

DISTRICT COURT OF THE COUNTY_NAME
FIRST DISTRICT: HEMPSTEAD PART

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PROVIDER_NAME.
Assignee of **INJURED_NAME**

Index No.
SUMMONS

Plaintiff(s)

-against-

Plaintiff Business Address:
Plaintiff's address-1
Plaintiff's address-2

INSURANCE COMPANY_NAME

The basis of the venue designated is UDCA
Section 305 (b)

Defendant(s)

----- X

To the above named defendant(s):

YOU ARE HEREBY SUMMONED and required to appear in the **DISTRICT COURT OF THE COUNTY_NAME**, FIRST DISTRICT: HEMPSTEAD PART, at the Clerk of the said court at 99 MAIN ST, HEMPSTEAD, NY 11550, in the **COUNTY_NAME**, 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: **CURRENT_DATE**

Defendant's Address:

INSURANCE COMPANY_NAME
INS CO. address-1
INS CO. address-2
CLAIM_NO.

 A.ATTORNEY_NAME
 B.ATTORNEY_NAME

LAWFIRM_NAME
Attorneys For Plaintiff
ADDRESS_1
CITY_STATE_ZIP
PHONE_NUMBER

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 filled with the Clerk of this Court.

DISTRICT COURT OF THE COUNTY_NAME
FIRST DISTRICT: HEMPSTEAD PART

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PROVIDER_NAME.
Assignee of **INJURED_NAME**.

VERIFIED COMPLAINT

Plaintiff(s)

against-

INSURANCE COMPANY_NAME

Our File Number: CASE_ID

Defendant(s)

-----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. The policy of insurance referenced in the preceding paragraph contained a Mandatory Personal Injury Protection Endorsement covering payment of medical expenses.
4. That one of the No Fault benefits was payment of health service expenses
5. **PROVIDER_NAME** is a health service provider licensed to practice in the State of New York
6. **PROVIDER_NAME** is the assignee of **INJURED_NAME**.
7. That the assignor was injured in an automobile accident on **DOA**.
8. That as result of the aforesaid accident, the assignor was entitled to receive No Fault Benefits.
9. That the defendant transacts business in the **COUNTY_NAME**.
10. That Plaintiff Assignee rendered necessary health service to the assignor

AS AND FOR A SECOND CAUSE OF ACTION

11. Plaintiff repeats and re alleges the allegations set forth in paragraphs “1” through “9” above as if fully set forth herein.
12. That Plaintiff Assignee submitted a bill and claim for payment in the amount of \$ **CLAIM AMOUNT OF FIRST BILL**
13. Plaintiff provided health cares services to assignee during the period of **DOS OF FIRST BILL**
14. That there has been partial payment of \$ **PARTIAL_PAYMENT** of said bill.
15. The 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 **CLAIM AMOUNT OF FIRST BILL.**
16. Said bill was submitted to the defendant subsequent to **DBS OF FIRST BILL** and within the Statutory time frame contemplated by Article 68 of the Insurance Regulations.
17. That there remains an open and unpaid balance on said bill in the sum of **CLAIM AMOUNT OF FIRST BILL**
18. 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.
19. That this transaction is one in which no credit was extended to the defendant and is therefore not a “consumer credit transaction”.

AS AND FOR A THIRD CAUSE OF ACTION

20. 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)

AS AND FOR A FOURTH CAUSE OF ACTION

21. Plaintiff repeats and re alleges the allegations set forth in paragraphs “1” through “9” above as if fully set forth herein.
22. Plaintiff provided healthcares services to assignee during the period of **DOS OF SECOND BILL**
23. The 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 **CLAIM AMOUNT OF SECOND BILL .**
24. That the said bill was submitted together with the proper No Fault Verifications Forms as annexed hereto(**FOR SERVICE PROVIDER WITH AOB**) **OR** Said bill was submitted to the defendant subsequent to **DBS OF SECOND BILL (FOR SUPPLIES PROVIDER WITH AOB)**

25. Said bill was submitted to the defendant subsequent to **DBS OF SECOND BILL** and within the statutory time frame contemplated by Article 68 of the Insurance Regulations.

26. That there remains an open and unpaid balance on said bill in the sum of CLAIM AMOUNT OF SECOND BILL \
27. 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 FIFTH CAUSE OF ACTION

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

DATE: CURRENT_DATE

A.ATTORNEY_NAME

B.ATTORNEY_NAME

LAWFIRM_NAME
Attorney for Plaintiff
ADDRESS_1
CITY_STATE_ZIP
(512) 248-0201

VERIFICATION AND CERTIFICATION PURSUANT TO SECTION 130-1

I, A.ATTORNEY_NAME, B.ATTORNEY_NAME, am an attorney admitted to practice in the Courts of New York, and say

I am an attorney 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 forgoing 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.

CURRENT_DATE

A.ATTORNEY_NAME

B.ATTORNEY_NAME

EXHIBIT A

EXHIBIT B

Index No.

Year

DISTRICT COURT OF THE COUNTY_NAME
FIRST DISTRICT: HEMPSTEAD PART

PROVIDER_NAME.

Assignee of INJURED_NAME

SUMMONS AND VERIFIED
COMPLANIT

Plaintiff(s)

against-

INSURANCE_COMPANY NAME

Defendant(s)

Pursuant to Sec. 130- I 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.

Notice pursuant to CPLT 2103(5) declining service by electronic transmittal.

LAWFIRM_NAME

Attorneys For Plaintiff

ADDRESS_1

CITY_STATE_ZIP

PHONE_NUMBER

To:

Attorney(s) for the Defendant

Service of a copy of the

Within

is hereby admitted

Date:

Attorney(s) for