

14 patients

**BEST CARE & WELLNESS GROUP**

170 West 233rd Street,  
BRONX, NY 10463

DATE: 01/19/26

X-RAY LIST

NAME:	NOTE:	
1. Nancy Cruz		
2. Jose Alexedo		
3. Yim esth9 Sanchez		
4. Man9 Guzman		
5. Kesy Abante		
6. Janibel peng		
7. Stanley Pomas		
8. Josue matos		
9. Zoquieta Curi		
10. Melanie Espinal		
11. Florida <del>Castro</del> Castro		
12. Monique Brown		
13. Nicole Walker		
14. Gelderson Terredo		
15.		
16.		
17.		
18.		
19.		
20.		

WE ARE EXPERIENCING CPU ISSUES. WE TURNED OFF A FEW SYSTEMS AND WILL TURN THEM ON NOW. THERE MAYBE DISRUPTIONS TODAY OR EVEN TOMORROW. WE ARE WORKING TO FIX THE ISSUES.

List Cases	Work Area	Scheduler	Diary	Add Note	Data Entry	Reports Area	User Guide	Log off (YASMINHDEZ)
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### Elite Health & Wellness Center PC

Patient Info	Billing Info	Data Billing	Bulk Billing	Create New Patient	Documents	Unmailed Bills	Unbilled Patients	Verifications	InHouse Ebills	Missing POMs/Fax POMs	No Answer in 45 days	NF-2 Not Sent Report
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**Open Scanner**

**Templates**  
..Select..

**[Quick Search]**

By Last Name

By Claim #

By Patient Id

**Verifications Available**

#	Request	Answer	Left	Bill
New				

<b>Patient Info (Id: 688)</b>		<b>Show All Diary Notes</b>		<b>Summary Note</b>		<b>Fields in red required for E-submission. Brown - for WC only.</b>				<b>GTK ID #</b>	
<b>First Name</b>	DANNY JOEL	<b>Last Name</b>	ENCARNACION DE LA CRUZ	<b>Sex:</b>	M	<b>Height/Weight</b>	ft	in	lbs		
<b>Address</b>	165 SHERMAN AVE APT 2B	<b>City,State,Zip</b>	BRONX	<b>N</b>	10034	<b>SSN/DOB:</b>	598-54-7660	08/01/1997			
<b>Home Phone</b>		<b>Cell Phone</b>	917-702-8571	<b>Place Of Service</b>	Bestcare Bronx						
<b>Contact Info</b>		<b>Emer Phone</b>	646-626-1106	<b>Email/CaseType</b>		<input type="button" value="No-Fault"/>					
<b>PtntToInsurd</b>	Self	<b>Office</b>	Elite Health & Wellness Center PC	<b>WC#/Prior #</b>							
<b>EmplrName/Ph</b>		<b>Emplr Address</b>		<b>Emplr City,St,Zp</b>	N						
<b>Insurance Co.</b>	Kemper Casualty Ins.Co.; P.O. Box 28	<b>Insurance Claim #</b>	25123699513	<b>PT's Attorney</b>	..Select..						
<b>Adjuster</b>		<b>Adj. Phone/Fax</b>		<b>NoWork Frm/To</b>							
<b>Insurd FName</b>	DANNY JOEL	<b>Insurd LName</b>	ENCARNACION DE LA CRUZ	<b>Sex:</b>	M	<b>Insurd DOB</b>	08/01/1997				
<b>Insrd Address</b>	165 SHERMAN AVE APT 2B	<b>Insrd City,St,Zp</b>	BRONX	<b>N</b>	10034	<b>Policy#/MedID</b>	10018385103				
<b>First Visit</b>		<b>DOA/State/Role</b>	10/01/2025	N	Passenger	<b>Cntr Indication</b>					
<b>NF-2 Sent on</b>		<b>Confirmed</b>	<input type="checkbox"/>	<b>Status</b>	OPEN	<b>Cut Off Date:</b>		<b>Type:</b>	..Select..		
<b>Referred By</b>	..Select..	<b>Policy Limit</b>	..Select..	<b>Totals:</b>	<b>Billed: 0.00; Balance: 0.00; Paid: 0.00; WriteOff: 0.00</b>						
<b>Comments</b>	INSURED: KEMPER # 1-800-972-3571 LAWYER: DAVID A. FEINERMAN 718-646-4800					<b>Diagnosis</b> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. ..Select..					
<b>Save Updates:</b>	AOB Already Exists.		<b>MG2 Counter</b>	<b>MG2 Exp. Date</b>							
<b>Missing document(s) for MAIL LOG: None</b>											

January							2026						
Su	Mo	Tu	We	Th	Fr	Sa							
					1	2	3						
4	5	6	7	8	9	10							
11	12	13	14	15	16	17							
18	19	20	21	22	23	24							
25	26	27	28	29	30	31							
Future Appointments							Open						
Past Appointments							Open						

**Tests Summary Information**

Test Date	Test Name	Comments	Provider	Delete
	..Select..		..Select..	<input type="button" value="Add"/>
<input type="button" value="Edit Selected"/> <input type="button" value="Delete Selected"/>				

**Notes Details (Showing up to 100 records)**

<b>Records per Page:</b> 150 <input type="button" value="Show All"/>			
Record (1.. 5) of 5			
<b>Notes Description</b>	<b>Notes Details</b>	<b>Edited By</b>	<b>Date Edited</b>
Patient Info added/updated	Insurd:153;	Serenly	2025-10-13 16:26:10
Client Info updated in all related offices	153; 25123699513; Oct 1 2025 12:00AM; bestcare;	Serenly	2025-10-13 16:26:10
Patient Info added/updated	Note:INSURED: KEMPER # 1-800-972-3571 LAWYER: DAVID A. FEINERMAN 718-646-4800;	BestcareBronx	2025-10-10 15:05:08
Patient Info added/updated	Note:INSURED: KEMPER # 1-800-972-3571;	BestcareBronx	2025-10-02 14:49:24
Patient Info added/updated	New Client created.	BestcareBronx	2025-10-02 14:35:28
Record (1.. 5) of 5			

NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW  
ASSIGNMENT OF BENEFITS FORM

(FOR ACCIDENTS OCCURRING ON AND AFTER 3/1/02)

Claim Number: \_\_\_\_\_

I, \_\_\_\_\_, ("Assignor") hereby assign to DYNAMIC MOBILE XRAY SVCS, ("Assignee")  
(Print patient's name) (Print hospital or health care provider name)  
all rights privileges and remedies to payment for health care services provided by assignee to which I am  
entitled under Article 51 (the No-Fault statute) of the Insurance Law.

The Assignee hereby certifies that they have not received any payment from or on behalf of the Assignor and  
shall not pursue payment directly from the Assignor for services provided by said Assignee for injuries sustained  
due to the motor vehicle accident which occurred on \_\_\_\_\_, not withstanding any other agreement  
(Print accident date)  
to the contrary.

This agreement may be revoked by the assignee when benefits are not payable based upon the assignor's lack  
of coverage and/or violation of a policy condition due to the actions or conduct of the assignor.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON  
FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR  
PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE  
PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO,  
IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS,  
SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR  
CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR  
VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND  
SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF  
THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

Daniel J. Vaccarion  
(Print name of Patient)

Daniel J. Vaccarion  
(Signature of Patient)

01/09/20  
(Date of signature)

\_\_\_\_\_  
(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES  
(Print name of Provider)

[Signature]  
(Signature of Provider)

3412 BLUESTONE LANE

01/09/20  
(Date of signature)

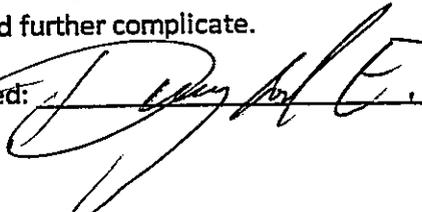
EAST STROUDSBURG PA 18301  
(Address of Provider)

**DYNAMIC MOBILE XRAY SERVICES LLC**  
**3412 BLUESTONE LANE**  
**EAST STROUDSBURG PA 18301**  
**Tel: (570) 243-1888**

**X-Ray Consent Form**

**Parent Consent To X-Ray:**

I hereby authorize the performance of diagnostic x-rays. The Doctor has requested the x-rays for further diagnostic purposes. At this point I know of no other condition which the taking of x-rays would further complicate.

Signed:  Date: 01/09/20

**Consent To X-Ray:**

A Minor I am a parent or legal guardian of \_\_\_\_\_ who is a minor, \_\_\_\_\_ years of age. I hereby authorize the performance of diagnostic x-rays of said minor. The Doctor has requested the x-rays for further diagnostic purposes. At this point I know of no other condition which the taking of x-rays would further complicate.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Females: Regarding Possibility of Pregnancy**

This is to certify that, to the best of my knowledge, I am NOT pregnant. The doctor has permission to perform diagnostic x-rays. I am aware that taking x-rays, particularly those involving the pelvis, can be hazardous to an unborn child.

Signed: \_\_\_\_\_ Date: 01/09/20

WE ARE EXPERIENCING CPU ISSUES. WE TURNED OFF A FEW SYSTEMS AND WILL TURN THEM ON NOW. THERE MAYBE DISRUPTIONS TODAY OR EVEN TOMORROW. WE ARE WORKING TO FIX THE ISSUES.

List Cases	Work Area	Scheduler	Diary	Add Note	Data Entry	Reports Area	User Guide	Log off (YASMINHDEZ)
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Elite Health & Wellness Center PC

Patient Info	Billing Info	Date Billing	Bulk Billing	Create New Patient	Documents	Unmailed Bills	Unbilled Patients	Verifications	InHouse Ebills	Missing POMs/Fax POMs	No Answer in 45 days	NF-2 Not Sent Report
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Open Scanner

Templates

Quick Search

By Last Name

By Claim #

By Patient Id

Get Prev

Get Next

Verifications Available

#	Request	Answer	Left	Bill
New				

Patient Info (Id: 715)		Show All Diary Notes		Summary Note		Fields in red required for E-submission. Brown - for WC only.				GTX ID #	
First Name	JOSE SAMUEL	Last Name	GUZMAN ACEVEDO	Sex:	M	Height/Weight	ft	in	lbs		
Address	630 E LINCOLN AVE APT 5B	City,State,Zip	MOUNT VERNON NY 10552	SSN/DOB:	846-54-0460 09/13/1971	Place Of Service	Bestcare Bronx				
Home Phone		Cell Phone	347-928-2968	Email/CaseType	JOSEGUZMAN3033@GMAIL.COM No-Fault						
Contact Info		Emer Phone		WC#/Prior #							
PtntToInsurd	Self	Office	Elite Health & Wellness Center PC	Empir City,St,Zp	NY						
EmpirName/Ph		Empir Address		PT's Attorney	..Select..						
Insurance Co.	Progressive Northeastern Ins. Co.; 72	Insurance Claim #	25647271252	NoWork Frm/To							
Adjuster	DAVIS BAQI	Adj. Phone/Fax	518-560-3736	Insurd DOB	09/13/1971						
Insurd FName	JOSE SAMUEL	Insurd LName	GUZMAN ACEVEDO	Policy#/MedID	864713561						
Insurd Address	630 E LINCOLN AVE APT 5B	Insurd City,St,Zp	MOUNT VERNON NY 10552	DOA/State/Role	11/13/2025 NY Passenger	Cntr Indication					
First Visit		Status	OPEN	Cut Off Date:	Type: ..Select..						
NF-2 Sent on		Confirmed	<input type="checkbox"/>	Totals:	Billed: 0.00; Balance: 0.00; Paid: 0.00; WriteOff: 0.00						
Referred By	..Select..	Policy Limit	..Select..								
Comments	<p>BRIAN J. LEVY &amp; ASSOCIATES, PC</p> <p>A Personal Injury Law Firm</p> <p>75 Jackson Ave.</p> <p>Syosset, NY 11791</p> <p>TEL: (516) 496-1777</p> <p>FAX: (516) 226-1040</p> <p>E-MAIL:</p>										
Save Updates		AOB Already Exists		MG2 Counter		MG2 Exp. Date		Missing document(s) for MAIL LOG: [Police report]			

January 2026

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Future Appointments Open

Past Appointments Open

Tests Summary Information

Test Date	Test Name	Comments	Provider	Delete
	..Select..		..Select..	Add

Edit Selected Delete Selected

Notes Details (Showing up to 100 records)

Records per Page: 150 Show All

Record (1.. 3) of 3

Notes Description	Notes Details	Edited By	Date Edited
Patient Info added/updated	Note: BRIAN J. LEVY & ASSOCIATES, PC A Personal Injury Law Firm 75 Jackson Ave. Syosset, NY 11791 TEL: (516) 496-1777 FAX: (516) 226-1040 E-MAIL: alevantes@brianlevy.com;	BestcareBro rx	2026-01-16 12:28:28
Patient Info added/updated	ServicePlace:1997;	BestcareBro rx	2025-11-17 17:55:23
Patient Info added/updated	New Client created.	BestcareBro rx	2025-11-17 17:55:18

Record (1.. 3) of 3

NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW  
ASSIGNMENT OF BENEFITS FORM

(FOR ACCIDENTS OCCURRING ON AND AFTER 3/1/02)

Claim Number: \_\_\_\_\_

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(Print patient's name) (Print hospital or health care provider name)  
all rights privileges and remedies to payment for health care services provided by assignee to which I am  
entitled under Article 51 (the No-Fault statute) of the Insurance Law.

The Assignee hereby certifies that they have not received any payment from or on behalf of the Assignor and  
shall not pursue payment directly from the Assignor for services provided by said Assignee for injuries sustained  
due to the motor vehicle accident which occurred on \_\_\_\_\_, not withstanding any other agreement  
(Print accident date)  
to the contrary.

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of coverage and/or violation of a policy condition due to the actions or conduct of the assignor.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON  
FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR  
PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE  
PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO,  
IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS,  
SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR  
CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR  
VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND  
SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF  
THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

Jose Green  
(Print name of Patient)

[Signature]  
(Signature of Patient)

\_\_\_\_\_  
(Address of Patient)

01/09/20  
(Date of signature)

DYNAMIC MOBILE XRAY SERVICES  
(Print name of Provider)

[Signature]  
(Signature of Provider)

3412 BLUESTONE LANE  
EAST STROUDSBURG PA 18301  
(Address of Provider)

01/09/20  
(Date of signature)

**DYNAMIC MOBILE XRAY SERVICES LLC**  
**3412 BLUESTONE LANE**  
**EAST STROUDSBURG PA 18301**  
**Tel: (570) 243-1888**

**X-Ray Consent Form**

**Parent Consent To X-Ray:**

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Signed:  Date: 01/19/20

**Consent To X-Ray:**

A Minor I am a parent or legal guardian of \_\_\_\_\_ who is a minor, \_\_\_\_\_ years of age. I hereby authorize the performance of diagnostic x-rays of said minor. The Doctor has requested the x-rays for further diagnostic purposes. At this point I know of no other condition which the taking of x-rays would further complicate.

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**Females: Regarding Possibility of Pregnancy**

This is to certify that, to the best of my knowledge, I am NOT pregnant. The doctor has permission to perform diagnostic x-rays. I am aware that taking x-rays, particularly those involving the pelvis, can be hazardous to an unborn child.

Signed: \_\_\_\_\_ Date: 01/19/20

2

WE ARE EXPERIENCING CPU ISSUES. WE TURNED OFF A FEW SYSTEMS AND WILL TURN THEM ON NOW. THERE MAYBE DISRUPTIONS TODAY OR EVEN TOMORROW. WE ARE WORKING TO FIX THE ISSUES.

List Cases	Work Area	Scheduler	Diary	Add Note	Data Entry	Reports Area	User Guide	Log off (YASMINHDEZ)
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Elite Health & Wellness Center PC

Patient Info	Billing Info	Date Billing	Bulk Billing	Create New Patient	Documents	Unmailed Bills	Unbilled Patients	Verifications	InHouse Ebills	Missing POMs/Fax POMs	No Answer in 45 days	NF-2 Not Sent Report
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**Open Scanner**

**Templates**  
..Select..

**Quick Search**

By Last Name

By Claim #

By Patient Id

**Verifications Available**

#	Request	Answer	Left	Blk
New				

Patient Info (Id: 710) Show All Diary Notes		Summary Note		Fields in red required for E-submission. Brown - for WC only.				GTX ID #	
First Name	YINESKA	Last Name	CLAUDIO SANCHES	Sex:	F	Height/Weight	ft	in	lbs
Address	4530 BROADWAY APT 1C	City,State,Zip	MANHATTAN NY 10040	SSN/DOB:	128-6	09/02/2000			
Home Phone		Cell Phone	646-316-4716	Place Of Service	Bestcare Bronx				
Contact Info		Emer Phone		Email/CaseType	LIEN				
PtntToInsurd	Self	Office	Elite Health & Wellness Center PC	WC#/Prior #					
EmplrName/Ph		Emplr Address		Emplr City,St,Zp	NY				
Insurance Co.	SEE MTX; Unknown, NY	Insurance Claim #		PT's Attorney	..Select..				
Adjuster		Adj. Phone/Fax		NoWork Frm/To					
Insurd FName	YINESKA	Insurd LName	CLAUDIO SANCHES	Sex:	F	Insurd DOB	09/02/2000		
Insrd Address	4530 BROADWAY APT 1C	Insrd City,St,Zp	MANHATTAN NY 10040	Policy#/MedID					
First Visit		DOA/State/Role	10/08/2025 NY ...	Cntr Indication					
NF-2 Sent on		Confirmed	<input type="checkbox"/>	Status	OPEN				
Referred By	..Select..	Policy Limit	..Select..	Totals:	Billed: 0.00; Balance: 0.00; Paid: 0.00; WriteOff: 0.00				
Comments	DAVIDOV & COHEN LAW Ph: 718-328-8001 E: INFO@DCNYCLAW.COM				Diagnosis 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. ..Select..				
<input type="button" value="Save Updates"/>		AOB Already Exists		<input type="button" value="MG2 Counter"/>		<input type="button" value="MG2 Exp. Data"/>		Missing document(s) for MAIL LOG: [Police report]	

January 2026

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Future Appointments

Past Appointments

Tests Summary Information

Test Date	Test Name	Comments	Provider	Delete
	..Select..		..Select..	<input type="button" value="Add"/>

Notes Details (Showing up to 100 records)

Records per Page: 150 Show All

Record (1.. 3) of 3

Notes Description	Notes Details	Edited By	Date Edited
Patient Info added/updated	Note:DAVIDOV & COHEN LAW Ph: 718-328-8001 E: INFO@DCNYCLAW.COM;	Evadm1	2025-11-21 12:29:00
Patient Info added/updated	SSN:128-6;	Evadm1	2025-11-10 17:46:36
Patient Info added/updated	New Client created.	BestcareBronx	2025-10-31 14:09:54

Record (1.. 3) of 3

NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW  
ASSIGNMENT OF BENEFITS FORM

(FOR ACCIDENTS OCCURRING ON AND AFTER 3/1/02)

Claim Number: \_\_\_\_\_

I, Yineska Claudio ("Assignor") hereby assign to DYNAMIC MOBILE XRAY SVCS, ("Assignee")  
(Print patient's name) (Print hospital or health care provider name)  
all rights privileges and remedies to payment for health care services provided by assignee to which I am  
entitled under Article 51 (the No-Fault statute) of the Insurance Law.

The Assignee hereby certifies that they have not received any payment from or on behalf of the Assignor and  
shall not pursue payment directly from the Assignor for services provided by said Assignee for injuries sustained  
due to the motor vehicle accident which occurred on 10/08/25, not withstanding any other agreement  
(Print accident date)

to the contrary.

This agreement may be revoked by the assignee when benefits are not payable based upon the assignor's lack  
of coverage and/or violation of a policy condition due to the actions or conduct of the assignor.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR OTHER PERSON  
FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR  
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PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO,  
IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS,  
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SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF  
THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

Yineska Claudio  
(Print name of Patient)

4530 Broadway,  
apt 1c, NY, NY, 10040  
(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES  
(Print name of Provider)

3412 BLUESTONE LANE  
EAST STROUDSBURG PA 18301  
(Address of Provider)

Yineska Claudio  
(Signature of Patient)

10/09/25  
(Date of signature)

[Signature]  
(Signature of Provider)

10/09/25  
(Date of signature)

**DYNAMIC MOBILE XRAY SERVICES LLC**  
**3412 BLUESTONE LANE**  
**EAST STROUDSBURG PA 18301**  
**Tel: (570) 243-1888**

**X-Ray Consent Form**

**Parent Consent To X-Ray:**

I hereby authorize the performance of diagnostic x-rays. The Doctor has requested the x-rays for further diagnostic purposes. At this point I know of no other condition which the taking of x-rays would further complicate.

Signed: Yenista Claudio Date: 01/09/20

**Consent To X-Ray:**

A Minor I am a parent or legal guardian of \_\_\_\_\_  
who is a minor, \_\_\_\_\_ years of age. I hereby authorize the performance of diagnostic x-rays of said minor. The Doctor has requested the x-rays for further diagnostic purposes. At this point I know of no other condition which the taking of x-rays would further complicate.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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List Cases	Work Area	Scheduler	Diary	Add Note	Data Entry	Reports Area	User Guide	Log off (YASMINHDEZ)
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### Elite Health & Wellness Center PC

Patient Info	Billing Info	Date Billing	Bulk Billing	Create New Patient	Documents	Unmailed Bills	Unbilled Patients	Verifications	InHouse Ebills	Missing POMs/Fax POMs	No Answer in 45 days	NF-2 Not Sent Report
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**Open Scanner**

**Templates**

..Select..

**Quick Search**

By Last Name

By Claim #

By Patient Id

**Verifications Available**

#	Request	Answer	Left	Bill
New				

<b>Patient Info (Id: 752) Show All Diary Notes</b>		<b>Summary Note</b>		<b>Fields in red required for E-submission. Brown - for WC only.</b>			<b>GTX ID #</b>
<b>First Name</b>	MARIA ELANA	<b>Last Name</b>	GUZMAN	<b>Sex:</b>	F	<b>Height/Weight</b>	ft in lbs
<b>Address</b>	260 PROSPECT AVE APT 652	<b>City,State,Zip</b>	HACKENSACK NJ 07601	<b>SSN/DOB:</b>	897-59-6459	11/21/1994	
<b>Home Phone</b>		<b>Cell Phone</b>	646-898-5058	<b>Place Of Service</b>	Bestcare Bronx		
<b>Contact Info</b>		<b>Emer Phone</b>		<b>Email/CaseType</b>	M92873219@GMAIL.COM	No-Fault	
<b>PtntToInsurd</b>	Self	<b>Office</b>	Elite Health & Wellness Center PC	<b>WC#/Prior #</b>			
<b>EmpirName/Ph</b>		<b>Empir Address</b>		<b>Empir City,St,Zp</b>			
<b>Insurance Co.</b>	GEICO Casualty Insurance; 750 Wood	<b>Insurance Claim #</b>	88676071120000002	<b>PT's Attorney</b>	..Select..		
<b>Adjuster</b>	KELLY SIMMONS	<b>Adj. Phone/Fax</b>	478-444-6220	<b>NoWork Frm/To</b>			
<b>Insurd FName</b>	MARIA ELANA	<b>Insurd LName</b>	GUZMAN	<b>Insurd DOB</b>	11/21/1994		
<b>Insrd Address</b>	260 PROSPECT AVE APT 652	<b>Insrd City,St,Zp</b>	HACKENSACK NJ 07601	<b>Policy#/MedID</b>	6220163957		
<b>First Visit</b>		<b>DOA/State/Rols</b>	12/30/2025 M Driver	<b>Cntr Indication</b>			
<b>NF-2 Sent on</b>		<b>Status</b>	OPEN	<b>Cut Off Date:</b>		<b>Type:</b> ..Select..	
<b>Referred By</b>	..Select..	<b>Policy Limit</b>	..Select..	<b>Totals:</b>	billed: 0.00; Balance: 0.00; Paid: 0.00; WriteOff: 0.00		
<b>Comments</b>	ATTORNEY ASTA & BICKOFF TEL:212-244-8555			<b>Diagnosis</b>			
				1. _____			
				2. _____			
				3. _____			
				4. _____			
				5. _____			
				6. ..Select..			
<b>Save Updates</b>	AOB Already Exists. MG2 Counter		MG2 Exp. Date	Missing document(s) for MAIL LOG: [Police report]			

January 2026

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Future Appointments **Open**

Past Appointments **Open**

**Tests Summary Information**

Test Date	Test Name	Comments	Provider	Delete
	..Select..		..Select..	<input type="button" value="Add"/>

**Notes Details (Showing up to 100 records)**

Records per Page: 150

Record (1.. 5) of 5

Notes Description	Notes Details	Edited By	Date Edited
Patient Info added/updated	Note:ATTORNEY ASTA & BICKOFF TEL:212-244-8555;	BestcareBronx	2026-01-14 15:33:18
Patient Info added/updated	Note:ATTORNEY ASTA & BICKOFF TEL:212-244-8555;	YASMINHDEZ	2026-01-13 14:34:38
Patient Info added/updated	FName:MARIA ELANA; InsuredFName:MARIA ELANA;	BestcareBronx	2026-01-07 15:13:57
Patient Info added/updated	AccidentState:NY;	BestcareBronx	2026-01-07 15:06:38
Patient Info added/updated	New Client created.	BestcareBronx	2026-01-07 15:06:21

Record (1.. 5) of 5

NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW  
ASSIGNMENT OF BENEFITS FORM

(FOR ACCIDENTS OCCURRING ON AND AFTER 3/1/02)

Claim Number: \_\_\_\_\_

I, Maria Guzman ("Assignor") hereby assign to DYNAMIC MOBILE XRAY SVCS, ("Assignee")  
(Print patient's name) (Print hospital or health care provider name)  
all rights privileges and remedies to payment for health care services provided by assignee to which I am  
entitled under Article 51 (the No-Fault statute) of the Insurance Law.

The Assignee hereby certifies that they have not received any payment from or on behalf of the Assignor and  
shall not pursue payment directly from the Assignor for services provided by said Assignee for injuries sustained  
due to the motor vehicle accident which occurred on 12/30/25, not withstanding any other agreement  
(Print accident date)  
to the contrary.

This agreement may be revoked by the assignee when benefits are not payable based upon the assignor's lack  
of coverage and/or violation of a policy condition due to the actions or conduct of the assignor.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR OTHER PERSON  
FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR  
PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE  
PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO,  
IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS,  
SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR  
CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR  
VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND  
SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF  
THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

Maria Guzman  
(Print name of Patient)

Maria Guzman  
(Signature of Patient)

269 Prospect Av Apt 652

01/19/26  
(Date of signature)

Spkensack NY 07601  
(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES  
(Print name of Provider)

[Signature]  
(Signature of Provider)

3412 BLUESTONE LANE

01/19/26  
(Date of signature)

EAST STROUDSBURG PA 18301  
(Address of Provider)

**DYNAMIC MOBILE XRAY SERVICES LLC**  
**3412 BLUESTONE LANE**  
**EAST STROUDSBURG PA 18301**  
**Tel: (570) 243-1888**

**X-Ray Consent Form**

**Parent Consent To X-Ray:**

I hereby authorize the performance of diagnostic x-rays. The Doctor has requested the x-rays for further diagnostic purposes. At this point I know of no other condition which the taking of x-rays would further complicate.

Signed: Mania Guzman Date: 01/09/20

**Consent To X-Ray:**

A Minor I am a parent or legal guardian of \_\_\_\_\_ who is a minor, \_\_\_\_\_ years of age. I hereby authorize the performance of diagnostic x-rays of said minor. The Doctor has requested the x-rays for further diagnostic purposes. At this point I know of no other condition which the taking of x-rays would further complicate.

Signed: Mania Guzman Date: \_\_\_\_\_

**Females: Regarding Possibility of Pregnancy**

This is to certify that, to the best of my knowledge, I am NOT pregnant. The doctor has permission to perform diagnostic x-rays. I am aware that taking x-rays, particularly those involving the pelvis, can be hazardous to an unborn child.

Signed: Mania Guzman Date: 01/09/20

WE ARE EXPERIENCING CPU ISSUES. WE TURNED OFF A FEW SYSTEMS AND WILL TURN THEM ON NOW. THERE MAYBE DISRUPTIONS TODAY OR EVEN TOMORROW. WE ARE WORKING TO FIX THE ISSUES.

List Cases	Work Area	Scheduler	Diary	Add Note	Data Entry	Reports Area	User Guide	Log off (YASMINHDEZ)
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### Elite Health & Wellness Center PC

Patient Info	Billing Info	Date Billing	Bulk Billing	Create New Patient	Documents	Unmailed Bills	Unbilled Patients	Verifications	Inhouse Ebills	Missing POMs/Fax POMs	No Answer in 45 days	NF-2 Not Sent Report
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Open Scanner

Templates

Quick Search

By Last Name

By Claim #

By Patient Id

Verifications Available

#	Request 1	Answer	Left	BID
New				

Patient Info (Id: 636) Show All Diary Notes		Summary Note		Fields in red required for E-submission. Brown - for WC only.			GTX ID #
First Name	KEISY ALBERTO	Last Name	VERAS ALMONTE	Sex:	<input type="text"/>	Height/Weight	<input type="text"/> ft <input type="text"/> in <input type="text"/> lbs
Address	1929 TOMLINSON AVE	City, State, Zip	BRONX NY 10461	SSN/DOB:	113-3	12/23/1992	
Home Phone		Cell Phone	857-200-8793	Place Of Service	Bestcare Bronx		
Contact Info		Emer Phone		Email/CaseType	No-Fault		
PtntToInsurd	Self	Office	Elite Health & Wellness Center PC	WC#/Prior #			
EmpIrName/Ph		EmpIr Address		EmpIr City,St,Zp	NY		
Insurance Co.	Progressive Northeastern Ins. Co.; 72	Insurance Claim #	25-503510362	PT's Attorney	..Select..		
Adjuster		Adj. Phone/Fax		NoWork Frm/To			
Insurd FName	KEISY ALBERTO	Insurd LName	VERAS ALMONTE	Insurd DOB	12/23/1992		
Insrd Address	1929 TOMLINSON AVE	Insrd City,St,Zp	BRONX NY 10461	Policy#/MedID			
First Visit	08/20/2025	DOA/State/Rola	08/19/2025 NY Passenger	Cntr Indication			
NF-2 Sent on	<input type="text"/> Confirmed <input type="checkbox"/>	Status	OPEN	Cut Off Date:	Type: ..Select..		
Referred By	..Select..	Policy Limit	..Select..	Totals:	Billed: 0.00; Balance: 0.00; Paid: 0.00; WriteOff: 0.00		
Comments	KELVIN CALDWELL 914 525 4614			Diagnosis			
				1. <input type="text"/>			
				2. <input type="text"/>			
				3. <input type="text"/>			
				4. <input type="text"/>			
				5. <input type="text"/>			
				6. ..Select..			
<input type="button" value="Save Updates"/>		AOB Already Exists. MG2 Counter: <input type="text"/>		MG2 Exp. Date: <input type="text"/>		Missing document(s) for MAIL LOG: None	

January							2026		
Su	Mo	Tu	We	Th	Fr	Sa			
					1	2	3		
4	5	6	7	8	9	10			
11	12	13	14	15	16	17			
18	19	20	21	22	23	24			
25	26	27	28	29	30	31			

Future Appointments

Past Appointments

Tests Summary Information

Test Date	Test Name	Comments	Provider	Delete
<input type="text"/>	..Select..	<input type="text"/>	..Select..	<input type="button" value="Add"/>

Notes Details (Showing up to 100 records)

Records per Page:

Record (1.. 4) of 4

Notes Description	Notes Details	Edited By	Date Edited
Patient Info added/updated	FName:KEISY ALBERTO; LName:VERAS ALMONTE; InsuredFName:KEISY ALBERTO; InsuredLName:VERAS ALMONTE;	YASMINHDEZ	2026-01-16 17:14:02
Patient Info added/updated	SSN:113-3;	BestcareBronx	2025-09-05 13:08:40
Patient Info added/updated	Note:KELVIN CALDWELL 914 525 4614;	Evadim1	2025-08-22 11:20:40
Patient Info added/updated	New Client created.	Evadim1	2025-08-20 16:34:22

Record (1.. 4) of 4

NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW  
ASSIGNMENT OF BENEFITS FORM

(FOR ACCIDENTS OCCURRING ON AND AFTER 3/1/02)

Claim Number: \_\_\_\_\_

I, Beverly Albert, ("Assignor") hereby assign to DYNAMIC MOBILE XRAY SVCS, ("Assignee")  
(Print patient's name) (Print hospital or health care provider name)  
all rights privileges and remedies to payment for health care services provided by assignee to which I am  
entitled under Article 51 (the No-Fault statute) of the Insurance Law.

The Assignee hereby certifies that they have not received any payment from or on behalf of the Assignor and  
shall not pursue payment directly from the Assignor for services provided by said Assignee for injuries sustained  
due to the motor vehicle accident which occurred on 08-19-25, not withstanding any other agreement  
(Print accident date)  
to the contrary.

This agreement may be revoked by the assignee when benefits are not payable based upon the assignor's lack  
of coverage and/or violation of a policy condition due to the actions or conduct of the assignor.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON  
FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR  
PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE  
PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO,  
IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS,  
SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR  
CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR  
VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND  
SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF  
THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

Beverly Albert  
(Print name of Patient)

\_\_\_\_\_  
(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES  
(Print name of Provider)

3412 BLUESTONE LANE

EAST STROUDSBURG PA 18301  
(Address of Provider)

Beverly Albert  
(Signature of Patient)  
08/19/25  
(Date of signature)

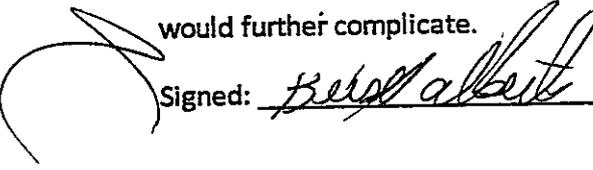
[Signature]  
(Signature of Provider)  
08/19/25  
(Date of signature)

**DYNAMIC MOBILE XRAY SERVICES LLC**  
**3412 BLUESTONE LANE**  
**EAST STROUDSBURG PA 18301**  
**Tel: (570) 243-1888**

**X-Ray Consent Form**

**Parent Consent To X-Ray:**

I hereby authorize the performance of diagnostic x-rays. The Doctor has requested the x-rays for further diagnostic purposes. At this point I know of no other condition which the taking of x-rays would further complicate.

Signed:  Date: 01/09/20

**Consent To X-Ray:**

A Minor I am a parent or legal guardian of \_\_\_\_\_  
who is a minor, \_\_\_\_\_ years of age. I hereby authorize the performance of diagnostic x-rays of  
said minor. The Doctor has requested the x-rays for further diagnostic purposes. At this point I  
know of no other condition which the taking of x-rays would further complicate.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Females: Regarding Possibility of Pregnancy**

This is to certify that, to the best of my knowledge, I am NOT pregnant. The doctor has  
permission to perform diagnostic x-rays. I am aware that taking x-rays, particularly those  
involving the pelvis, can be hazardous to an unborn child.

Signed: \_\_\_\_\_ Date: 01/09/20

WE ARE EXPERIENCING CPU ISSUES. WE TURNED OFF A FEW SYSTEMS AND WILL TURN THEM ON NOW. THERE MAYBE DISRUPTIONS TODAY OR EVEN TOMORROW. WE ARE WORKING TO FIX THE ISSUES.

List Cases	Work Area	Scheduler	Diary	Add Note	Data Entry	Reports Area	User Guide	Log off (YASMINHDEZ)
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### Elite Health & Wellness Center PC

Patient Info	Billing Info	Date Billing	Bulk Billing	Create New Patient	Documents	Unmailed Bills	Unbilled Patients	Verifications	InHouse Ebills	Missing POMs/Fax POMs	No Answer in 45 days	NF-2 Not Sent Report
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Open Scanner

Templates

**Quick Search**

By Last Name

By Claim #

By Patient Id

**Verifications Available**

#	Request 1	Answer	Left	Bill
New				

Patient Info (Id: 744) Show All Diary Notes		Summary Note		Fields in red required for E-submission. Brown - for WC only.			GTX ID #
First Name	JANIBEL	Last Name	RAMOS PENA	Sex:	F	Height/Weight	ft in lbs
Address	341 10TH AVE	City,State,Zip	PATERSON NJ 07514	SSN/DOB:	SSN	06/16/1994	
Home Phone		Cell Phone	862-407-1346	Place Of Service	Bestcare Bronx		
Contact Info		Emer Phone		Email/CaseType		No-Fault	
PtnToInsurd	Self	Office	Elite Health & Wellness Center PC	WC#/Prior #			
EmplrName/Ph		Emplr Address		Emplr City,St,Zp		NY	
Insurance Co.	Bristol West Ins. Co.; P.O. Box 258807	Insurance Claim #	7009707393-1	PT's Attorney	..Select..		
Adjuster		Adj. Phone/Fax		NoWork Frm/To			
Insurd FName	JANIBEL	Insurd LName	RAMOS PENA	Sex:	F	Insurd DOB	06/16/1994
Insrd Address	341 10TH AVE	Insrd City,St,Zp	PATERSON NJ 07514	Policy#/MedID	G01-7010566800		
First Visit	12/19/2025	DOA/State/Role	12/15/2025 NY Passenger	Cntr Indication			
NF-2 Sent on		Confirmed	<input type="checkbox"/>	Status	OPEN	Cut Off Date:	Type: ..Select..
Referred By	..Select..	Policy Limit	..Select..	Totals:	Billed: 0.00; Balance: 0.00; Paid: 0.00; WriteOff: 0.00		
Comments	DAVID FEINERMAN Ph: 718-646-4800 Fax: 718-646-5770			Diagnosis 1. 2. 3. 4. 5. 6. M54.16 - R/O LUMBAR RADICULOPATHY			
<input type="button" value="Save Updates"/>		AOB Already Exists. MG2 Counter		MG2 Exp. Date		Missing document(s) for MAIL LOG: [Police report]	

January							2026						
Su	Mo	Tu	We	Th	Fr	Sa							
					1	2	3						
4	5	6	7	8	9	10							
11	12	13	14	15	16	17							
18	19	20	21	22	23	24							
25	26	27	28	29	30	31							

Future Appointments   
 Past Appointments

**Tests Summary Information**

Test Date	Test Name	Comments	Provider	Delete
<input type="text"/>	..Select..		..Select..	<input type="button" value="Add"/>

**Notes Details (Showing up to 100 records)**

Records per Page:	150	<input type="button" value="Show All"/>	
Record (1.. 3) of 3			
Notes Description	Notes Details	Edited By	Date Edited
Patient Info added/updated	Note:DAVID FEINERMAN Ph: 718-646-4800 Fax: 718-646-5770;	YASMINHDEZ	2026-01-13 14:25:08
Patient Info added/updated	Diagn:18511;	YASMINHDEZ	2025-12-22 12:55:28
Patient Info added/updated	New Client created.	BestcareBronx	2025-12-19 18:34:52
Record (1.. 3) of 3			

NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW  
ASSIGNMENT OF BENEFITS FORM

(FOR ACCIDENTS OCCURRING ON AND AFTER 3/1/02)

Claim Number: \_\_\_\_\_

I, Lombel Rando, ("Assignor") hereby assign to DYNAMIC MOBILE XRAY SVCS, ("Assignee")  
(Print patient's name) (Print hospital or health care provider name)  
all rights privileges and remedies to payment for health care services provided by assignee to which I am  
entitled under Article 51 (the No-Fault statute) of the Insurance Law.

The Assignee hereby certifies that they have not received any payment from or on behalf of the Assignor and  
shall not pursue payment directly from the Assignor for services provided by said Assignee for injuries sustained  
due to the motor vehicle accident which occurred on \_\_\_\_\_, not withstanding any other agreement  
(Print accident date)  
to the contrary.

This agreement may be revoked by the assignee when benefits are not payable based upon the assignor's lack  
of coverage and/or violation of a policy condition due to the actions or conduct of the assignor.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON  
FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR  
PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE  
PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO,  
IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS,  
SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR  
CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR  
VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND  
SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF  
THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

Lombel Rando  
(Print name of Patient)

Lombel Rando  
(Signature of Patient)

01/09/26  
(Date of signature)

34110 Ave Paterson NJ  
(Address of Patient)

[Signature]  
(Signature of Provider)

DYNAMIC MOBILE XRAY SERVICES  
(Print name of Provider)

01/09/26  
(Date of signature)

3412 BLUESTONE LANE

EAST STROUDSBURG PA 18301  
(Address of Provider)

**DYNAMIC MOBILE XRAY SERVICES LLC**  
**3412 BLUESTONE LANE**  
**EAST STROUDSBURG PA 18301**  
**Tel: (570) 243-1888**

**X-Ray Consent Form**

**Parent Consent To X-Ray:**

I hereby authorize the performance of diagnostic x-rays. The Doctor has requested the x-rays for further diagnostic purposes. At this point I know of no other condition which the taking of x-rays would further complicate.

Signed: *Sanibel Rana* Date: 01/19/26

**Consent To X-Ray:**

A Minor I am a parent or legal guardian of \_\_\_\_\_ who is a minor, \_\_\_\_\_ years of age. I hereby authorize the performance of diagnostic x-rays of said minor. The Doctor has requested the x-rays for further diagnostic purposes. At this point I know of no other condition which the taking of x-rays would further complicate.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Females: Regarding Possibility of Pregnancy**

This is to certify that, to the best of my knowledge, I am NOT pregnant. The doctor has permission to perform diagnostic x-rays. I am aware that taking x-rays, particularly those involving the pelvis, can be hazardous to an unborn child.

Signed: *Sanibel Rana* Date: 01/19/26

WE ARE EXPERIENCING CPU ISSUES. WE TURNED OFF A FEW SYSTEMS AND WILL TURN THEM ON NOW. THERE MAYBE DISRUPTIONS TODAY OR EVEN TOMORROW. WE ARE WORKING TO FIX THE ISSUES.

List Cases	Work Area	Scheduler	Diary	Add Note	Data Entry	Reports Area	User Guide	Log off (YASMINHDEZ)
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### Elite Health & Wellness Center PC

Patient Info	Billing Info	Date Billing	Butk Billing	Create New Patient	Documents	Unmailed Bills	Unbilled Patients	Verifications	InHouse Ebills	Missing POMS/Fax POMS	No Answer in 45 days	NF-2 Not Sent Report
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**Open Scanner**

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**Templates**

..Select..

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**[Quick Search]**

By Last Name

By Claim #

By Patient Id

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**Verifications Available**

#	Request	Answer	Left	Bld
New				

<b>Patient Info (Id: 649) Show All Diary Notes</b>		<b>Summary Note</b>		<b>Fields in red required for E-submission. Brown - for WC only.</b>			<b>GTK ID #</b>
<b>First Name</b>	STANLEY	<b>Last Name</b>	ROMAIN	<b>Sex:</b> M	<b>Height/Weight</b>	ft   in   lbs	
<b>Address</b>	137 E LINCOLN AVE	<b>City,State,Zip</b>	MOUNT vermon NY 10552	<b>SSN/DOB:</b>	SSN	02/20/1999	
<b>Home Phone</b>		<b>Cell Phone</b>	929-607-0305	<b>Place Of Service</b>	Bestcare Bronx		
<b>Contact Info</b>		<b>Emer Phone</b>	929-607-0305	<b>Email/CaseType</b>			No-Fault
<b>PntkToInsurd</b>	Self	<b>Office</b>	Elite Health & Wellness Center PC	<b>WC#/Prior #</b>			
<b>EmplrName/Ph</b>		<b>Emplr Address</b>		<b>Emplr City,St,Zp</b>	Ny		
<b>Insurance Co.</b>	INTEGON NATIONAL INSURANCE COM	<b>Insurance Claim #</b>	250716091	<b>PT's Attorney</b>	..Select..		
<b>Adjuster</b>		<b>Adj. Phone/Fax</b>		<b>NoWork Frm/To</b>			
<b>Insurd FName</b>	STANLEY	<b>Insurd LName</b>	ROMAIN	<b>Sex:</b> M	<b>Insurd DOB</b>	02/20/1999	
<b>Insrd Address</b>	137 E LINCOLN AVE	<b>Insrd City,St,Zp</b>	MOUNT vermon NY 10552	<b>Policy#/MedID</b>	INT60223590701		
<b>First Visit</b>	09/02/2025	<b>DOA/State/Role</b>	09/30/2025 NY Passenger	<b>Cntr Indication</b>			
<b>NF-2 Sent on</b>		<b>Confirmed</b>	<input type="checkbox"/>	<b>Status</b>	OPEN		
<b>Referred By</b>	..Select..	<b>Policy Limit</b>	..Select..	<b>Totals:</b>	Billed: 0.00; Balance: 0.00; Paid: 0.00; WriteOff: 0.00		
<b>Comments</b>	YATIRA LAWYER 516-698-5122			<b>Diagnosis</b>	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. ..Select..		
<input type="button" value="Save Updates"/>	<input type="checkbox"/> AOB Already Exists	<input type="checkbox"/> MG2 Counter	<input type="checkbox"/> MG2 Exp. Date	<input type="checkbox"/> Missing document(s) for MAIL LOG; [Police report]			

January							2026
Su	Mo	Tu	We	Th	Fr	Sa	
					1	2	3
4	5	6	7	8	9	10	
11	12	13	14	15	16	17	
18	19	20	21	22	23	24	
25	26	27	28	29	30	31	
Future Appointments							Open
Past Appointments							Open

#### Tests Summary Information

Test Date	Test Name	Comments	Provider	Delete
	..Select..		..Select..	<input type="button" value="Add"/>
				<input type="button" value="Edit Selected"/> <input type="button" value="Delete Selected"/>

#### Notes Details (Showing up to 100 records)

Records per Page: 150	<input type="button" value="Show All"/>		
Record (1.. 7) of 7			
Notes Description	Notes Details	Edited By	Date Edited
Patient Info added/updated	Note: YATIRA LAWYER 516-698-5122;	Evadm1	2025-10-10 13:49:13
Patient Info added/updated	Note;	Evadm1	2025-09-08 12:00:08
Patient Info added/updated	Note: STANISLAV LADNIK, P.C 718-362-3111;	Evadm1	2025-09-08 11:31:43
Patient Info added/updated	ClinCity: MOUNT vermon; InsuredCity: MOUNT vermon;	Evadm1	2025-09-05 14:55:00
Patient Info added/updated	InsClaim: 250716091;	BestcareBronx	2025-09-04 13:34:17
Client Info updated in all related offices	417; 250716091; Aug 30 2025 12:00AM; bestcare;	BestcareBronx	2025-09-04 13:34:17
Patient Info added/updated	New Client created.	Evadm1	2025-09-02 16:09:18
Record (1.. 7) of 7			

NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW  
ASSIGNMENT OF BENEFITS FORM

(FOR ACCIDENTS OCCURRING ON AND AFTER 3/1/02)

Claim Number: \_\_\_\_\_

I, Romain Stanley, ("Assignor") hereby assign to DYNAMIC MOBILE XRAY SVCS, ("Assignee")  
(Print patient's name) (Print hospital or health care provider name)  
all rights privileges and remedies to payment for health care services provided by assignee to which I am  
entitled under Article 51 (the No-Fault statute) of the Insurance Law.

The Assignee hereby certifies that they have not received any payment from or on behalf of the Assignor and  
shall not pursue payment directly from the Assignor for services provided by said Assignee for injuries sustained  
due to the motor vehicle accident which occurred on 08-30-2023, not withstanding any other agreement  
(Print accident date)  
to the contrary.

This agreement may be revoked by the assignee when benefits are not payable based upon the assignor's lack  
of coverage and/or violation of a policy condition due to the actions or conduct of the assignor.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON  
FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR  
PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE  
PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO,  
IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS,  
SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR  
CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR  
VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND  
SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF  
THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

Romain Stanley  
(Print name of Patient)

RS  
(Signature of Patient)

137 E Lincoln Ave mount

08/29/23  
(Date of signature)

Vernon NY 10552  
(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES  
(Print name of Provider)

[Signature]  
(Signature of Provider)

3412 BLUESTONE LANE

08/29/23  
(Date of signature)

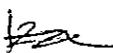
EAST STROUDSBURG PA 18301  
(Address of Provider)

**DYNAMIC MOBILE XRAY SERVICES LLC**  
**3412 BLUESTONE LANE**  
**EAST STROUDSBURG PA 18301**  
**Tel: (570) 243-1888**

**X-Ray Consent Form**

**Parent Consent To X-Ray:**

I hereby authorize the performance of diagnostic x-rays. The Doctor has requested the x-rays for further diagnostic purposes. At this point I know of no other condition which the taking of x-rays would further complicate.

Signed:  Date: 01/09/20

**Consent To X-Ray:**

A Minor I am a parent or legal guardian of \_\_\_\_\_  
who is a minor, \_\_\_\_\_ years of age. I hereby authorize the performance of diagnostic x-rays of said minor. The Doctor has requested the x-rays for further diagnostic purposes. At this point I know of no other condition which the taking of x-rays would further complicate.

Signed:  Date: 10/19/2026

**Females: Regarding Possibility of Pregnancy**

This is to certify that, to the best of my knowledge, I am NOT pregnant. The doctor has permission to perform diagnostic x-rays. I am aware that taking x-rays, particularly those involving the pelvis, can be hazardous to an unborn child.

Signed:  Date: 01/09/20

WE ARE EXPERIENCING CPU ISSUES. WE TURNED OFF A FEW SYSTEMS AND WILL TURN THEM ON NOW. THERE MAYBE DISRUPTIONS TODAY OR EVEN TOMORROW. WE ARE WORKING TO FIX THE ISSUES.

List Cases	Work Area	Scheduler	Diary	Add Note	Data Entry	Reports Area	User Guide	Log off (YASMINHDEZ)
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### Elite Health & Wellness Center PC

Patient Info	Billing Info	Date Billing	Bulk Billing	Create New Patient	Documents	Unmailed Bills	Unbilled Patients	Verifications	InHouse Bills	Missing POMs/Fax POMs	No Answer in 45 days	NF-2 Not Sent Report
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Open Scanner

Templates  
 ..Select..

(Quick Search)  
 By Last Name  
 Search  
 By Claim #  
 Search  
 By Patient Id  
 Search

Verifications Available  
 # Request 1 Answer Left Bill  
 New

Patient Info (Id: 662) Show All Diary Notes		Summary Note		Fields in red required for E-submission. Brown - for WC only.			GTx ID #
First Name	JOSUE	Last Name	ESPINAL MATOS	Sex:	M	Height/Weight	ft   In   lbs
Address	1380 UNIVERSITY AVE APT 11G	City,State,Zip	BRONX NY 10452	SSN/DOB:	282-5 - 05/28/1991		
Home Phone		Cell Phone	551-223-8611	Place Of Service	Bestcare Bronx		
Contact Info		Emer Phone		Email/CaseType	ESPIMALJOSUE0528@GMAIL	No-Fault	
PtntToInsurd	Self	Office	Elite Health & Wellness Center PC	WC#/Prior #			
EmpirName/Ph		Empir Address		Empir City,St,Zp		NY	
Insurance Co.	SEDGWICK; PO BOX 14423 LEXINGTC	Insurance Claim #	4A2509KPMX70001	PT's Attorney	..Select..		
Adjuster		Adj. Phone/Fax		NoWork Frm/To			
Insurd FName	JOSUE	Insurd LName	ESPINAL MATOS	Sex:	M	Insurd DOB	05/28/1991
Insurd Address	1380 UNIVERSITY AVE APT 11G	Insrd City,St,Zp	BRONX NY 10452	Policy#/MedID	ABP6300175715		
First Visit	09/17/2025	DOA/State/Role	09/16/2025 NY Passenger	Cntr Indication			
NF-2 Sent on	<input type="checkbox"/> Confirmed <input type="checkbox"/>	Status	OPEN	Cut Off Date:		Type:	..Select..
Referred By	..Select..	Policy Limit	..Select..	Totals:	Billed: 0.00; Balance: 0.00; Paid: 0.00; WriteOff: 0.00		
Comments	AIPSO INS. / SEDGWICK PH:(212) 943-5100  551-223-8611  KATTIE KATANOVA LAW. PHONE: (917) 716-1009			Diagnosis 1. 2. 3. 4. 5. 6. ..Select..			
<input type="button" value="Save Updates"/>		ADB Already Exists.	MG2 Counter	MG2 Exp. Date	Missing document(s) for MAIL LOG: [Police report]		

January							2026						
Su	Mo	Tu	We	Th	Fr	Sa							
					1	2	3						
4	5	6	7	8	9	10							
11	12	13	14	15	16	17							
18	19	20	21	22	23	24							
25	26	27	28	29	30	31							

Future Appointments Open  
 Past Appointments Open

#### Tests Summary Information

Test Date	Test Name	Comments	Provider	Delete
	..Select..		..Select..	<input type="button" value="Add"/>
				<input type="button" value="Edit Selected"/> <input type="button" value="Delete Selected"/>

#### Notes Details (Showing up to 100 records)

Records per Page :	150	<input type="button" value="Show All"/>	
Record (1.. 13) of 13			
Notes Description	Notes Details	Edited By	Date Edited
Patient Info added/updated	Note:AIPSO INS. / SEDGWICK PH:(212) 943-5100 551-223-8611 KATTIE KATANOVA LAW. PHONE: (917) 716-1009;	BestcareBronx	2026-01-14 10:35:58
Patient Info added/updated	Note:AIPSO INS. / SEDGWICK PH:(212) 943-5100 551-223-8611; CntCell:551-223-8611;	BestcareBronx	2025-10-21 15:03:03
Patient Info added/updated	Email:ESPIMALJOSUE0528@GMAIL.COM;	BestcareBronx	2025-10-09 18:05:33
Patient Info added/updated	Insurd:1918;	Kervans	2025-10-08 11:00:33
Client Info updated in all related offices	1918; 4A2509KPMX70001; Sep 16 2025 12:00AM; bestcare;	Kervans	2025-10-06 11:00:33
Patient Info added/updated	DOA:09/16/2025;	BestcareBronx	2025-09-26 18:08:29
Client Info updated in all related offices	508; 4A2509KPMX70001; Sep 16 2025 12:00AM; bestcare;	BestcareBronx	2025-09-26 18:08:29
Patient Info added/updated	Type:No-Fault;	Evadim1	2025-09-22 14:31:16
Patient Info added/updated	Note:AIPSO INS. / SEDGWICK PH:(212) 943-5100;	Evadim1	2025-09-22 13:18:57
Patient Info added/updated	InsClaim:4A2509KPMX70001;	Evadim1	2025-09-22 13:17:43
Client Info updated in all related offices	508; 4A2509KPMX70001; Sep 17 2025 12:00AM; bestcare;	Evadim1	2025-09-22 13:17:43
Patient Info added/updated	Policy:ABP6300175715;	Evadim1	2025-09-22 13:17:13
Patient Info added/updated	New Client created.	Evadim1	2025-09-17 17:01:00
			Record (1.. 13) of 13

NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW  
ASSIGNMENT OF BENEFITS FORM

(FOR ACCIDENTS OCCURRING ON AND AFTER 3/1/02)

Claim Number: \_\_\_\_\_

I, JOSUE ESPINAL MATOS, ("Assignor") hereby assign to DYNAMIC MOBILE XRAY SVCS, ("Assignee")  
(Print patient's name) (Print hospital or health care provider name)  
all rights privileges and remedies to payment for health care services provided by assignee to which I am  
entitled under Article 51 (the No-Fault statute) of the Insurance Law.

The Assignee hereby certifies that they have not received any payment from or on behalf of the Assignor and  
shall not pursue payment directly from the Assignor for services provided by said Assignee for injuries sustained  
due to the motor vehicle accident which occurred on \_\_\_\_\_, not withstanding any other agreement  
(Print accident date)  
to the contrary.

This agreement may be revoked by the assignee when benefits are not payable based upon the assignor's lack  
of coverage and/or violation of a policy condition due to the actions or conduct of the assignor.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON  
FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR  
PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE  
PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO,  
IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS,  
SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR  
CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR  
VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND  
SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF  
THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

JOSUE ESPINAL MATOS  
(Print name of Patient)

Josue Espinal Matos  
(Signature of Patient)

01/09/20  
(Date of signature)

\_\_\_\_\_  
(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES  
(Print name of Provider)

[Signature]  
(Signature of Provider)

3412 BLUESTONE LANE  
EAST STROUDSBURG PA 18301  
(Address of Provider)

01/09/20  
(Date of signature)

**DYNAMIC MOBILE XRAY SERVICES LLC**  
**3412 BLUESTONE LANE**  
**EAST STROUDSBURG PA 18301**  
**Tel: (570) 243-1888**

**X-Ray Consent Form**

**Parent Consent To X-Ray:**

I hereby authorize the performance of diagnostic x-rays. The Doctor has requested the x-rays for further diagnostic purposes. At this point I know of no other condition which the taking of x-rays would further complicate.

Signed: Jane Eynal Date: 01/19/26

**Consent To X-Ray:**

A Minor I am a parent or legal guardian of \_\_\_\_\_  
who is a minor, \_\_\_\_\_ years of age. I hereby authorize the performance of diagnostic x-rays of said minor. The Doctor has requested the x-rays for further diagnostic purposes. At this point I know of no other condition which the taking of x-rays would further complicate.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Females: Regarding Possibility of Pregnancy**

This is to certify that, to the best of my knowledge, I am NOT pregnant. The doctor has permission to perform diagnostic x-rays. I am aware that taking x-rays, particularly those involving the pelvis, can be hazardous to an unborn child.

Signed: \_\_\_\_\_ Date: 01/19/26

WE ARE EXPERIENCING CPU ISSUES. WE TURNED OFF A FEW SYSTEMS AND WILL TURN THEM ON NOW. THERE MAYBE DISRUPTIONS TODAY OR EVEN TOMORROW. WE ARE WORKING TO FIX THE ISSUES.

List Cases	Work Area	Scheduler	Diary	Add Note	Data Entry	Reports Area	User Guide	Log off (YASMINHDEZ)
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### Elite Health & Wellness Center PC

Patient Info | Billing Info | Date Billing | Bulk Billing | Create New Patient | Documents | Unmailed Bills | Unbilled Patients | Verifications | InHouse EBills | Missing POMs/Fax POMs | No Answer in 45 days | NF-2 Not Sent Report

**Open Scanner**

**Templates**  
 ...Select..

**(Quick Search)**

By Last Name

By Claim #

By Patient Id

**Verifications Available**

#	Request	Answer	Left	Bld
New				

Patient Info (Id: 737) Show All Diary Notes		Summary Note		Fields in red required for E-submission. Brown - for WC only.			GTX ID #
First Name	LUIS ENRIQUE	Last Name	ZOQUIER TEJEDA	Sex:	ft	in	lbs
Address	37 ALDINE ST	City, State, Zip	NEWARK NJ	SSN/DOB:	SSN	05/01/1990	
Home Phone		Cell Phone	551-260-2119	Place Of Service	Bestcare Bronx		
Contact Info		Emer Phone	862-262-02945	Email/CaseType	ZOQUIERLUIS01@GMAIL_CC] No-Fault		
PtntToInsurd	Self	Office	Elite Health & Wellness Center PC	WC#/Prior #			
EmplrName/Ph		Emplr Address		Emplr City,St,Zp	NJ		
Insurance Co.	Bristol West Ins. Co.; P.O. Box 25880	Insurance Claim #	7009707393-1	PT's Attorney	..Select..		
Adjuster		Adj. Phone/Fax		NoWork Frm/To			
Insurd FName	LUIS ENRIQUE	Insurd LName	ZOQUIER TEJEDA	Insurd DOB	05/01/1990		
Insrd Address	37 ALDINE ST	Insrd City,St,Zp	NEWARK NJ	Policy#/MedID	G01-7010566800		
First Visit	12/16/2025	DOA/State/Rola	12/15/2025 NJ Driver	Cntr Indication			
NF-2 Sent on	<input type="text"/> Confirmed <input type="checkbox"/>	Status	OPEN	Cut Off Date:	<input type="text"/>	Type:	..Select..
Referred By	..Select..	Policy Limit	..Select..	Totals:	Billed: 0.00; Balance: 0.00; Paid: 0.00; WriteOff: 0.00		
Comments	DAVID FEINERMAN Ph: 718-646-4800 Fax: 718-646-5770			Diagnosis 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. ..Select..			
<input type="button" value="Save Updates"/>		AOB Already Exlsts. MG2 Counter: <input type="text"/>		MG2 Exp. Data: <input type="text"/>		Missing document(s) for MAIL LOG: [Police report]	

January							2026		
Su	Mo	Tu	We	Th	Fr	Sa	1	2	3
4	5	6	7	8	9	10			
11	12	13	14	15	16	17			
18	19	20	21	22	23	24			
25	26	27	28	29	30	31			

Future Appointments

Past Appointments

#### Tests Summary Information

Test Date	Test Name	Comments	Provider	Delete
<input type="text"/>	..Select..		..Select..	<input type="button" value="Add"/>

#### Notes Details (Showing up to 100 records)

Records per Page: 150

Record (1.. 4) of 4

Notes Description	Notes Details	Edited By	Date Edited
Patient Info added/updated	Note: DAVID FEINERMAN Ph: 718-646-4800 Fax: 718-646-5770;	YASMINHDEZ	2026-01-13 14:19:53
Patient Info added/updated	ClinCell: 551-260-2119;	YASMINHDEZ	2026-01-06 12:59:00
Patient Info added/updated	Type: No-Fault; Email: ZOQUIERLUIS01@GMAIL.COM;	Evadim1	2025-12-16 15:53:58
Patient Info added/updated	New Client created.	Evadim1	2025-12-16 15:53:34

Record (1.. 4) of 4

NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW  
ASSIGNMENT OF BENEFITS FORM

(FOR ACCIDENTS OCCURRING ON AND AFTER 3/1/02)

Claim Number: \_\_\_\_\_

I, LUIS ZOGNIER, ("Assignor") hereby assign to DYNAMIC MOBILE XRAY SVCS, ("Assignee")  
(Print patient's name) (Print hospital or health care provider name)  
all rights privileges and remedies to payment for health care services provided by assignee to which I am  
entitled under Article 51 (the No-Fault statute) of the Insurance Law.

The Assignee hereby certifies that they have not received any payment from or on behalf of the Assignor and  
shall not pursue payment directly from the Assignor for services provided by said Assignee for injuries sustained  
due to the motor vehicle accident which occurred on \_\_\_\_\_, not withstanding any other agreement  
(Print accident date)

to the contrary.

This agreement may be revoked by the assignee when benefits are not payable based upon the assignor's lack  
of coverage and/or violation of a policy condition due to the actions or conduct of the assignor.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR OTHER PERSON  
FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR  
PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE  
PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO,  
IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS,  
SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR  
CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR  
VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND  
SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF  
THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

LUIS ZOGNIER  
(Print name of Patient)

LZ  
(Signature of Patient)

01/09/20  
(Date of signature)

\_\_\_\_\_  
(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES  
(Print name of Provider)

[Signature]  
(Signature of Provider)

3412 BLUESTONE LANE

01/09/20  
(Date of signature)

EAST STROUDSBURG PA 18301  
(Address of Provider)

**DYNAMIC MOBILE XRAY SERVICES LLC  
3412 BLUESTONE LANE  
EAST STROUDSBURG PA 18301  
Tel: (570) 243-1888**

**X-Ray Consent Form**

**Parent Consent To X-Ray:**

I hereby authorize the performance of diagnostic x-rays. The Doctor has requested the x-rays for further diagnostic purposes. At this point I know of no other condition which the taking of x-rays would further complicate.

Signed:         *LL*         Date:         *01/09/20*        

**Consent To X-Ray:**

A Minor I am a parent or legal guardian of \_\_\_\_\_  
who is a minor, \_\_\_\_\_ years of age. I hereby authorize the performance of diagnostic x-rays of  
said minor. The Doctor has requested the x-rays for further diagnostic purposes. At this point I  
know of no other condition which the taking of x-rays would further complicate.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Females: Regarding Possibility of Pregnancy**

This is to certify that, to the best of my knowledge, I am NOT pregnant. The doctor has  
permission to perform diagnostic x-rays. I am aware that taking x-rays, particularly those  
involving the pelvis, can be hazardous to an unborn child.

Signed: \_\_\_\_\_ Date:         *01/09/20*



WE ARE EXPERIENCING CPU ISSUES. WE TURNED OFF A FEW SYSTEMS AND WILL TURN THEM ON NOW. THERE MAYBE DISRUPTIONS TODAY OR EVEN TOMORROW. WE ARE WORKING TO FIX THE ISSUES.

List Cases	Work Area	Scheduler	Diary	Add Note	Data Entry	Reports Area	User Guide	Log off (YASMINHDEZ)
------------	-----------	-----------	-------	----------	------------	--------------	------------	----------------------

### Elite Health & Wellness Center PC

Patient Info | Billing Info | Date Billing | Bulk Billing | Create New Patient | Documents | Unmailed Bills | Unbilled Patients | Verifications | InHouse Ebills | Missing POMs/Fax POMs | No Answer in 45 days | NF-2 Not Sent Report

**Open Scanner**

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**Templates**

...Select..

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**Quick Search**

By Last Name

By Claim #

By Patient Id

---

**Verifications Available**

#	Request	Answer	Left	Bill
New				

<b>Patient Info (Id: 664)</b>		<b>Show All Diary Notes</b>		<b>Summary Note</b>		<b>Fields in red required for E-submission. Brown - for WC only.</b>				<b>GTX ID #</b>	
<b>First Name</b>	MELANIE	<b>Last Name</b>	ESPINAL	<b>Sex:</b>	F	<b>Height/Weight</b>	ft	in	lbs		
<b>Address</b>	1380 UNIVERSITY AVE APT 11G	<b>City,State,Zip</b>	BRONX NY 10452	<b>SSN/DOB:</b>	072-86-3941	09/10/1996					
<b>Home Phone</b>	3479408029	<b>Cell Phone</b>	973-883-5493	<b>Place Of Service</b>	Bestcare Bronx						
<b>Contact Info</b>		<b>Emer Phone</b>	347-940-8029	<b>Email/CaseType</b>	ESPINALES1028@GMAIL.CO No-Fault						
<b>PntToInsurd</b>	Self	<b>Office</b>	Elite Health & Wellness Center PC								
<b>EmpirName/Ph</b>		<b>Empir Address</b>									
<b>Insurance Co.</b>	SEE MTX; Unknown, NY	<b>Insurance Claim #</b>	4A2509KPMX70001								
<b>Adjuster</b>		<b>Adj. Phone/Fax</b>									
<b>Insurd FName</b>	MELANIE	<b>Insurd LName</b>	ESPINAL	<b>Sex:</b>	F	<b>Insurd DOB</b>	09/10/1996				
<b>Insrd Address</b>	1380 UNIVERSITY AVE APT 11G	<b>Insrd City,St,Zp</b>	BRONX NY 10452	<b>Policy#/MedID</b>	ABP6300175715						
<b>First Visit</b>		<b>DOA/State/Role</b>	09/16/2025 NY Passenger	<b>Cntr Indication</b>							
<b>NF-2 Sent on</b>		<b>Confirmed</b>	<input type="checkbox"/>	<b>Status</b>	OPEN		<b>Cut Off Date:</b>				
<b>Referred By</b>	..Select..	<b>Policy Limit</b>	..Select..		<b>Totals:</b>	Billed: 0.00; Balance: 0.00; Paid: 0.00; WriteOff: 0.00					
<b>Comments</b>	<p>AIPSO INS. / SEDGWICK PH:(212) 943-5100</p> <p>KATTIE KATANOVA LAW. PHONE: (817) 716-1009</p>										
<b>Save Updates</b>		AOB Already Exists. <b>MG2 Counter</b>		<b>MG2 Exp. Date</b>		Missing document(s) for MAIL LOG: [Police report]					

January 2025

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Future Appointments

Past Appointments

#### Tests Summary Information

Test Date	Test Name	Comments	Provider	Delete
	..Select..		..Select..	<input type="button" value="Add"/>

#### Notes Details (Showing up to 100 records)

Records per Page: 150

Record (1.. 8) of 8

Notes Description	Notes Details	Edited By	Date Edited
Patient Info added/updated	Note:AIPSO INS. / SEDGWICK PH:(212) 943-5100 KATTIE KATANOVA LAW. PHONE: (817) 716-1009;	BestcareBronx	2026-01-14 10:34:48
Patient Info added/updated	Email:ESPINALES1028@GMAIL.COM;	BestcareBronx	2025-10-09 16:04:08
Patient Info added/updated	Note:AIPSO INS. / SEDGWICK PH:(212) 943-5100;	Evadm1	2025-09-22 13:18:48
Patient Info added/updated	InsClaim:4A2509KPMX70001;	Evadm1	2025-09-22 13:18:01
Client Info updated in all related offices	508; 4A2509KPMX70001; Sep 16 2025 12:00AM; bestcare;	Evadm1	2025-09-22 13:18:01
Patient Info added/updated	Policy:ABP6300175715;	Evadm1	2025-09-22 13:16:57
Patient Info added/updated	ClinCell:973-883-5493; EmerPhone 1:347-940-8029;	BestcareBronx	2025-09-18 13:10:32
Patient Info added/updated	New Client created.	BestcareBronx	2025-09-17 17:12:18

Record (1.. 8) of 8

NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW  
ASSIGNMENT OF BENEFITS FORM

(FOR ACCIDENTS OCCURRING ON AND AFTER 3/1/02)

Claim Number: \_\_\_\_\_

Melanie Espinal, ("Assignor") hereby assign to DYNAMIC MOBILE XRAY SVCS, ("Assignee")  
(Print patient's name) (Print hospital or health care provider name)  
all rights privileges and remedies to payment for health care services provided by assignee to which I am  
entitled under Article 51 (the No-Fault statute) of the Insurance Law.

The Assignee hereby certifies that they have not received any payment from or on behalf of the Assignor and  
shall not pursue payment directly from the Assignor for services provided by said Assignee for injuries sustained  
due to the motor vehicle accident which occurred on 09/16/2025, not withstanding any other agreement  
(Print accident date)  
to the contrary.

This agreement may be revoked by the assignee when benefits are not payable based upon the assignor's lack  
of coverage and/or violation of a policy condition due to the actions or conduct of the assignor.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON  
FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR  
PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE  
PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO,  
IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS,  
SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR  
CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR  
VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND  
SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF  
THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

Melanie Espinal  
(Print name of Patient)

Melanie Espinal  
(Signature of Patient)

09/16/2025  
(Date of signature)

1370 University Ave Apt 11  
(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES  
(Print name of Provider)

[Signature]  
(Signature of Provider)

3412 BLUESTONE LANE

09/16/2025  
(Date of signature)

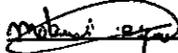
EAST STROUDSBURG PA 18301  
(Address of Provider)

**DYNAMIC MOBILE XRAY SERVICES LLC**  
**3412 BLUESTONE LANE**  
**EAST STROUDSBURG PA 18301**  
**Tel: (570) 243-1888**

**X-Ray Consent Form**

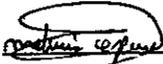
**Parent Consent To X-Ray:**

I hereby authorize the performance of diagnostic x-rays. The Doctor has requested the x-rays for further diagnostic purposes. At this point I know of no other condition which the taking of x-rays would further complicate.

Signed:  Date: 01/19/26

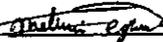
**Consent To X-Ray:**

A Minor I am a parent or legal guardian of \_\_\_\_\_ who is a minor, \_\_\_\_\_ years of age. I hereby authorize the performance of diagnostic x-rays of said minor. The Doctor has requested the x-rays for further diagnostic purposes. At this point I know of no other condition which the taking of x-rays would further complicate.

Signed:  Date: 01/19/2026

**Females: Regarding Possibility of Pregnancy**

This is to certify that, to the best of my knowledge, I am NOT pregnant. The doctor has permission to perform diagnostic x-rays. I am aware that taking x-rays, particularly those involving the pelvis, can be hazardous to an unborn child.

Signed:  Date: 01/19/26

WE ARE EXPERIENCING CPU ISSUES. WE TURNED OFF A FEW SYSTEMS AND WILL TURN THEM ON NOW. THERE MAYBE DISRUPTIONS TODAY OR EVEN TOMORROW. WE ARE WORKING TO FIX THE ISSUES.

List Cases	Work Area	Scheduler	Diary	Add Note	Data Entry	Reports Area	User Guide	Log off (YASMINHDEZ)
------------	-----------	-----------	-------	----------	------------	--------------	------------	----------------------

### Elite Health & Wellness Center PC

Patient Info	Billing Info	Date Billing	Bulk Billing	Create New Patient	Documents	Unmailed Bills	Unbilled Patients	Verifications	InHouse Eblils	Missing POMs/Fax PDMS	No Answer in 45 days	NF-2 Not Sent Report
--------------	--------------	--------------	--------------	--------------------	-----------	----------------	-------------------	---------------	----------------	-----------------------	----------------------	----------------------

Open Scanner

Templates  
..Select..

Quick Search  
By Last Name [Search]  
By Claim # [Search]  
By Patient Id [Search]  
Get Prev Get Next

Verifications Available  
# Request Answer Left Bill  
New

Patient Info (Id: 753) Show All Diary Notes		Summary Note		Fields in red required for E-submission. Brown - for WC only.			GTX ID #
First Name	FLERIDA	Last Name	CASTRO	Sex:	F	Height/Weight	ft in lbs
Address	2028 VALENTINE AVE APT 1L	City,State,Zip	BRONX NY 10457	SSN/DOB:	727-60-5194	04/16/1994	
Home Phone		Cell Phone	929-423-0232	Place Of Service	Bestcare Bronx		
Contact Info		Emer Phone		Email/CaseType	DENISFDEZ09@OUTLOOK.C	No-Fault	
PtntToInsurd	Self	Office	Elite Health & Wellness Center PC	WC#/Prior #			
EmplrName/Ph		Emplr Address		Emplr City,St,Zp		NY	
Insurance Co.	GEICO Casualty Insurance; 750 Wood	Insurance Claim #	8751980100000002	PT's Attorney	..Select..		
Adjuster		Adj. Phone/Fax		NoWork Frm/To			
Insurd FName	FLERIDA	Insurd LName	CASTRO	Sex:	F	Insurd DOB	04/16/1994
Insrd Address	2028 VALENTINE AVE APT 1L	Insrd City,St,Zp	BRONX NY 10457	Policy#/MedID	6095071137		
First Visit	01/08/2026	DOA/State/Rola	01/08/2026 NY Driver	Cntr Indication			
NF-2 Sent on		Confirmed	<input type="checkbox"/>	Status	OPEN		
Referred By	..Select..	Policy Limit	..Select..	Totals:	Billed: 0.00; Balance: 0.00; Paid: 0.00; WriteOff: 0.00		
Comments	LAW OFFICES OF DAVID FEINERMAN EMAIL: LAWOFFICE2765@GMAIL.COM TEL: (718-646-4800) FAX: (718)-646-5770			Diagnosis	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. ..Select..		
Save Updates:	A03 Already Exists.	MG2 Counter	MG2 Exp. Date	Missing document(s) for MAIL LOG: [Police report]			

January							2026	
Su	Mo	Tu	We	Th	Fr	Sa		
					1	2	3	
4	5	6	7	8	9	10		
11	12	13	14	15	16	17		
18	19	20	21	22	23	24		
25	26	27	28	29	30	31		

Future Appointments Open  
Past Appointments Open

#### Tests Summary Information

Test Date	Test Name	Comments	Provider	Delete
	..Select..		..Select..	Add

Edit Selected Delete Selected

#### Notes Details (Showing up to 100 records)

Records per Page:	150	Show All	
Record (1.. 4) of 4			
Notes Description	Notes Details	Edited By	Date Edited
Patient Info added/updated	Note:LAW OFFICES OF DAVID FEINERMAN EMAIL: LAWOFFICE2765@GMAIL.COM TEL: (718-646-4800) FAX: (718)-646-5770;	YASMINHDEZ	2026-01-13 14:29:42
Patient Info added/updated	Note:LAW OFFICES OF DAVID FEINERMAN EMAIL: LAWOFFICE2765@GMAIL.COM TEL: (718)-646-4800) FAX: (718)-646-5770;	YASMINHDEZ	2026-01-13 14:28:38
Patient Info added/updated	Note:DAVID FEINERMAN Ph: 718-646-4800 Fax: 718-646-5770;	YASMINHDEZ	2026-01-09 13:20:51
Patient Info added/updated	New Client created.	BestcareBronx	2026-01-08 17:58:01
Record (1.. 4) of 4			

NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW  
ASSIGNMENT OF BENEFITS FORM

(FOR ACCIDENTS OCCURRING ON AND AFTER 3/1/02)

Claim Number: \_\_\_\_\_

I, Florida Castro, ("Assignor") hereby assign to DYNAMIC MOBILE XRAY SVCS, ("Assignee")  
(Print patient's name) (Print hospital or health care provider name)  
all rights privileges and remedies to payment for health care services provided by assignee to which I am  
entitled under Article 51 (the No-Fault statute) of the Insurance Law.

The Assignee hereby certifies that they have not received any payment from or on behalf of the Assignor and  
shall not pursue payment directly from the Assignor for services provided by said Assignee for injuries sustained  
due to the motor vehicle accident which occurred on \_\_\_\_\_, not withstanding any other agreement  
(Print accident date)  
to the contrary.

This agreement may be revoked by the assignee when benefits are not payable based upon the assignor's lack  
of coverage and/or violation of a policy condition due to the actions or conduct of the assignor.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR OTHER PERSON  
FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR  
PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE  
PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO,  
IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS,  
SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR  
CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR  
VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND  
SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF  
THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

Florida Castro  
(Print name of Patient)

Florida Castro  
(Signature of Patient)

2028 Valentine Ave

01/09/25  
(Date of signature)

Bronx NY, 10457  
(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES  
(Print name of Provider)

[Signature]  
(Signature of Provider)

3412 BLUESTONE LANE

01/09/25  
(Date of signature)

EAST STROUDSBURG PA 18301  
(Address of Provider)

**DYNAMIC MOBILE XRAY SERVICES LLC  
3412 BLUESTONE LANE  
EAST STROUDSBURG PA 18301  
Tel: (570) 243-1888**

**X-Ray Consent Form**

**Parent Consent To X-Ray:**

I hereby authorize the performance of diagnostic x-rays. The Doctor has requested the x-rays for further diagnostic purposes. At this point I know of no other condition which the taking of x-rays would further complicate.

Signed: Flerida Castro Date: 01/09/20

**Consent To X-Ray:**

A Minor I am a parent or legal guardian of \_\_\_\_\_  
who is a minor, \_\_\_\_\_ years of age. I hereby authorize the performance of diagnostic x-rays of said minor. The Doctor has requested the x-rays for further diagnostic purposes. At this point I know of no other condition which the taking of x-rays would further complicate.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Females: Regarding Possibility of Pregnancy**

This is to certify that, to the best of my knowledge, I am NOT pregnant. The doctor has permission to perform diagnostic x-rays. I am aware that taking x-rays, particularly those involving the pelvis, can be hazardous to an unborn child.

Signed: Flerida Castro Date: 01/09/20

WE ARE EXPERIENCING CPU ISSUES. WE TURNED OFF A FEW SYSTEMS AND WILL TURN THEM ON NOW. THERE MAYBE DISRUPTIONS TODAY OR EVEN TOMORROW. WE ARE WORKING TO FIX THE ISSUES.

List Cases	Work Area	Scheduler	Diary	Add Note	Data Entry	Reports Area	User Guide	Log off (YASMINHDEZ)
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### Elite Health & Wellness Center PC

Patient Info | Billing Info | Date Billing | Bulk Billing | Create New Patient | Documents | Unmailed Bills | Unbilled Patients | Verifications | InHouse Eblits | Missing POMs/Fax POMs | No Answer in 45 days | NF-2 Not Sent Report

**Open Scanner**

**Templates**  
 ..Select..

**[Quick Search]**

By Last Name

By Claim #

By Patient Id

**Verifications Available**

#	Request	Answer	Left	Bill
New				

Patient Info (Id: 703) Show All Diary Notes		Summary Note		Fields in red required for E-submission. Brown - for WC only.			GTX ID #
First Name	MONIQUE	Last Name	BROWN	Sex: F	Height/Weight	ft In lbs	
Address	337 South 6th Ave	City, State, Zip	MOUNT NY 10550	SSN/DOB:	129-64-4036	05/14/1981	
Home Phone		Call Phone	646-633-8451	Place Of Service	Bestcare Bronx		
Contact Info		Emer Phone		Email/CaseType	MNBROWN363@AOL.COM No-Fault		
PtntToInsurd	Self	Office	Elite Health & Wellness Center PC	WC#/Prior #			
EmplrName/Ph		Emplr Address		Emplr City, St, Zp	NY		
Insurance Co.	Liberty Mutual Ins. Co.; PO BOX 5150	Insurance Claim #	060264506	PT's Attorney	..Select..		
Adjuster		Adj. Phone/Fax		NoWork Frm/To			
Insurd FName	MONIQUE	Insurd LName	BROWN	Sex: F	Insurd DOB	05/14/1981	
Insrd Address	337 South 6th Ave	Insrd City, St, Zp	MOUNT NY 10550	Policy#/MedID			
First Visit		DOA/State/Rols	10/12/2025 NY Driver	Cntr Indication			
NF-2 Sent on		Confirmed	<input type="checkbox"/>	Status	OPEN		
Referred By	..Select..	Policy Limit	..Select..	Totals:	Billed: 0.00; Balance: 0.00; Paid: 0.00; WriteOff: 0.00		
Comments	SOBO & SOBO LAW Ph: 855-468-7626 EMAIL: ADELE.HERRERA@SOBOLAW.COM						Diagnosis 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. ..Select..
<input type="button" value="Save Updates"/>		AOB Already Exists. MG2 Counter		MG2 Exp. Data		Missing document(s) for MAIL LOG: [Police report]	

January							2026						
Su	Mo	Tu	We	Th	Fr	Sa							
					1	2	3						
4	5	6	7	8	9	10							
11	12	13	14	15	16	17							
18	19	20	21	22	23	24							
25	26	27	28	29	30	31							

Future Appointments **Open**  
 Past Appointments **Open**

#### Tests Summary Information

Test Date	Test Name	Comments	Provider	Delete
	..Select..		..Select..	<input type="button" value="Add"/>

#### Notes Details (Showing up to 100 records)

Records per Page: 150

Record (1.. 4) of 4

Notes Description	Notes Details	Edited By	Date Edited
Patient Info added/updated	Sex:F; InsuredSex:F;	BestcareBronx	2025-12-11 18:17:40
Patient Info added/updated	Note:SOBO & SOBO LAW Ph: 855-468-7626 EMAIL: ADELE.HERRERA@SOBOLAW.COM;	Evadlm1	2025-10-27 18:27:33
Patient Info added/updated	Note:SOBO & SOBO LAW Ph: 855-468-7626 ADELE.HERRERA@SOBOLAW.COM;	Evadlm1	2025-10-27 18:27:22
Patient Info added/updated	New Client created.	BestcareBronx	2025-10-18 10:58:14

Record (1.. 4) of 4

NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW  
ASSIGNMENT OF BENEFITS FORM

(FOR ACCIDENTS OCCURRING ON AND AFTER 3/1/02)

Claim Number: \_\_\_\_\_

Monique Brown  
(Print patient's name)

I, Monique Brown ("Assignor") hereby assign to DYNAMIC MOBILE XRAY SVCS, ("Assignee")  
(Print hospital or health care provider name)

all rights privileges and remedies to payment for health care services provided by assignee to which I am entitled under Article 51 (the No-Fault statute) of the Insurance Law.

The Assignee hereby certifies that they have not received any payment from or on behalf of the Assignor and shall not pursue payment directly from the Assignor for services provided by said Assignee for injuries sustained due to the motor vehicle accident which occurred on 10/12/25 not withstanding any other agreement  
(Print accident date)

to the contrary.

This agreement may be revoked by the assignee when benefits are not payable based upon the assignor's lack of coverage and/or violation of a policy condition due to the actions or conduct of the assignor.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

Monique Brown  
(Print name of Patient)

[Signature]  
(Signature of Patient)

01/09/26  
(Date of signature)

\_\_\_\_\_  
(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES  
(Print name of Provider)

[Signature]  
(Signature of Provider)

3412 BLUESTONE LANE

01/09/26  
(Date of signature)

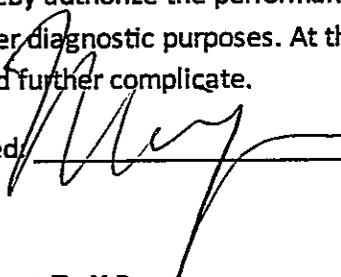
EAST STROUDSBURG PA 18301  
(Address of Provider)

**DYNAMIC MOBILE XRAY SERVICES LLC**  
**3412 BLUESTONE LANE**  
**EAST STROUDSBURG PA 18301**  
**Tel: (570) 243-1888**

**X-Ray Consent Form**

**Parent Consent To X-Ray:**

I hereby authorize the performance of diagnostic x-rays. The Doctor has requested the x-rays for further diagnostic purposes. At this point I know of no other condition which the taking of x-rays would further complicate.

Signed:  Date: 01/19/20

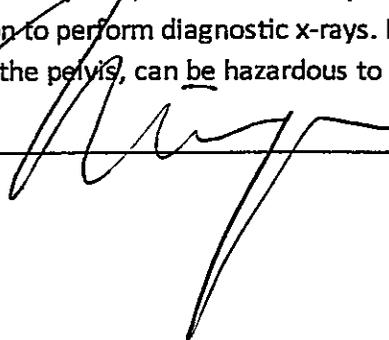
**Consent To X-Ray:**

A Minor I am a parent or legal guardian of \_\_\_\_\_ who is a minor, \_\_\_\_\_ years of age. I hereby authorize the performance of diagnostic x-rays of said minor. The Doctor has requested the x-rays for further diagnostic purposes. At this point I know of no other condition which the taking of x-rays would further complicate.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Females: Regarding Possibility of Pregnancy**

This is to certify that, to the best of my knowledge, I am NOT pregnant. The doctor has permission to perform diagnostic x-rays. I am aware that taking x-rays, particularly those involving the pelvis, can be hazardous to an unborn child.

Signed:  Date: 01/19/20

WE ARE EXPERIENCING CPU ISSUES. WE TURNED OFF A FEW SYSTEMS AND WILL TURN THEM ON NOW. THERE MAYBE DISRUPTIONS TODAY OR EVEN TOMORROW. WE ARE WORKING TO FIX THE ISSUES.

List Cases	Work Area	Scheduler	Diary	Add Note	Data Entry	Reports Area	User Guide	Log off (YASMINHDEZ)
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**Elite Health & Wellness Center PC**

Patient Info	Billing Info	Date Billing	Bulk Billing	Create New Patient	Documents	Unmailed Bills	Unbilled Patients	Verifications	InHouse Ebills	Missing POMs/ Fax POMs	No Answer in 45 days	NF-2 Not Sent Report
--------------	--------------	--------------	--------------	--------------------	-----------	----------------	-------------------	---------------	----------------	------------------------	----------------------	----------------------

Open Scanner

Templates  
..Select..

**Quick Search**

By Last Name

By Claim #

By Patient Id

**Verifications Available**

#	Request	Answer	Left	Bill
New				

Patient Info (Id: 632) Show All Diary Notes		Summary Note		Fields in red required for E-submission. Brown - for WC only.			GTK ID #
First Name	NICOLE	Last Name	WALKER	Sex: F	Height/Weight	ft	In lbs
Address	5400 FEILDSTON RD	City,State,Zip	BRONX NY 10471	SSN/DOB:	SSN	08/02/1974	
Home Phone		Cell Phone	914-513-6123	Place Of Service	Bestcare Bronx		
Contact Info		Emer Phone		Email/CaseType	NAWALKER@YAHOO.COM No-Fault		
PntToInsurd	Self	Office	Elite Health & Wellness Center PC	WC#/Prior #			
EmpIrName/Ph		EmpIr Address		EmpIr City,St,Zp	NY		
Insurance Co.	GEICO Casualty Insurance; 750 Wood	Insurance Claim #	0596278420000003	PT's Attorney	..Select..		
Adjuster	JARRICK	Adj. Phone/Fax	5402864229	NoWork Frm/To			
Insurd FName	NICOLE	Insurd LName	WALKER	Insurd DOB	08/02/1974		
Insrd Address	5400 FEILDSTON RD	Insrd City,St,Zp	BRONX NY 10471	Policy#/MedID			
First Visit	08/07/2025	DOA/State/Role	07/26/2025 NY Passenger	Cntr Indication			
NF-2 Sent on	<input type="checkbox"/>	Confirmed <input type="checkbox"/>	Status	OPEN	Cut Off Date:	Type: ..Select..	
Referred By	..Select..	Policy Limit	..Select..	Totals:	Billed: 0.00; Balance: 0.00; Paid: 0.00; WriteOff: 0.00		
Comments	GARBER LEGAL Tel: (212) 779-2740 Fax: (212) 779-2748			Diagnosis 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. ..Select..			
<input type="button" value="Save Updates"/>		AOB Already Exists. MG2 Counter: <input type="text"/>		MG2 Exp. Date: <input type="text"/>		Missing document(s) for MAIL LOG: [Police report]	

January							2025						
Su	Mo	Tu	We	Th	Fr	Sa							
					1	2	3						
4	5	6	7	8	9	10							
11	12	13	14	15	16	17							
18	19	20	21	22	23	24							
25	26	27	28	29	30	31							

Future Appointments   
Past Appointments

**Tests Summary Information**

Test Date	Test Name	Comments	Provider	Delete
<input type="text"/>	..Select..		..Select..	<input type="button" value="Add"/>

**Notes Details (Showing up to 100 records)**

Records per Page: 150	<input type="button" value="Show All"/>		
Record (1.. 5) of 5			
Notes Description	Notes Details	Edited By	Date Edited
Patient info added/updated	InsClaim:0596278420000003;	Evadm1	2025-10-02 18:11:22
Client info updated in all related offices	022; 0596278420000003; Jul 28 2025 12:00AM; bestcare;	Evadm1	2025-10-02 18:11:22
Patient info added/updated	FName:NICOLE; InsuredFName:NICOLE;	Evadm1	2025-08-10 13:38:11
Patient info added/updated	Note:GARBER LEGAL Tel: (212) 779-2740 Fax: (212) 779-2748;	Evadm1	2025-08-07 16:58:05
Patient info added/updated	New Client created.	Evadm1	2025-08-07 15:45:42
Record (1.. 5) of 5			

NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW  
ASSIGNMENT OF BENEFITS FORM

(FOR ACCIDENTS OCCURRING ON AND AFTER 3/1/02)

Claim Number: \_\_\_\_\_

I, Nicole Walker, ("Assignor") hereby assign to DYNAMIC MOBILE XRAY SVCS, ("Assignee")  
(Print patient's name) (Print hospital or health care provider name)  
all rights privileges and remedies to payment for health care services provided by assignee to which I am  
entitled under Article 51 (the No-Fault statute) of the Insurance Law.

The Assignee hereby certifies that they have not received any payment from or on behalf of the Assignor and  
shall not pursue payment directly from the Assignor for services provided by said Assignee for injuries sustained  
due to the motor vehicle accident which occurred on 7/26/25, not withstanding any other agreement  
(Print accident date)  
to the contrary.

This agreement may be revoked by the assignee when benefits are not payable based upon the assignor's lack  
of coverage and/or violation of a policy condition due to the actions or conduct of the assignor.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON  
FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR  
PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE  
PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO,  
IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS,  
SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR  
CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR  
VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND  
SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF  
THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

Nicole Walker  
(Print name of Patient)

[Signature]  
(Signature of Patient)

5400 Friedston Rd  
Bklyn NY 10471  
(Address of Patient)

01/09/25  
(Date of signature)

DYNAMIC MOBILE XRAY SERVICES  
(Print name of Provider)

[Signature]  
(Signature of Provider)

3412 BLUESTONE LANE  
EAST STROUDSBURG PA 18301  
(Address of Provider)

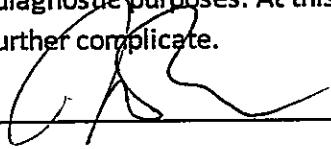
01/09/25  
(Date of signature)

**DYNAMIC MOBILE XRAY SERVICES LLC**  
**3412 BLUESTONE LANE**  
**EAST STROUDSBURG PA 18301**  
**Tel: (570) 243-1888**

**X-Ray Consent Form**

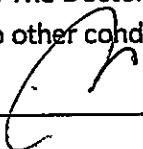
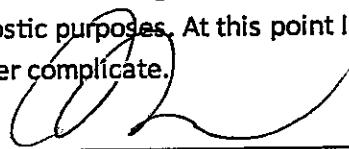
**Parent Consent To X-Ray:**

I hereby authorize the performance of diagnostic x-rays. The Doctor has requested the x-rays for further diagnostic purposes. At this point I know of no other condition which the taking of x-rays would further complicate.

Signed:  Date: 01/09/20

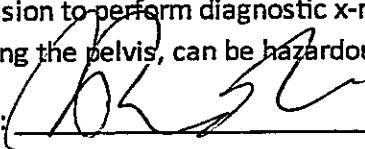
**Consent To X-Ray:**

A Minor I am a parent or legal guardian of \_\_\_\_\_ who is a minor, \_\_\_\_\_ years of age. I hereby authorize the performance of diagnostic x-rays of said minor. The Doctor has requested the x-rays for further diagnostic purposes. At this point I know of no other condition which the taking of x-rays would further complicate.

Signed:  Date: 

**Females: Regarding Possibility of Pregnancy**

This is to certify that, to the best of my knowledge, I am NOT pregnant. The doctor has permission to perform diagnostic x-rays. I am aware that taking x-rays, particularly those involving the pelvis, can be hazardous to an unborn child.

Signed:  Date: 01/09/20

1

WE ARE EXPERIENCING CPU ISSUES. WE TURNED OFF A FEW SYSTEMS AND WILL TURN THEM ON NOW. THERE MAYBE DISRUPTIONS TODAY OR EVEN TOMORROW. WE ARE WORKING TO FIX THE ISSUES.

List Cases	Work Area	Scheduler	Diary	Add Note	Data Entry	Reports Area	User Guide	Log off (YASMINHDEZ)
------------	-----------	-----------	-------	----------	------------	--------------	------------	----------------------

**Elite Health & Wellness Center PC**

Patient Info	Billing Info	Date Billing	Bulk Billing	Create New Patient	Documents	Unmailed Bills	Unbilled Patients	Verifications	InHouse Eblills	Missing POMs/Fax POMs	No Answer in 45 days	NF-2 Not Sent Report
--------------	--------------	--------------	--------------	--------------------	-----------	----------------	-------------------	---------------	-----------------	-----------------------	----------------------	----------------------

**Open Scanner**

**Templates**  
..Select..

**Quick Search**

By Last Name

By Claim #

By Patient Id

**Verifications Available**

#	Request	Answer	Len	Bill
New				

Patient Info (Id: 726) Show All Diary Notes		Summary Note		Fields in red required for E-submission. Brown - for WC only.			GTX ID #
First Name	GELDENSON	Last Name	CUEVAS TERRERO	Sex:	ft	in	lbs
Address	676 EAST 24 STREET	City,State,Zip	PATERSON NJ 07504	SSN/DOB:	SSN	12/19/1996	
Home Phone		Cell Phone	862-297-2946	Place Of Service	Bestcare Bronx		
Contact Info		Emer Phone		Email/CaseType	GELDENSONTERRERO@GMAJ No-Fault		
PtnrToInsurd	Self	Office	Elite Health & Wellness Center PC	WC#/Prior #			
EmplrName/Ph		Emplr Address		Emplr City,St,Zp	NJ		
Insurance Co.	(NOT NF) Cure Auto Insurance; 214 C	Insurance Claim #	CLM00067407	PT's Attorney	..Select..		
Adjuster	DANIEL ROLWOOD	Adj. Phone/Fax	800-535-2873 DROLWOOD@CURE	NoWork Frm/To			
Insurd FName	GELDENSON	Insurd LName	CUEVAS TERRERO	Insurd DOB	12/19/1996		
Insrd Address	676 EAST 24 STREET	Insrd City,St,Zp	PATERSON NJ 07504	Policy#/MedID	PANJ173127		
First Visit	12/09/2025	DOA/State/Role	12/05/2025 NJ Driver	Cntr Indication			
NF-2 Sent on	12/09/2025 <input type="checkbox"/> Confirmed	Status	OPEN	Cut Off Date:	Type: ..Select..		
Referred By	..Select..	Policy Limit	..Select..	Totals:	Billed: 0.00; Balance: 0.00; Paid: 0.00; WriteOff: 0.00		
Comments	ADJUSTER - EXTENTION = 5385 ATTORNEY: FEMA TEL:917-772-0322			Diagnosis	1. 2. 3. 4. 5. 6. ..Select..		
<input type="button" value="Save Updates"/>		AOB Already Exists.	MG2 Counter	MG2 Exp. Date	Missing document(s) for MAIL LOG: None		

January 2026

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Future Appointments

Past Appointments

**Tests Summary Information**

Test Date	Test Name	Comments	Provider	Delete
	..Select..		..Select..	<input type="button" value="Add"/>

**Notes Details (Showing up to 100 records)**

Records per Page: 150

Record (1.. 4) of 4

Notes Description	Notes Details	Edited By	Date Edited
Patient Info added/updated	LName:CUEVAS TERRERO; InsuredLName:CUEVAS TERRERO;	YASMINHDEZ	2026-01-12 18:52:45
Patient Info added/updated	Note:ADJUSTER - EXTENTION = 5385 ATTORNEY: FEMA TEL:917-772-0322;	YASMINHDEZ	2026-01-12 16:17:30
Patient Info added/updated	Note:ADJUSTER - EXTENTION = 5385;	YASMINHDEZ	2025-12-29 18:22:31
Patient Info added/updated	New Client created.	BestcareBronx	2025-12-09 16:18:34

Record (1.. 4) of 4

NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW  
ASSIGNMENT OF BENEFITS FORM

(FOR ACCIDENTS OCCURRING ON AND AFTER 3/1/02)

Claim Number: \_\_\_\_\_

I, \_\_\_\_\_, ("Assignor") hereby assign to DYNAMIC MOBILE XRAY SVCS, ("Assignee")  
(Print patient's name) (Print hospital or health care provider name)  
all rights privileges and remedies to payment for health care services provided by assignee to which I am  
entitled under Article 51 (the No-Fault statute) of the Insurance Law.

The Assignee hereby certifies that they have not received any payment from or on behalf of the Assignor and  
shall not pursue payment directly from the Assignor for services provided by said Assignee for injuries sustained  
due to the motor vehicle accident which occurred on \_\_\_\_\_, not withstanding any other agreement  
(Print accident date)  
to the contrary.

This agreement may be revoked by the assignee when benefits are not payable based upon the assignor's lack  
of coverage and/or violation of a policy condition due to the actions or conduct of the assignor.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON  
FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR  
PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE  
PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO,  
IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS,  
SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR  
CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR  
VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND  
SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF  
THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

Calderson Cuervo Torres  
(Print name of Patient)

Calderson  
(Signature of Patient)

01/09/20  
(Date of signature)

\_\_\_\_\_  
(Address of Patient)

DYNAMIC MOBILE XRAY SERVICES  
(Print name of Provider)

[Signature]  
(Signature of Provider)

3412 BLUESTONE LANE  
EAST STROUDSBURG PA 18301  
(Address of Provider)

01/09/20  
(Date of signature)

**DYNAMIC MOBILE XRAY SERVICES LLC**  
**3412 BLUESTONE LANE**  
**EAST STROUDSBURG PA 18301**  
**Tel: (570) 243-1888**

**X-Ray Consent Form**

**Parent Consent To X-Ray:**

I hereby authorize the performance of diagnostic x-rays. The Doctor has requested the x-rays for further diagnostic purposes. At this point I know of no other condition which the taking of x-rays would further complicate.

Signed: G. Alderson [Signature] Date: 01/09/20

**Consent To X-Ray:**

A Minor I am a parent or legal guardian of \_\_\_\_\_  
who is a minor, \_\_\_\_\_ years of age. I hereby authorize the performance of diagnostic x-rays of said minor. The Doctor has requested the x-rays for further diagnostic purposes. At this point I know of no other condition which the taking of x-rays would further complicate.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Females: Regarding Possibility of Pregnancy**

This is to certify that, to the best of my knowledge, I am NOT pregnant. The doctor has permission to perform diagnostic x-rays. I am aware that taking x-rays, particularly those involving the pelvis, can be hazardous to an unborn child.

Signed: \_\_\_\_\_ Date: 01/09/20