

O Patients Complete all circled items\*

NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW  
VERIFICATION OF TREATMENT BY ATTENDING PHYSICIAN OR OTHER PROVIDER OF HEALTH SERVICE  
(This form is NOT for verification of hospital treatment)

Name and Address of Insurer or Self-Insurer

Name, Address & Phone Number of Insurer's Claims Representative

\* Date Policyholder Policy No. Date of Accident Claim Number

Provider's Name and Address  
Long Island Spine Specialists PC  
763 Larkfield Rd  
2nd floor  
Commack N.Y. 11725

KINDLY COMPLETE AND SUBMIT THIS FORM AS SOON AS POSSIBLE. PLEASE NOTE, THIS COMPLETED FORM MUST BE SUBMITTED TO THE INSURER AS SOON AS REASONABLY POSSIBLE BUT NO LATER THAN 45 DAYS OR 180 DAYS AFTER THE TREATMENT DATE, DEPENDING UPON THE POLICY ENDORSEMENT IN EFFECT AT THE TIME OF THE ACCIDENT. IF YOU ARE UNSURE OF THE APPLICABLE TIME REQUIREMENT, KINDLY CONTACT THE CLAIMS REPRESENTATIVE TO DETERMINE WHICH DEADLINE IS APPLICABLE TO THIS CLAIM.

IF YOU HAVE PREVIOUSLY SUBMITTED AN EARLIER REPORT ON THIS ACCIDENT, YOU NEED ONLY NOTE ANY CHANGES FROM THE INFORMATION PREVIOUSLY FURNISHED AND ADDITIONAL CHARGES.

\* 1. Patient's Name and Address  
2. Date of Birth 3. Sex 4. Occupation (if known)

5. Diagnosis and Concurrent Conditions:  
See Attached notes

6. When did symptoms first appear? Date: 7. When did patient first consult you for this 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:  
See Attached notes

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: (DATE)

14. Will the patient require rehabilitation and/or occupational therapy as a result of the injuries sustained in this accident?  Yes  No  
If "Yes", describe your recommendation below:  
See Notes.

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