

CIVIL COURT OF THE NEW YORK  
COUNTY OF BRONX

-----X

PROVIDER\_NAME, P.C.,  
Assignee of INJURED\_NAME

Plaintiff(s)  
-against -

INSURANCE\_NAME

Defendant(s)

-----X

SIRS:

**NOTICE OF MOTION**

Index No. INDEX\_NO.

PLEASE TAKE NOTICE, upon the affirmation of Attorney\_Name, Esq., dated Current\_Date, the pleadings and upon all prior proceedings had herein, the undersigned will move the court at a Term to be held in and for the County of Nassau, located at 99 Main Street, Hempstead, New York, on the 23rd day of February 2009, at 9:30 AM of that day or as soon thereafter as counsel can be heard for: an Order pursuant to CPLR §3126 precluding Defendant from offering any evidence at trial for failure to respond to Plaintiff's discovery demands, or, in the alternative, an Order pursuant to CPLR §3124 compelling Defendant to respond to said demands, in addition to such other and further relief as the Court deems proper.

Dated: Lake Success, New York  
Current\_Date

\_\_\_\_\_  
[ ] ATTORNEY\_NAME

LAWFIRM\_NAME  
Attorneys For Plaintiff  
PROVIDER\_NAME, P.C.,  
ADDRESS1  
ADDRESS2  
PHONE NO.

Our File Number: CASE\_ID

DEFENDANT\_ATTORNEY  
DEF\_ATT\_Y\_ADDRESS1  
DEF\_ATT\_Y\_ADDRESS2-  
DEF\_ATT\_Y\_PHONENO.

CIVIL COURT OF THE NEW YORK  
COUNTY OF BRONX

-----X

PROVIDER\_NAME, P.C.,  
Assignee of INJURED\_NAME

Plaintiff(s)

-against -

INSURANCE\_NAME

Defendant(s)

-----X

**AFFIRMATION OF ATTORNEY\_NAME**

Index No. INDEX\_NO.

Attorney\_Name, an attorney duly admitted to practice law in the Courts of the State of New York, hereinafter affirms the following under penalties of perjury:

1. I am an associate in the firm of Lawfirm\_Name, attorneys for the Plaintiff, PROVIDER\_NAME, P.C., (hereinafter "PROVIDER\_NAME"), in the above entitled action, and as such, am fully familiar with the facts and circumstances of this tter as set forth herein.

2. This affirmation is submitted in support of Plaintiff's motion for an Order, pursuant to CPLR §3126, precluding defendant, INSURANCE\_NAME (Hereinafter "Progressive") from offering any evidence at trial for failure to respond to Plaintiff's discovery demands, or, in the alternative, an Order pursuant to CPLR §3124 compelling Defendant to respond to said demands.

### PROCEDURAL HISTORY

3. On September 10, 2007, PROVIDER\_NAME, P.C., commenced this action by serving a summons and complaint to recover first party no-fault benefits for medical services rendered to INJURED\_NAME (Hereinafter " "), PROVIDER\_NAME 's assignor. (A copy of the summons and complaint is appended hereto as Exhibit "A").

4. On or about October 11, 2007, Progressive served an answer in this matter. (A copy of the answer is appended hereto as Exhibit "B").

5. Included with its Answer, Progressive served various discovery demands.

PROVIDER\_NAME served responses to Progressive's discovery demands in full on September 10, 2007. (A copy of the affidavit of service for PROVIDER\_NAME's responses is appended hereto as Exhibit "C"). Additionally on September 10, 2007, PROVIDER\_NAME served various discovery demands, specifically, interrogatories and a demand for documents on Progressive. (A copy of PROVIDER\_NAME's demands is appended hereto as Exhibit "D").

6. Progressive has failed to provide responses to PROVIDER\_NAME's demands within thirty days. Progressive has also failed to object to the demands, or to request additional time to respond.

7. PROVIDER\_NAME is in need of Progressive's discovery responses, and Progressive's failure to provide the necessary disclosure has prejudiced PROVIDER\_NAME and hindered prosecution of this matter. As such, Progressive should be precluded from offering such evidence at trial that would have been contained in Defendant's Response to Plaintiff's Demand.

8. Should the Court decide not preclude, Plaintiff seeks, in the alternative, an Order mandating that Progressive comply with all outstanding discovery by a date certain.

9. No prior motion seeking similar relief has been made by PROVIDER\_NAME.

WHEREFORE, the Plaintiff respectfully requests that this Court enter an Order precluding the Defendant from offering evidence at trial or in the alternative, compelling Defendant to comply with all outstanding discovery by a date certain, in addition to such other and further relief as the Court may deem just and proper.

Lake Success, New York  
Current\_Date

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Attorney\_name

# **EXHIBIT A**

CIVIL COURT OF THE NEW YORK  
COUNTY OF BRONX

-----X

PROVIDER\_NAME

Index No.  
SUMMONS

Assignee of INJURED\_NAME

Plaintiff(s)

- against -

Plaintiff Business Address:

PLAINTIFF\_ADDRESS1,

PLAINTIFF\_ADDRESS2

INSURANCE\_NAME

Defendant(s)

The basis of the venue designated is:

UDCA Section 305 (b)

-----X

**To the above named defendant(s):**

YOU ARE HEREBY SUMMONED and required to appear in the CIVIL COURT OF THE NEW YORK , COUNTY OF BRONX , at the Clerk of the said court at 851 GRAND CONCOURSE, BRONX, NY 10451, in the county of NASSAU , State of New York, by serving an answer to the annexed complaint upon Plaintiff's attorney, at the address stated below, or if there is no attorney, upon the Plaintiff, at the address stated above within the time provided by law as noted below; upon your failure to answer, judgment will be taken against you for the relief demanded in the complaint, together with the costs of this action.

Dated: 8/20/2007

Defendant's Address:

INSURANCE\_NAME

DEF\_ADDRESS1

DEF\_ADDRESS2

DEF\_CLAIMNO.

\_\_\_\_\_  
[ ] ATTORNEY\_NAME

LAWFIRM\_NAME

Attorneys For Plaintiff

ADDRESS1

ADDRESS2

PHONE NO.

Our File Number: CASE\_ID

Note: The law provides that:

- (a) If the summons is served by its delivery to you, or (for a corporation) an agent authorized to receive service, personally within the County in which the court is located, you must answer within TWENTY days after such service;
- Or
- (b) If this summons is served otherwise than as designated in subdivision (a) you are allowed THIRTY days to answer after proof of service is filed with the Clerk of this Court.

CIVIL COURT OF THE NEW YORK  
COUNTY OF BRONX

-----X

Index No.

**PROVIDER\_NAME**

VERIFIED COMPLAINT

Assignee of **INJURED\_NAME**

Plaintiff(s)

- against -

**INSURANCE\_NAME**

Defendant(s)

Our File Number: **CASE\_ID**

-----X

Plaintiff complaining of the Defendant shows to the Court and allege:

**AS AND FOR A FIRST CAUSE OF ACTION**

1. Defendant is an insurance company licensed to do business in the State of New York.
2. That at the time of the accident there was an existing insurance policy containing benefits under the New York State No Fault Law issued by the defendant.
3. That one of the No Fault benefits was payment of health service expenses.
4. **PROVIDER\_NAME** is a Health Services Provider licensed to practice in the State of New York.
5. **PROVIDER\_NAME, P.C.** is the assignee of **INJURED\_NAME** as indicated by the signed assignment attached hereto.
6. That the assignor was injured in an automobile accident on 12/16/2006
7. That as result of the aforesaid accident, the assignor was entitled to receive No Fault Benefits.
8. That the Defendant transacts business in the county of NEWYORK.
9. That Plaintiff Assignee rendered necessary health services to the assignor.



### **AS AND FOR A SECOND CAUSE OF ACTION**

10. Plaintiff repeats and re alleges the allegations set forth in paragraphs “1” through “9” above as if fully set forth herein.
11. Plaintiff provided healthcares services to assignee during the period of 2/3/2007 - 2/3/2007.
12. That Plaintiff Assignee submitted a bill and claim for payment as annexed hereto with a remaining open and unpaid balance (after partial payment if applicable) in the sum of \$1,097.73.
13. That the said bill was submitted together with the proper No Fault Verifications Forms as annexed hereto.
14. Said bill was submitted to the defendant subsequent to and within the statutory timeframe contemplated by Article 68 of the Insurance Regulations.
15. That there remains an open and unpaid balance on said bill in the sum of \$1,097.73.
16. That the Plaintiff Assignee is entitled to payment of the bill and the interest at the rate of 2% compounded per month, pursuant to 11 NYCRR 65.15(g), until the amount due is paid in full, computed from the thirty days after the date the claim was submitted to the Defendant.

### **AS AND FOR A THIRD CAUSE OF ACTION**

17. Plaintiff Assignee hired attorneys **LAWFIRM\_NAME** to collect the above overdue No Fault benefits and is entitled to recover attorney’s fees pursuant to 11NYCRR 65.17 (b)(6).

WHEREFORE, Plaintiff demands judgment against the Defendant for payment for the amount of the Bills and interest thereon for the Causes of Action enumerated above in the aggregated sum of \$1,097.73 together with Attorney's fees on each of the Causes of Action enumerated above.

DATE: 8/20/2007

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[ ] ATTORNEY\_NAME

LAWFIRM\_NAME

Attorneys For Plaintiff

ADDRESS1

ADDRESS2

PHONENO.

**VERIFICATION AND CERTIFICATION PURSUANT TO SECTION 130-1**

I, [ ] **ATTORNEY\_NAME**, am an attorney admitted to practice in the Courts of New York, and say

I am a partner with **LAWFIRM\_NAME**, the attorney of record for the Plaintiff. I have read the annexed Summons and Verified Complaint and know the contents thereof and the same are true to my knowledge, except those matters therein which are stated to be alleged on information and belief, and to those matters I believe them to be true. My belief as to those matters therein not stated upon knowledge, is based upon the following: bills, reports, conversations, etc. The reason I make this affirmation instead of the Plaintiff is that the Plaintiff's office is not located in the County wherein my office is located. I affirm that the foregoing statements are true under penalties of perjury. Pursuant to sec. 130-1 of the rules of the chief administrator (22 NYCRR), I certify that to the best of my knowledge, information and belief, formed after an inquiry reasonable under the circumstances, the within Summons and Verified Complaint are not frivolous.

8/20/2007

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[ ] **ATTORNEY\_NAME**

# **EXHIBIT B**

## **ANSWER & DEMAND**

# EXHIBIT C

**AFFIDAVIT OF SERVICE**

# **EXHIBIT D**



CIVIL COURT OF THE NEW YORK  
COUNTY OF BRONX

Index No.: **INDEX\_NO.**

-----X  
**PROVIDER\_NAME**  
**A/A/O INJURED\_NAME,**

PLAINTIFF,

-AGAINST-

PLAINTIFF'S FIRST SET  
OF INTERROGATORIES

**INSURANCE\_NAME,**

DEFENDANT  
-----X

The Plaintiff, **PROVIDER\_NAME** by and through their attorneys FRIEDMAN, HARFENIST, LANGER & KRAUT, hereby requests, pursuant to CPLR Section 3130, that the defendant respond to the following interrogatories within twenty (20) days, pursuant to CPLR Section 3134.

### DEFINITIONS AND INSTRUCTIONS

1. All nouns contained herein should be interpreted in both the singular and the plural.
2. Words "and" and "or" as they appear in these interrogatories are intended to be interpreted synonymously and to both encompass the injunctive and the disjunctive.
3. These interrogatories are intended to be of the continuing nature. If defendants or their counsel should acquire additional information which would be responsive to these interrogatories, they are required to promptly furnish such information to the undersigned attorney by way of supplemental responses.
4. The request to "identify" an individual as applied to a natural person shall be to provide the individual's full name, last known address, last known employer, business address and telephone number.
5. The term "communication" shall be given its widest possible interpretation and shall include, without limitation: recorded communications such as letters, memorandum, telegrams, telex's, telephone calls, meetings and any other conveyance or information.
6. For information regarding any document called for by this discovery request that is claimed to be privileged, defendants shall identify each document by specifying its form, date, title, author and general subject matter; the name(s) of each person or entity to whom which the document was delivered, mailed or in any other manner disclosed, the present custodian; and a statement of the ground or grounds upon which each such document is considered to be privileged from production.
7. For information regarding oral communications called for by this discovery request as claimed to be privileged, defendants shall identify the name(s) of the person making the communication and the name(s) of the person(s) present while the communication was made, the date

and place of the communication, and a statement of the ground or grounds upon which such oral communication is considered privileged from disclosure.

8. The term Plaintiff in the following interrogatories should be construed to include all Plaintiffs in the caption as such and any interrogatories which requests information for Plaintiff should be answered for each Plaintiff in the caption.

### **INTERROGATORIES**

1. Identify the name and home address of each adjustor employed by the defendant who was responsible for the handling and/or processing or otherwise performed any work on the claim for no-fault benefits of plaintiff's assignor which is the subject of this action.
2. State whether the defendant ever denied any of the claims that are the subject of this action. If the defendant alleges that it did deny the claims state:
  - a. the date of the denial;
  - b. when the denial was sent;
  - c. the name of the individual who issued the denial;
  - d. the basis for the denial.
3. State whether any "peer review" was conducted relative to the plaintiff's claims. If the answer to this is in the affirmative then set forth the following:
  - a. The name of the individual who conducted the peer review;
  - b. The date of the peer review;
  - c. The findings if the peer review;
  - d. The actual amount of time spent in making the determination reported in the peer review;
  - e. State the business relationship of the individual who drafted the peer review and the defendant;
  - f. State the length of the business relationship between the individual who drafted the peer review and the defendant;
  - g. Any written agreements between the individual who drafted the "peer review" and the defendant;
    - i. Provide a true and correct copy of same.
  - h. Any written agreements between the defendant and any third party, which established the relationship between the individual who drafted the peer review and the defendant.
    - i. Provide a true and correct copy of same.
  - i. State the amount of monetary compensation the individual who drafted the "peer review" was given for his/her work on the peer review.
  - j. Any manuals or guidelines between the individual who drafted the "peer review" and the defendant.
  - k. Any evaluation of the individual who drafted the "peer review" from the defendant.

- i. Provide a true and correct copy of same.

Attach a copy of any report generated as a result of the peer review(s).

4. State whether the defendant relied upon a medical exam of the plaintiff's assignor. If the answer to this interrogatory is in the affirmative then identify the following
  - a. The name of the individual who conducted the exam;
  - b. The date the exam was conducted;
  - c. The result of the exam;
  - d. The amount paid by the defendant to the examining Doctor;
  - e. State the nature of the business relationship between the examining doctor and the defendant;
  - f. State the length of the business relationship between the examining doctor and the defendant;
  - g. Any written agreements between the examining doctor and the defendant;  
Provide a true and correct copy of same.
  - h. Any written agreements between the defendant and any third party, which established the business relationship between the examining doctor and the defendant;  
Provide a true and correct copy of same.
  - i. State the amount of monetary compensation the examining doctor was given for his/her work on the Independent Medical Exam (IME);
  - j. Any manual or guidelines between the individual who conducted the IME and the defendant;  
Provide a true and correct copy of same.
  - k. Any evaluation of the individual who conducted the IME for the defendant;  
Provide a true and correct copy of same.
  - l. The number of IME's the examining doctor conducted for the defendant in the three years prior to the date of the denial;
  - m. Of the number of IME's the examining doctor conducted for the defendant in the three years prior to the date of denial on which the doctor recommended continued treatment be covered by the defendant.

Attach a copy of any report generated as a result of the exam(s).

Identify by name each and every document contained in the defendant's "No-Fault" file.

Provide the date of the insurance policy and the date(s) of any renewal(s) of the policy.

State the name, title and relationship to the Defendant of the person answering the interrogatories.

State whether there are other claimants involved in the same accident as the assignor that have made claims for payment of medical/healthcare bills to the defendant.

. If so, advise the date it was submitted.

a. Provide a true and correct copy of application for benefits (NF-2)

b. If denied, provide the grounds for such denial

State whether the defendant is in possession of Plaintiff's assignor's Motor Vehicle Accident Report.

. Provide a true and correct copy of same.

State whether the Defendant received a copy of a Police Accident Report describing the accident in issue.

. Provide a true and correct copy of same.  
State whether defendant made any payments on any of the bills submitted to the Defendant for payment resulting from the accident in issue.

. If so, state the date the bill was mailed.

a. Provide a true and correct copy of same.  
State whether the defendant received the billing in issue.

. If so, state the date the bill(s) was received.

a. State the location at which the bill(s) was received.

b. State whether the bill has been paid, including the amount of such payment.

State whether the Plaintiff received a valid assignment of benefits for payment of health care services from Plaintiff's Assignor.

. If so, attach a true and correct copy of same.

State whether the Defendant made any request for additional verification.

. If so, state what additional verification was requested, and the date(s) of such request(s).

a. Provide a true and correct copy of all such requests.

State whether the defendant received any response or correspondence from plaintiff in reply to Defendant's verification requests.

. If so, indicate what information was provided, the dates such information was sent and the address where it was sent.

a. Provide a true and correct copy of all such responses.

State whether the Defendant forwarded a Denial of Claim Form(s) (NF-10) to the Plaintiff for the bill in issue.

. State the dates of service.

a. State the amount billed.

b. State the amount paid.

c. Provide a true and correct copy of same.

d. State if any manuals, outlines, directives or handbook were relied upon to issue any of the denials in the instant case.

e. State the amount of time that the adjustor responsible for issuing each denial of claim in dispute in the action spent in the evaluation of the claims submitted by the plaintiff.

State whether copies of medical records were forwarded to the Defendant for consideration along with Plaintiff's bill.

. Provide a true and correct copy of same.

State whether there was any correspondence between the defendant and the plaintiff:

. Provide a true and correct copy of same.

State the date, time and place for each treatment, test, modality, or office visit ("health care service") for which payment is denied and how these factors affected the reason for the denial.

For each denied health care service, set forth with specificity, the following:

. Dollar and regional conversion factor(s) and unit value;

a. Fee schedule treatment code and charges;

b. How the bill was determined not to be in accordance with the rates authorized under Insurance Law ` 5108.

Set forth the educational background of all adjusters whose name appears on the line calling for the name, and or title of Representative of Insurer on any NF10 related to the bills at issue. Including but not exclusively the last level of education, any

seminars or classes taken post graduation.

Put forth the training given by the defendant to each of the adjuster(s) whose name appear on any NF-10 relevant to the bills at issue, including but not exclusively:

- . Length and duration of all classes and seminars attended;
- a. Curriculum for the training of the defendant's adjustors;
- b. Minimum educational requirements for adjustors at the defendant's company;
- c. Put forth the continuing education requirements for adjustors employed by the defendant.

State whether the Plaintiff's Assignor has submitted a No-Fault application for benefits.

. If so, advise the date it was submitted, and the address to where it was sent.

- a. Provide a true and accurate copy of the application for benefits (NF-2).

Describe the document(s) relied upon by the individual adjustor(s) who issued the NF-10(s) relevant to the bills in the instant action to establish the date the bills were received.

In this case is it the defendant contention that the rates charged by the plaintiff provider were beyond what is "reasonable and customary"?

If the answer to #25 is yes:

. Set forth with specificity which of the services rendered by the plaintiff the defendant claims were charged at rates that were beyond what is "reasonable and customary".

- a. Set forth with specificity the amount the defendant claims is "reasonable and customary" for each of the services provided to the assignor in this case.

b. Set forth any and all outside sources relied upon by the defendant for each of the "reasonable and customary" fees set forth in #25b. Denote which sources were utilized to establish the reasonable and customary fee for each service provided to the assignor in this case.

c. Set forth all of defendant's internal memorandum, emails, correspondence, regulations, directives and procedures relied upon by the defendant for each of the "reasonable and customary" fees set forth in #25(b). Denote which sources were utilized to establish the "reasonable and customary" fee for each service provided to the assignor in this case.

d. Please set forth the specific individual or individuals in the employ of defendant who are responsible for establishing the "reasonable and customary" amounts to be paid for each of the services provided to the assignor in this case.

e. Please state with specificity the highest monetary amount that the defendant has paid for each of the services provided to the assignor in the calendar year(s) for each of the contested services provided in the instant case to any provider. Please state how the defendant arrived at these amounts.

f. Please state with specificity whether the defendant paid the same amount charged by the plaintiff for each of the services provided to the assignor in the calendar year(s) of the services provided in the instant case to any provider. Please state how the defendant made this determination.

Dated: 10/11/2007

Bronx, New York

Yours, etc.

LAWFIRM\_NAME  
Attorneys for Plaintiff  
ADDRESS1  
ADDRESS2  
PHONE.NO  
File No.: CASE\_ID

By:

[ ] ATTORNEY\_NAME

TO: DEFENDANT\_ATTORNEY  
Attorneys for Defendant  
INSURANCE\_NAME  
DEF\_ATT\_Y\_ADDRESS1  
DEF\_ATT\_Y\_ADDRESS1  
DEF\_ATT\_Y\_CLAIMNO.

CIVIL COURT OF THE NEW YORK  
COUNTY OF BRONX

Index No.: **INDEX\_NO.**

-----X  
**PROVIDER\_NAME**  
**A/A/O INJURED\_NAME,**

PLAINTIFF,

-AGAINST-

PLAINTIFF'S FIRST SET  
OF DOCUMENT DEMANDS

**INSURANCE\_NAME,**

DEFENDANT  
-----X

SIRS/MADAMS:

**PLEASE TAKE NOTICE** that you are requested to provide the following materials pursuant to the applicable provisions of the Civil Practice Law and Rules and the rules of this Court, returnable at the law offices of FRIEDMAN, HARFENIST, LANGER & KRAUT, at ADDRESS1, Lake Success, New York 11042, within twenty days:

1. *A copy of the subject insurance policy between the defendant and the plaintiff assignor.*
2. *Copy of the entire No-Fault file.*
3. *Provide a true and accurate copy of the Police Report of the underlying accident.*
4. *Copy of the Declaration page for the insurance policy.*
5. *Provide NF-2 for the underlying claim to this action.*
6. *Provide the NF-10's at issue on the underlying claim to this action.*
7. *A true and accurate copy of all certifications from the Superintendent of the New York State Insurance Department permitting the defendant to sell insurance.*
8. *Any medical and/or professional licenses and/or certifications of any individual that performed either Independent Medical Exam, peer review, a medical audit or medical reviews on the claims relevant to this action.*
9. *All correspondences regardless of its form, including letters, e-mails, memo's and directives between any individual who performed an Independent Medical Examination, a Peer Review, a medical audit or medical review on the underlying claims to this action.*
10. *If alleged provide any and all documents that support defendant's contention "medical treatment rendered was neither necessary nor medically indicated.*
11. *A copy of portions of any employee handbook, manual or alike concerning the handling of claims involving the specific form of testing and/or medical supply involved in the instant action.*
12. *All correspondence regardless of its form, including letters, e-mails, memo's and directives involving the denial of this claim from and supervisor or supervisory authority.*

13. *If an EUO was taken of either the provider of the assignor, provide a copy of said transcript(s).*
14. *If an EUO was conducted relevant to the claims in the instant action, provide the objective standards maintained by the defendants pursuant to 11 NYCRR 65-3.5.*
15. *If an Independent Medical Exam (IME) was conducted please provide a true copy of the contract and/or agreement between the defendant and the individual who conducted the IME.*
16. *If a Peer review was drafted please provide a true copy of the contract and/or agreement between the defendant and the individual who drafted the peer review.*
17. *If a medical audit was drafted please provide a true copy of the contract and/or agreement between the defendant and the individual who drafted the medical audit.*

Dated: 10/11/2007  
Bronx, New York

Yours, etc.

LAWFIRM\_NAME  
Attorneys for Plaintiff  
ADDRESS1  
ADDRESS2  
PHONE.NO  
File No.: CASE\_ID

By:

[ ] ATTORNEY\_NAME

TO: DEFENDANT\_ATTORNEY  
Attorneys for Defendant  
INSURANCE\_NAME  
DEF\_ATT\_Y\_ADDRESS1  
DEF\_ATT\_Y\_ADDRESS1  
DEF\_ATT\_Y\_CLAIMNO.



Index No.: INDEX\_NO.

CIVIL COURT OF THE NEW YORK

COUNTY OF BRONX

-----X

PROVIDER\_NAME  
A/A/O INJURED\_NAME,

PLAINTIFF,

-AGAINST-

INSURANCE\_NAME,

DEFENDANT

-----X

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PLAINTIFF'S FIRST SET OF INTERROGATORIES  
AND DOCUMENT DEMANDS

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LAWFIRM\_NAME

*Attorneys for Plaintiff*

ADDRESS1

ADDRESS2

PHONE NO.

STATE OF NEW YORK   )  
  ).:  
COUNTY OF BRONX   )

**ATTORNEY\_NAME**, being duly sworn, deposes and says:

Deponent is not a party to the action is over 18 years of age and resides in Queens County, New York.

On **Current\_Date**, deponent served the within

**NOTICE OF MOTION**

upon the following person(s) herein at the following address(s), by depositing true copies of same enclosed in properly addressed, post-paid wrapper(s), by regular mail in an official depository under the exclusive care and custody of the United States Postal Service within the State of New York:

TO:  
DEFENDANT\_ATTORNEY  
DEF\_ATT\_Y\_ADDRESS1  
DEF\_ATT\_Y\_ADDRESS1

\_\_\_\_\_  
ATTORNEY\_NAME

Sworn to before me this  
\_\_\_ Day of \_\_\_\_\_, 2008

\_\_\_\_\_  
NOTARY PUBLIC

Index No. INDEX\_NO.

CIVIL COURT OF THE NEW YORK  
COUNTY OF BRONX

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ALL APROVIDER\_NAME  
As Assignee of INJURED\_NAME

`Plaintiff,

-against-

INSURNACE\_COMPANY,

`Defendant.

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## NOTICE OF MOTION

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*Pursuant to 22 NYCRR 130-1.1, the undersigned, an attorney admitted to practice in the courts of New York State, certifies that, upon information and belief and reasonable inquiry, the contentions contained in the annexed document(s) are not frivolous.*

Dated: Bronx, N.Y.  
Current\_Date

\_\_\_\_\_  
Attorney\_name

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**LAWFIRM\_NAME**

Attorneys for Plaintiff

ADDRESS1

ADDRESS2

PHONE NO.