purchase of any account received from the plaintiff, including the claim and/or claims being prosecuted in the litigation.

ANSWER:

DATED: BRONX, NEW YORK

CURRENT\_DATE

YOURS TRULY,

LAWFIRM\_NAME  
ATTORNEY(S) FOR  
PLAINTIFF(S)

ADD1

ADD2

FILE NO.: CASE\_ID

TO: DEFENDANT\_ATTORNEY  
ATTORNEY(S) FOR DEFENDANT(S)  
INSURANCE\_COMPANY  
P.O. BOX 9040 BETHPAGE,  
DEF\_ATTYY\_ADD2  
DEF\_ATTYY\_PHONE NO

DISTRICT COURT OF THE COUNTY OF NASSAU INDEX NO : INDEX\_NUMBER  
FIRST DISTRICT: HEMPSTEAD PART

-----X  
PROVIDER\_NAME

As Assignee of INJURED\_NAME,

Plaintiff(s),

PLAINTIFF RESPONSE TO  
DEMAND FOR VERIFIED  
INTERROGATORIES

-against-

INSURANCE\_COMPANY,

Defendant(s),  
-----X

Plaintiff, PROVIDER\_NAME by their attorneys, LAWFIRM\_NAME, as and for their answers to defendant's demand for Verified Interrogatories, states as follows:

1. State the name of the individual answering these interrogatories.

ANSWER: Plaintiff's attorney LAWFIRM\_NAME, located at ADD1, ADD2.

2. State whether the Plaintiff rendered treatment to the assignor.

ANSWER: Yes.

3. State whether the assignor executed an assignment of rights to the Plaintiff for the first party benefits for the treatment at issue in this action, when the assignment was executed and provide a copy of same.

ANSWER: Yes. Moreover, Defendant is in possession of such information within its no-fault file, which indicates the date and copy of same which is herein attached.

4. Did the assignor who received treatment sign their name on any sign-in sheet or logs maintained by the Plaintiff before they received treatment? If yes, provide a copy of such log or entries for all treatment received.

ANSWER: OBJECTION: This demand is not relevant unless the same was preserved via issuance of timely and proper verification requests. Additionally, the Plaintiff objects to this demand as it is unduly burdensome and would be time consuming to collect and compile the entire information to fulfill the above demand. Nevertheless, in the interest of

cooperation copies of the pertinent medical records which provides the information to the above demand is attached to this lawsuit.

- a. If no such log is maintained, provide the dates of each service provided and the nature or type of treatment provided on each such date.

ANSWER: OBJECTION: This demand is not relevant unless the same was preserved via issuance of timely and proper verification requests. Additionally, the Plaintiff objects to this demand as it is unduly burdensome and would be time consuming to collect and compile the entire information to fulfill the above demand. Nevertheless, in the interest of cooperation copies of the pertinent medical records which provides the information to the above demand is attached to this lawsuit.

5. State the number of separate rooms maintained by the Plaintiff to render treatment as of the date of the treatment.

ANSWER: OBJECTION: This demand is not relevant unless the same was preserved via issuance of timely and proper verification requests. Moreover, the issue is not pertinent for deciding the prima-facie entitlement of the Plaintiff's "No-Fault" claim.

6. State the number of claimant's employees that are licensed by the State of New York to provide treatment as of the date of the treatment.

- a. Set forth the name of each licensed employee and specify which employee (licensed or unlicensed) provided the treatment or service herein.

ANSWER: OBJECTION: This demand is not relevant unless the same was preserved via issuance of timely and proper verification requests. Moreover, the demand is unduly burdensome as it will be time consuming and would require lot of efforts to extract the information as demanded by the Defendant. Additionally, the information sought for in the present context is not pertinent for deciding the substantive issues upon which this lawsuit is based. Moreover, Licensing is a matter of public record.

7. State the full "legal" name of the entity, corporation, business or provider that rendered the service.

ANSWER: NORTH QUEENS MEDICAL P.C.

8. State which doctor(s), if any, had ownership interest in the medical facility, provider, business or corporation which performed the treatment or rendered the service.

ANSWER: OBJECTION: The demand is not relevant unless the same was preserved via issuance of timely and proper verification requests. Additionally, the demand of the

Defendant is objectionable as it is not pertinent for deciding the substantive issue of the Plaintiff's "No-Fault" claim.

9. State whether the Plaintiff was licensed in the State of New York to provide the treatment or services provided to the Assignor and provide the Plaintiff's license number.

ANSWER: Yes. Plaintiff's was licensed within the State of New York at the time the services at issue in this matter were rendered. Moreover, the demand is objectionable as License is a matter of public record and can be readily obtained by the Plaintiff. Nevertheless, in the interest of cooperation copy of the License is attached herein.

- a. State whether the license has ever been suspended or revoked by the State of New York and, when same was suspended or revoked.

ANSWER: No. The above demand is not applicable and irrelevant.

10. Set forth the date that the Plaintiff was first consulted by the assignor for injuries sustained on the date of loss herein.

ANSWER: Such information can be gleaned from Medical Records. Copies of medical records are annexed hereto.

11. State the number of employees Plaintiff had as of the date of each service provided, the name of each employee, their title and job description and whether each individual is currently employed by Plaintiff.

- a. State which of the above referenced employees rendered care or treatment to the Assignor.
- b. Set forth the number of visits the Assignor made for treatment/services.
- c. Separately identify and set forth the dates of treatment and/or services rendered by each employee.
- d. Set forth each diagnosis made by a physician or the provider and identify what formed the basis of the diagnosis.
- e. Set forth the prognosis for each diagnosis referred to above.
- f. State whether the Assignor is presently under the care or treatment of the Plaintiff and list any future dates of treatment that are presently scheduled.
- g. Set forth whether any treatment plan was made and when such treatment plan was made.
- h. Set forth in detail the factors considered in making such treatment plan and whether said plan was made after a physical examination.
- i. State which aspects of the plan have been completed as of this date and on what dates were each aspect of the plan completed.
- j. State whether any aspect of the treatment plan had been changed since it was originally made.

- k. If said plan was changed, state the basis for such change.
- l. State whether the Assignor was given additional tests or examinations at any time subsequent to the development of the treatment plan.

ANSWER: Plaintiff objects to this demand as it is inapplicable, also the information sought for in the present context is not pertinent for deciding the *prima-facie* entitlement of the Plaintiff's "No-Fault" claim. The demand is also unduly burdensome as it will be time consuming and would require lot of efforts to extract the information as demanded by the Defendant.

12. Set forth, in detail, all grounds upon which the Plaintiff contends that the services or treatment rendered was necessary. (Please state this for each treatment rendered and service provided with specific reference to findings or conclusions reached as a result of examinations or results of medical tests or evaluations).

ANSWER: All medically necessary treatment was rendered for the injuries sustained as a result of the motor vehicle accident, which was based on the complaints, symptoms, diagnosis and prognosis of the assignor. Specifics of all treatment/diagnostic testing and/or diagnosis can be obtained from the medical reports and/or medical records that are herein attached.

- a. Please provide copies of any and all reports or test results or notes upon which the Plaintiff relied in reaching a determination of the necessity of the service or treatment rendered.

ANSWER: All medically necessary treatment was rendered for the injuries sustained as a result of the motor vehicle accident, which was based on the complaints, symptoms, diagnosis and prognosis of the assignor. All medical records that pertain to this lawsuit are annexed hereto.

13. Set forth the first and last date the Plaintiff examined the Assignor or provided treatment or services.

ANSWER: Such information can be gleaned from Medical Records annexed hereto.

14. Set forth whether the Plaintiff referred the Assignor to any other provider for tests or treatment, and if so, identify the name and address of said providers and the reason for the referral together with the date of the referral.

ANSWER: If plaintiff referred the Assignor to any other provider for tests or treatment, copies of same are annexed hereto. Moreover, Plaintiff is not a representative of other treatment providers.

15. State whether as a result of the referral the Plaintiff was provided with any reports or evaluations or test results from said referral, from whom they were received and when.



- a. Provide copies of any such reports and results.
- b. State whether said reports, evaluations, or results impacted on the course of treatment rendered to the Assignor and specify how the course of treatment was changed or impacted upon.

ANSWER: OBJECTION: The demand is not relevant unless the same was preserved via issuance of timely and proper verification requests. Moreover, the issue is not pertinent for deciding the prima-facie entitlement of the Plaintiff's "No-Fault" claim.

16. Set forth each of the bills which form the basis of the instant cause(s) of action together with the dates of service and identify the specific service provided which is at issue in the within action.

- a. Provide copies of the bills and identify when they were sent to the Defendant.
- b. Provide any proof that the Plaintiff intends to rely upon that bills were sent to the Defendant.

ANSWER: All Plaintiffs' bills were submitted to the Defendant in a timely manner. Copies of all bills that pertain to this lawsuit are annexed hereto.

17. Set forth whether the Plaintiff received any correspondence from the Defendant subsequent to the bill having been sent to the Defendant.

- a. Identify each such correspondence.

ANSWER: Defendant is in possession of such correspondence if any, within its "No-Fault" file.

18. Set forth whether the Plaintiff received any requests for verification from the Defendant subsequent to having sent the bill and provide copies of the requests for verification received.

ANSWER: Defendant is in possession of such information within its "No-Fault" file.

19. State whether the Plaintiff provided responses to said requests for verification and provide copies of said responses and identify the dates said responses were provided.

ANSWER: Defendant is already in possession of such information. However, if any response to such verification made by the Plaintiff a copy of such response is herein attached.

20. If the bill at issue herein relates to a diagnostic test, identify the model and manufacturer of the equipment used and when the equipment was last tested and/or calibrated and/or serviced and by whom.

ANSWER: OBJECTION: This demand is irrelevant unless the same was preserved via issuance of timely and proper verification requests. Additionally, the demand of the Defendant is objectionable as it is not pertinent for deciding the *prima-facie* entitlement of the Plaintiff's "No-Fault" claim.

DATED: BRONX, NEW YORK  
CURRENT\_DATE

YOURS TRULY,

LAWFIRM\_NAME  
ATTORNEY(S) FOR  
PLAINTIFF(S)  
ADD1  
ADD12  
FILE NO.: CASE\_ID

TO: DEFENDANT\_ATTORNEY  
ATTORNEY(S) FOR DEFENDANT(S)  
INSURANCE\_COMPANY  
DEF\_ATT\_Y\_ADD1  
DEF\_ATT\_Y\_ADD2  
DEF\_ATT\_Y\_PHONE NO

EXHIBIT "A"  
BILLS

**EXHIBIT "B"**  
**MEDICAL REPORT**

**EXHIBIT "C"**  
**ASSIGNMENT OF BENEFIT**

**EXHIBIT "D"**  
**DENIAL OF CLAIMS**

**EXHIBIT "E"**  
**PROOF OF MAILING**

# EXHIBIT "F"

## CHECKS



EXHIBIT "G"  
NO FAULT BENEFIT

EXHIBIT "H"  
POLICE ACCIDENT REPORT