

ORIGINAL

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

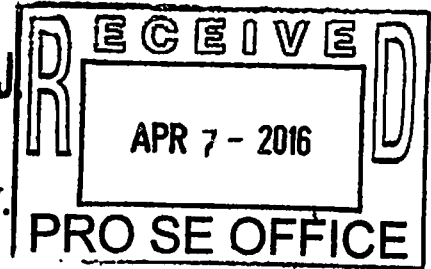
-----X
LIJUN MENG,

Plaintiff,
- against -

CV 16 COMPLAINT 01703

JOHN DOE #1(SERGEANT),
JOHN DOE #2(FEMAL OFFICER),
FLORIN COSTE, JOHN DOE #3,
Defendants,

DeARCY HALL, J



-----X
ORENSTEIN, M.J.

1. Parties:

Plaintiff LIJUN MENG, resides at 112 Bowery, #1745 New York, New York 10013.

Defendant JOHN DOE #1, employed as a police sergeant at the 62 PRECINCT 1925
Bath Ave Brooklyn, NY 11214

Defendant JOHN DOE #2, employed as a police officer (Female) at the 62
PRECINCT 1925 Bath Ave Brooklyn, NY 11214

Defendant FLORIN COSTE, employed as a police officer at the 62 PRECINCT 1925
Bath Ave Brooklyn, NY 11214

Defendant JOHN DOE #3, employed as a police officer at the 62 PRECINCT 1925
Bath Ave Brooklyn, NY 11214

2. LIJUN MENG was falsely and maliciously arrested by the Defendants that are
violated of Plaintiff's civil rights protected under 42 U.S.C § 1983, the plaintiff LIJUN MENG
experienced humiliation and physical abuse personal insults during her arrests and that the
actions taken against her violated her Constitutional Rights.

3. Plaintiff LIJUN MENG rent a room in 240 Ave P 2nd fl. Brooklyn NY, From April 1,
2015 but not live in until June 30, 2015. Mean time the only person she has meet/talked couple
of times was ZHENG, XUE who was live in for quite a while. At May 10, 2015 because Miss.

ZHENG forcibly occupy Wi-Fi(owns by landlord) infringe plaintiff's rights (free Wi-Fi included in the rent) by change password and blocked her out...the plaintiff came front of her talk out the fact in front of the others she's shamed into anger she grabbed my hair start to beats/scratching... see (Exhibit 1) the pictures #6#7#8#9#10 done by her, then her boyfriend "surprise attacked" me and knocked me out... see (Exhibit 1) the pictures #1#2#3#4#5 done by him... when I woke up saw back of a man walking away I was extremely shocked who/where the guy come from I can't even put them together and that caused losing memories and hearing problem for period of time then I called 911 I can't even give the right address... see attached "The fact"(Exhibit 2-1).

4. At about 7:30 pm May 10, 2015 the officers came who asked I don't remember but I answered: Wi-Fi then just by subjective consciousness and saw my "bloody lip" and scratch on my chest and totally destroyed T-shirt, so they(JOHN DOE #1 JOHN DOE #2 FLORIN COSTE) must "find something" on her in order to put me in to jail becoming their mission, they taking a side right of the beginning, they scrambled to crowd to her room for quite awhile then made the false report(Exhibit 2-2), left JOHN DOE #3 and I think there is another officer but I don't remember to chat with me even make joke over my suffering I said my back and neck pain... JOHN DOE #3 said I need massage... that makes me sad so I lowered eyelids for a while... and the emergency guy give me a bag of ice tell me to put in my neck/back...

I don't even know there is a female officer JOHN DOE #2 until she came out and point her (Miss ZHENG) and told everybody: she has a "scratch" on her left shoulder Unfortunately it (should be called "rub mark" it came from I pushing her back try to keep her left hand off of me) gone so soon. Then she told me to go to my room then told me to change cloth, why? She says something like you come with us or something that I understand that I am arrest too... I am the one who called the 911 for help... but... Jail is so cold I don't know I only wore short silk stuff

and slipper for summer and Miss ZHENG wore thicker clothes and shoes for the winter (she seems experienced)... and if JOHN DOE #2 took just a peek of me... (In Court's bathroom with dark lights can took 10 pictures my room with big window good lights...) but nobody ask do investigation or check me but trying find non-exist injury on her... I don't want to recall those scenes, subconscious refused avoid the fact for the past almost 11 month ... but now I had to.

When we were out, the every neighbors out there look at me I have never shamed and Humiliated in my entire life I was almost beaten to death the face swollen and may be crooked too and handcuffed... how could they do that without any consideration of objective fact regardless on physically theoretically wouldn't be fit there's no way she can "pull my hair push me on the ground" see (Exhibit 2-2) police report... I am over 140 lb. and she about 40lb less I am much taller bigger strong than her and I am a life and I practice qi gong I use qi gong to reduce the pain and re-heal myself I don't take any pills or anything for over 20yers that why I don't want to go to hospital... in the jail my eyes not even close for a minute all night I don't even know why I've been arrested ... I still felt the shame it's doesn't matter that I am out it's matters that I was in there... I have to swallow it... I never look/talk to no one after I moved in, I can't lift up heads I had a smirch I keep so clean in my whole life... I watch myself every steps... but now... it's nightmare but continues... I have to face it recall the horrible moment and the details.

When I get inside of car I saw the "Guy" outside play his phone I told JOHN DOE #1 it's him who beats me, he said you didn't. I told 911 it's a guy who beats me I didn't know have to repeat nobody ask me, "You can't report, you didn't see his face". Yes I never saw him before in my life but he is only man in the house first and second the body shape I saw... and he has relationship with her and they (officers) are all with him in her room... then he called him

getting closer then chat with him like friends, my heart is getting cold and sinking... the house is only few minutes away from the 62 PRECINCT but it seems took couple of hours to get there... the road is clear but the driver FLORIN COSTE who's working on the computer whole this time like Cow car bumps they finally found a women who been arrested before on some corner then chat with her for quite awhile...they all knew my back pain and my neck and handcuffed deeply cuffed my sink too... is painful to recall, that's my punishment for what I was asking... in their jail they saw the "Guy" sending food & water to both of us they knew it was wrong and even after the day 5/11/2015 I went back to get my keys the JOHN DOE #1 still told me "can't report" even saw my horrible arm with the other woman officer in the office. After I received the police report I went to 62 precincts 3 following days (I forgot exact the date) looking for the person name (FLORIN COSTE) on Report want to give to him "The fact" that I wrote particularly for what he wrote in report but unlucky 3 times later I give up.

This is not simple mistake but malpractice, if it was there's many times to correct and I ask for it too but JOHN DOE #1 wouldn't let me deliberately let go of "criminal"... I have many chances to catch that "Guy" if he let me report but... is JOHN DOE #1 Ruined my hopes to get justice the nightmare going to be continues I can't even get my medical bills reimbursed (Exhibit 3). He even asked me after I back to their office to pick up the key or looking for FLORIN COSTE I forgot: "are you guys talking yet?" I was Phenomenal men can answer: my god what you know!? My life is totally destroyed by all of the Defendants first I've been blast beaten attacked almost dead in the most safe place-Home for no reason can really talk about then I called the people who I trust the most then what they bring to me the disaster, put me in to the jail instead... I don't even have the right to report ... my life has changed forever; sense of security is gone... I can't eat will can't sleep day after the day from it happen. I called 911

because I am in danger when they came I felt safe smiling to them... now the smile is gone... the plaintiff deeply emotionally injured by the Defendants.

5. Remedy. Plaintiff LIJUN MENG Suffered serious personal injuries and severe emotional sufferings from the aforesaid acts by all of the Defendants. It affected her normal activities and constituted a violation of her civil rights and caused lack of sleep, headaches, nervousness, emotional pain and suffering and has in the past and will continue in the foreseeable future all to her detriment, loss and damages of \$1.1 Million Dollars.

WHEREFORE, Plaintiff demands judgment against the Defendants as follows:

For all the Causes of Action, compensatory and punitive damages from each individual Defendant listed below:

- a. JOHN DOE #1 \$500,000.00
- b. JOHN DOE #2 \$300,000.00
- c. FLORIN COSTE \$200,000.00
- d. JOHN DOE #3 \$100,000.00

Total of \$1.1 Million Dollars, plus interest from May 10, 2015.

For such other and further relief as this Court may deem just and proper.

New York, New York

April 7, 2016

Respectfully submitted,


LIJUN MENG

Pro Se
112 Bowery, #1745
New York, NY 10013
Phone: (917)-783-2007

Exhibit 1

Statement of Pictures:

Those pictures are copies I don't know how many times not so realistic the color and the "white" all over I will request the original from my previous lawyer.

The Pictures are took by the lady who seats in behind the computer of the Court in May 11, 2015 that day we've been just took out from jail before to see the judge, my lawyer-Jacob Rolls asked her to help taken with bathroom background of the Court.

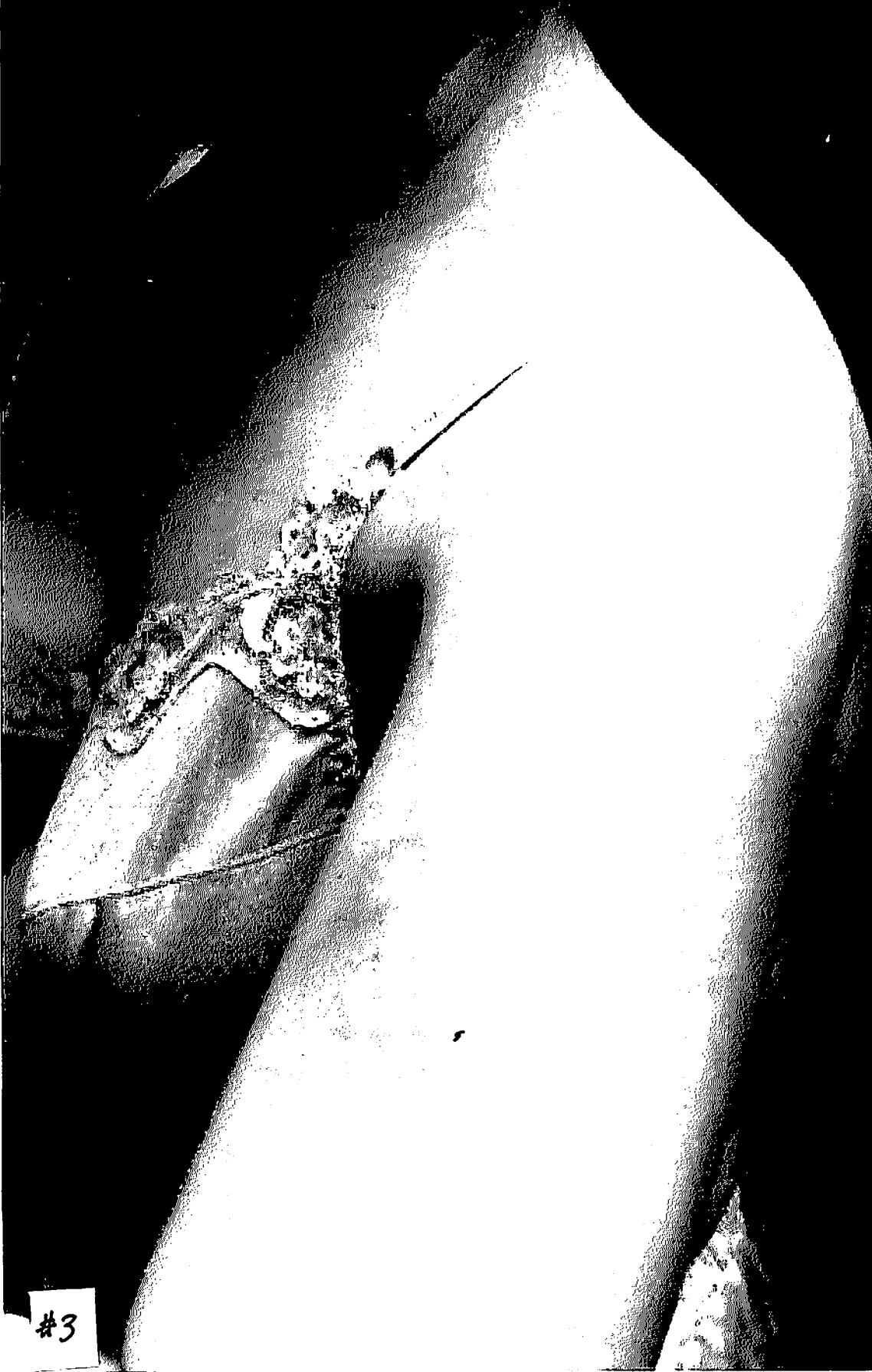

LIJUN MENG



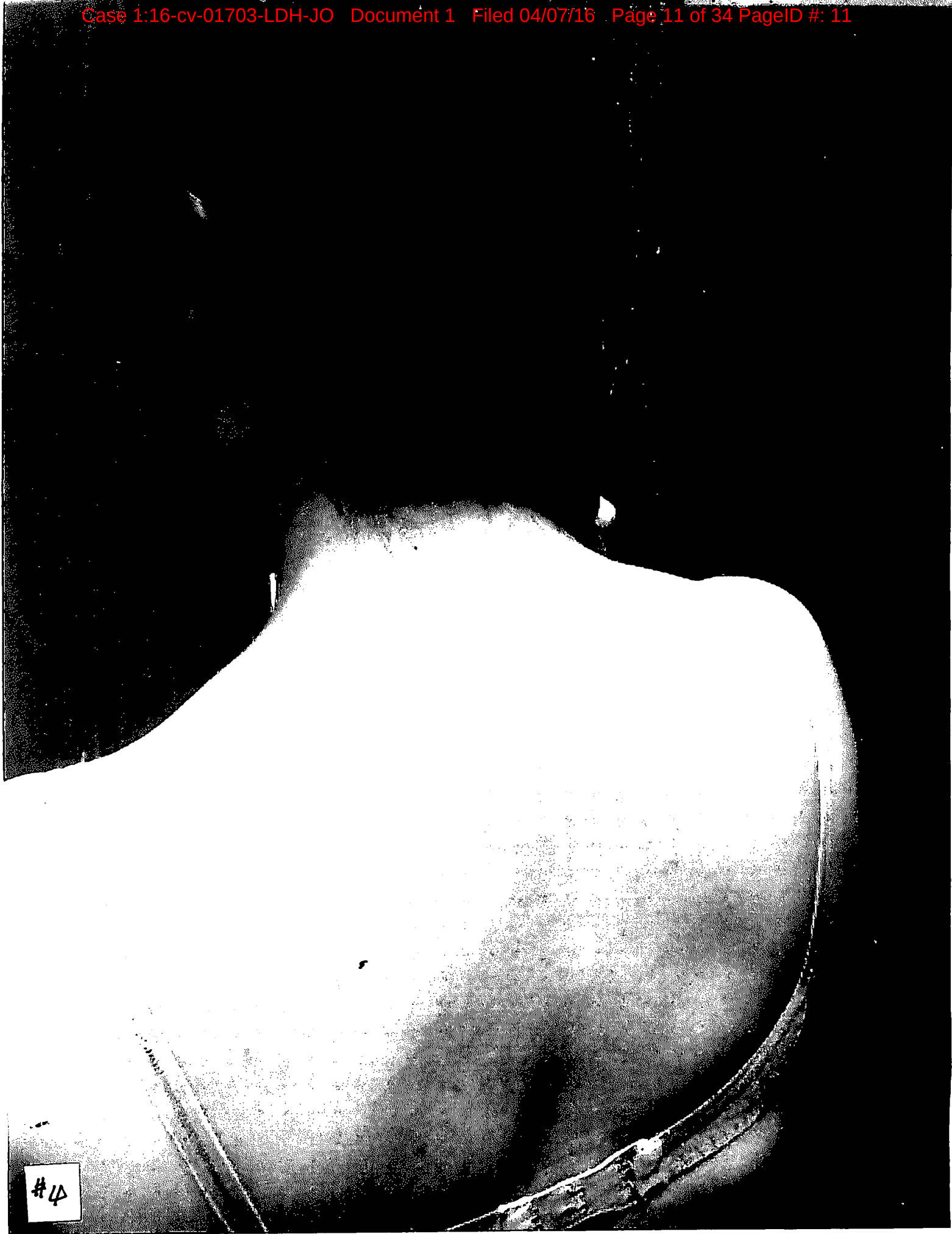
#1



#2



#3





#5



#6



#7



#8



#9

#10

Exhibit 2

Statement of "The fact"

"The fact" that I wrote was I just received "police report" I don't remember exactly date; I saw the "portion" of police report (I can't read them all the emotions affects me) I knew it wasn't true so I printed out. especially went to 62 precinct looking for the officers name FLORIN COSTE who was on report to showing him that he was wrong unlucky never find him 3 time after I give up.



LIJUN MENG

The fact:

Regarding to the officer report I have no idea where they come from I think is necessary start from the beginning: I moved my stuff in on April 1 till May 10 only 40 days and I haven't even one night sleep over there(I don't have pillow and coversheets the female officer went my room) the whole month of April I'm there 10 times or less and only at noon stay in about 1 hour (house has camera can prove it)on PC/nap or get snack I brought in and threw out my own garbage I never cook(don't have Cooking utensils) she the only one I met and see in the house(every time I'm there) whole month we speak nicely at the first day I'm in I told her my name asked her's. just this month (the 10 days)I came at weekend I met two other girls and don't even have chance to know the names just say "HI" and just this week I stay longer less 2 hours but do the same thing-pc- nap-snack. if harassment/assault I don't know how its happen I don't have time to talk(my time is limited, have to go) my room in the front her room in the back(there's huge square living and big kitchen and big full bath in between) I don't have anything outside in kitchen or somewhere beside my room I went kitchen most two times first when coming in get fruit or yogurt(just this 2weeks) to eat then wash spoon before I leave and the other hand I rent a place to live (I can't sleep there right away all my stuff are over there) is not to harass somebody what for? we don't know each other before in fact she harass me I was sleeping Awakened (couple times) by her makes huge sound like somebody hack the frozen pork then after I went to kitchen is no cooking nothing (I don't even have things to make sounds) and slam doors often (my door doesn't have sound). Actually she wants Power control overbearing, the only one thing I do and use in there is internet and she doesn't let me to use have to "ask" her...

At May 10 because she changed the network (its own by landlord lives downstairs) password without permission and even worse she block me I come front of her expose the truly fact in front of the other roommate : you have no right to do that it's not yours it belongs to landlady if you want to change should let the landlady know first... the landlady was with me try to figure it out why it doesn't work... then even worse you blocked me out I can't even find the network from my pc and phone... have to ask you, why should I ask you to beg you... let you to control me who are you... you are not the landlord put you self in right position you are just a tenant like us... she grabbed my hair pull my head down and left hand beat Scratch tears my T-shirt I don't even fight back only thing I did was push her left shoulder back my left hand hold phone the entire time (she's wore two layers sweater the only "scratch "on her left shoulder if it exist it come from when I pushing her back) then the big hit like raindrop from left side of my head down to the waist next thing I know I was on floor... then I saw the back of a men walking away... then I call 911 I told is a guy beats me... I can't even tell the address clearly my head is empty shocked...: where is the guy come from? (The landlady told me not one may two three times: no men even the son) and she's continuously begged me and apologizes... ask me my cloth... I ask her: how can you do that you so small she said: she doesn't like I point her she can't hold the temper... because you have a guy...

Then the officer came I was still shocked but keep myself still like normal seems fine I didn't say that much (they didn't ask me either) because I don't remember how did I fail down on floor I don't even

know my back pain come from... {when he(the guy first time I saw and is side of face only) walk out the room I was confused... when I'd been told arrested ... and then got inside police car I realized something wrong then I told officers that it was him beats me... you can't report}. it all come back when after midnight in jail the pain start and have hearing problem then I see my arm's marks then the memories back...back home second day with better light still can't see much because my neck can't turn that much, but found beaten black and blue and the pain still no less at May 14th I went to emergency room fortunately everything is ok... because I didn't say more things and the work have to be done got to have story that's why the officer went to them? I guess, they can makes up anything of me tale to the officer so I have to make clear the time I am there (in beginning of this page) I don't even have time/ chance/purpose to do whatever they told the officers.



Lijun Meng

CRIMINAL COURT OF THE CITY OF NEW YORK
PART APAR COUNTY OF KINGS

THE PEOPLE OF THE STATE OF NEW YORK

STATE OF NEW YORK
COUNTY OF KINGS

v

XUE ZHENG

POLICE OFFICER FLORIN COSTE SHIELD NO.18939, OF 062 COMMAND SAYS THAT ON OR ABOUT MAY 10, 2015 AT APPROXIMATELY 06:45 PM AT 240 AVENUE P COUNTY OF KINGS, STATE OF NEW YORK,

THE DEFENDANT COMMITTED THE OFFENSE(S) OF:

- PL 120.00(1) ASSAULT IN THE THIRD DEGREE (DQO)
- PL 110/120.00(1) ATTEMPTED ASSAULT IN THE THIRD DEGREE (DQO)
- PL 120.15 MENACING IN THE THIRD DEGREE (DQO)
- PL 240.26(1) HARASSMENT IN THE SECOND DEGREE

IN THAT THE DEFENDANT DID:

WITH INTENT TO CAUSE PHYSICAL INJURY TO ANOTHER PERSON, CAUSE SUCH INJURY TO SUCH PERSON OR TO A THIRD PERSON; WITH INTENT TO CAUSE PHYSICAL INJURY TO ANOTHER PERSON, ATTEMPT TO CAUSE SUCH INJURY TO SUCH PERSON OR TO A THIRD PERSON; BY PHYSICAL MENACE, INTENTIONALLY PLACE OR ATTEMPT TO PLACE ANOTHER PERSON IN FEAR OF DEATH, IMMINENT SERIOUS PHYSICAL INJURY OR PHYSICAL INJURY; WITH INTENT TO HARASS, ANNOY OR ALARM ANOTHER PERSON, STRIKE, SHOVE, KICK OR OTHERWISE SUBJECT SUCH OTHER PERSON TO PHYSICAL CONTACT, OR ATTEMPT OR THREATEN TO DO THE SAME.

THE SOURCE OF DEPONENT'S INFORMATION AND THE GROUNDS FOR DEPONENT'S BELIEF ARE AS FOLLOWS:

DEPONENT IS INFORMED BY LIJUN MENG THAT, AT THE ABOVE TIME AND PLACE, THE DEFENDANT PULLED INFORMANT'S HAIR AND PUSHED INFORMANT TO THE GROUND, CAUSING INFORMANT TO SUSTAIN A BLOODY LIP AND REDNESS TO INFORMANT'S ARMS AND CHEST, TO SUFFER SUBSTANTIAL PAIN, TO FEAR FURTHER PHYSICAL INJURY AND TO BECOME ALARMED AND ANNOYED.

FALSE STATEMENTS MADE IN THIS DOCUMENT ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

05/11/2015 P.O. [Signature]

DATE

SIGNATURE

Exhibit 3

NewYork-Presbyterian
 The University Hospital of Columbia and Cornell
 PO Box 3475 • Toledo OH 43607-0475

1 Patient Name MENG, LIJUN		2 Account Number 2721334 - B6VLBZ	
REF# 15060931550		MRN# 000000	
3 Service Date(s) From / Through 05/14/15		4 Statement Date 06/10/15	
		Page	



001053
0101

5 If paying by CREDIT CARD, please complete this section

MASTERCARD
 VISA
 AMEX

Card # _____ CVV _____

Exp. Date _____ / _____ AMT Authorized \$ _____

Cardholder Name _____

Signature _____

6 This is the current insurance information on file
 Please review and make corrections on the back of this form

Insurance Name

1. _____

2. _____

3. _____

7 CHECK/M.O.

ACCT. BALANCE
\$ **\$2,235.40**

AMT. ENCLOSED
\$ _____

8 **LIJUN MENG**
240 AVENUE P
BROOKLYN, NY 11204-4934

9 **NEW YORK COMMUNITY HOSPITAL**
PO BOX 9140
NEW YORK, NY 10087-9140

1506093155000002235400D3

PLEASE RETURN TOP PORTION WITH PAYMENT

10 Account Number	11 Patient Name	12 Service Date(s)	13 Statement Dt	Page
2721334 - B6VLBZ	MENG, LIJUN	05/14/15	06/10/15	1
14 Date(s)	15 Description	16 Charges	17 Payments/Adj's	
05/14/15	Laboratory Services	129.60		
	Radiology - Neuro	1,226.88		
	Cardiology Services	169.92		
	Radiology - General	612.64		
	Ny State Surcharge			196.36
For questions about your bill call: 1-866-252-0101		Column Totals:	2,039.04	196.36

Visit Us at <http://www.nych.com> 18 Account Balance: **\$2,235.40**

IF YOU ARE EXPERIENCING FINANCIAL HARDSHIP AND ARE UNABLE TO PAY THIS BILL, CHARITY CARE/FINANCIAL AID MAY BE AVAILABLE IF YOU QUALIFY. PLEASE CONTACT US AT 866-252-0101 TO OBTAIN INFORMATION ABOUT CHARITY CARE/FINANCIAL AID AND HOW TO APPLY FOR IT.

IF YOU DO NOT SUBMIT A COMPLETED APPLICATION FOR CHARITY CARE/FINANCIAL AID AND YOUR ACCOUNT FOR HOSPITAL SERVICES RENDERED REMAINS OUTSTANDING FOR AT LEAST FORTY-FIVE (45) DAYS, WE MAY OBTAIN REPORTS FROM CREDIT OR SPECIALTY REPORTING AGENCIES TO ASSIST IN DETERMINING YOUR ELIGIBILITY FOR CHARITY CARE/FINANCIAL AID.

THIS STATEMENT IS FOR HOSPITAL SERVICES ONLY. YOU MAY RECEIVE SEPARATE STATEMENTS FOR PHYSICIAN SERVICES.

THE AMOUNT SHOWN REPRESENTS YOUR ACCOUNT BALANCE FOR SERVICES RENDERED. IF YOU HAVE ANY QUESTIONS OR ADDITIONAL INSURANCE INFORMATION, PLEASE CONTACT OUR REPRESENTATIVE AT THE NUMBER LISTED ABOVE.

MAKE CHECKS PAYABLE TO:

HIGHWAY RADIOLOGY LLP
30 MONTGOMERY ST SUITE 720
JERSEY CITY, NJ 07302-3841



RETURN SERVICE REQUESTED

008938
0101

Patient: LIJUN MENG

28 01

LIJUN MENG
240 AVENUE P
BROOKLYN, NY 11204-4934



IF PAYING BY CREDIT CARD, COMPLETE ALL REQUESTED INFORMATION BELOW.

THIS FACILITY DOES NOT ACCEPT CREDIT CARDS.		
CARD NUMBER	V-CODE	AMOUNT
SIGNATURE	EXP. DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO
06/05/15	209.00	06C1365719
IF PAYING BY CREDIT CARD, PLEASE INCLUDE THE EXPIRATION DATE AND THE LAST 3 DIGITS OF THE CARD NUMBER (V-CODE) FROM THE SIGNATURE STRIP ON THE BACK OF THE CARD.		SHOW AMOUNT PAID HERE \$

60339A

HIGHWAY RADIOLOGY LLP
30 MONTGOMERY ST SUITE 720
JERSEY CITY, NJ 07302-3834



Please check box if above address or insurance information is incorrect, and indicate change(s) on reverse side.

STATEMENT

Please detach at perf and return top portion with your payment.

DATE OF SERVICE	PROVIDER	DESCRIPTION	CHARGE	PAYMENTS AND ADJUSTMENTS	BALANCE
05/15/15	ROSENTHAL	INVOICE #: 4563212 70450 CMPT TOMOGRPH HEAD/BRAIN; INVOICE BALANCE:	209.00		209.00

This bill is for physician charges from Highway Radiology- Community Hospital in Brooklyn.

BILLING QUESTIONS: 212-563-2627

BILLING OFFICE HOURS: Mon-Fri 8am - 5pm

Acct#: 06C1365719 Stmt Dt: 06/05/15

TOTAL CHARGES	TOTAL PYMT/ADJ	PATIENT DUE
209.00	0.00	209.00

MAKE CHECKS PAYABLE TO: HIGHWAY RADIOLOGY LLP

MESSAGES

Thank you for choosing our organization for your healthcare needs. Please pay the amount shown above.



MAKE CHECKS PAYABLE TO:

HIGHWAY RADIOLOGY LLP
30 MONTGOMERY ST SUITE 720
JERSEY CITY, NJ 07302-3841



RETURN SERVICE REQUESTED

Patient: LIJUN MENG

28 01
LIJUN MENG
240 AVENUE P
BROOKLYN, NY 11204-4934



IF PAYING BY CREDIT CARD, COMPLETE ALL REQUESTED INFORMATION BELOW.

THIS FACILITY DOES NOT ACCEPT CREDIT CARDS.

CARD NUMBER	(V-CODE)	AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
08/07/15	306.00	06C1365719

IF PAYING BY CREDIT CARD, PLEASE INCLUDE THE EXPIRATION DATE AND THE LAST 3 DIGITS OF THE CARD NUMBER (V-CODE) FROM THE SIGNATURE STRIP ON THE BACK OF THE CARD.

SHOW AMOUNT PAID HERE \$

603352

HIGHWAY RADIOLOGY LLP
30 MONTGOMERY ST SUITE 720
JERSEY CITY, NJ 07302-3834



Please check box if above address or insurance information is incorrect, and indicate change(s) on reverse side.

STATEMENT

Please detach at perf and return top portion with your payment

DATE OF SERVICE	PROVIDER	DESCRIPTION	CHARGE	PAYMENTS AND ADJUSTMENTS	BALANCE
05/15/15	ROSENTHAL	INVOICE #: 4563212 70450 CMPT TOMOGRPH HEAD/BRAIN; INVOICE BALANCE:	209.00		209.00
05/14/15	ROSENTHAL	INVOICE #: 4609623 72170 RADEX PELVIS 1/2 VIEWS	43.00		97.00
05/14/15	ROSENTHAL	71020 RADEX CH 2 VIEWS FRNT&LAT INVOICE BALANCE:	54.00		
This bill is for physician charges from Highway Radiology- Community Hospital in Brooklyn.					

BILLING QUESTIONS: 212-563-2627
BILLING OFFICE HOURS: Mon-Fri 8am - 5pm
Acct#: 06C1365719 Stmt Dt: 08/07/15

TOTAL CHARGES	TOTAL PYMT/ADJ	PATIENT DUE
306.00	0.00	306.00

MAKE CHECKS PAYABLE TO: HIGHWAY RADIOLOGY LLP

MESSAGES

This is your third statement and the balance has not been paid in full. Please send full payment today or contact our office immediately to establish a payment arrangement. Thank you.

NewYork-Presbyterian
 The University Hospital of Columbia and Cornell
 PO Box 3475 • Toledo OH 43607-0475

1 Patient Name MENG, LIJUN		2 Account Number 2721334 - B6VLBZ	
REF# 15070591790		MRN# 000000	
3 Service Date(s) From / Through 05/14/15		4 Statement Date 07/08/15	
Page		Page	

5 If paying by CREDIT CARD, please complete this section

MASTERCARD
 VISA
 AMEX

Card # _____ CVV _____

Exp. Date _____ / _____ AMT Authorized \$ _____

Cardholder Name _____

Signature _____

6 This is the current insurance information on file

Please review and make corrections on the back of this form

Insurance Name

1. _____

2. _____


3. _____

7 CHECK/M.O.


ACCT. BALANCE
\$ **2,931.33**

AMT. ENCLOSED
\$ _____

8 **LIJUN MENG**
 240 AVENUE P
 BROOKLYN, NY 11204-4934



9 **NEW YORK COMMUNITY HOSPITAL**
 PO BOX 9140
 NEW YORK, NY 10087-9140



1507059179000002931330D9

PLEASE RETURN TOP PORTION WITH PAYMENT

10 Account Number	11 Patient Name	12 Service Date(s)	13 Statement Dt	Page
2721334 - B6VLBZ	MENG, LIJUN	05/14/15	07/08/15	1
14 Date(s)	15 Description	16 Charges	17 Payments/Adj's	
05/14/15	Laboratory Services	128.80		
	Radiology - Neuro	1,228.88		
	Cardiology Services	169.92		
	Radiology - General	512.84		
	Emergency Room Services	634.80		
	Ny State Surcharge		257.48	
For questions about your bill call: 1-866-262-0101		Column Totals:	2673.84	257.48

NewYork-Presbyterian
 The University Hospital of Columbia and Cornell

Visit Us at <http://www.nych.com> 18 Account Balance: **\$2,931.33**

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NEW YORK COMMUNITY HOSPITAL OF BROOKLYN
 EMPLOYED
 PO BOX 30232
 NEW YORK, NY 10087-0232



EZ Ways To Pay...

LIJUN MENG
 240 AVENUE P
 BROOKLYN NY 11204-4934

@ Online
www.ezmedinfo.com/nyc1

Automated Attendant
 844.425.7072 (24 hours a day)

For Payments Please Call: 844.537.3909 For Billing Questions Please Call: 844.425.7072

Account Number	Amount Due	Statement Date	Date Due
62402-QNYC1	\$672.00	06/24/15	Upon Receipt

STATEMENT

Account Summary

Account Number	62402-QNYC1
Patient Payments In Last 30 Days	0.00
Current Statement Balance	672.00
Charges Pending w/ Insurance	0.00
Total Account Balance	672.00

See Detail on Back

Insurance Information

PLEASE CONFIRM THAT INFORMATION IS CORRECT
 TO UPDATE GO TO www.ezmedinfo.com/nyc1

PRIMARY

Insurance _____
 Group/Plan _____
 ID Number _____

SECONDARY

Insurance _____
 Address _____
 City/State/Zip _____
 Group/Plan _____
 ID Number _____

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www.ezmedinfo.com/nyc1
Pay Online | Update Info

Gain the power to pay your bill or update your information at your convenience 24 hours a day. This not only benefits the environment it benefits you and your time!

About Your Statement

Our records indicate there is still an outstanding balance on this account. You may make a payment online. If you have insurance and your statement does not reflect your insurance information or that the claim has been filed please go online and make sure we have your correct insurance information. You can also call our automated phone system 24 hours a day at the number listed above to make a payment or update your insurance. Thank you!

See Statement Details on Back

110337-34



NEW YORK COMMUNITY HOSPITAL OF BROOKLYN
 EMPLOYED
 PO BOX 30232
 NEW YORK, NY 10087-0232



Patient Name: LIJUN MENG
 Invoice Number: 216728
 Billing Questions: 1.844.425.7072



110837-34

LIJUN MENG
 240 AVENUE P
 BROOKLYN NY 11204-4934

Amount Due!

STATEMENT DATE	AMOUNT DUE	ACCOUNT NO
06/24/15	\$672.00	62402-QNYC1

CHARGES AND CREDITS MADE AFTER
 STATEMENT DATE WILL APPEAR ON
 NEXT STATEMENT.

SHOW AMOUNT
 PAID HERE \$

MAKE CHECKS PAYABLE / REMIT TO:

NEW YORK COMMUNITY HOSPITAL OF BROOKLYN
 EMPLOYED
 PO BOX 30232
 NEW YORK, NY 10087-0232



0021672800067200000000062402NYC13

Pay Online: www.ezmedinfo.com/nyc1

101955

NewYork-Presbyterian
 The University Hospital of Columbia and Cornell
 PO Box 3475 • Toledo OH 43607-0475

1 Patient Name MENG, LIJUN		2 Account Number 2721334 - B6VLBZ	
REF# 15070591790		MRN# 00000	
3 Service Date(s) From / Through 05/14/15		4 Statement Date 07/29/15	
Page		Page	



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5 If paying by CREDIT CARD, please complete this section

MASTERCARD VISA AMEX

Card # _____ CVV _____

Exp. Date _____ / _____ AMT Authorized \$ _____

Cardholder Name _____

Signature _____

6 This is the current insurance information on file

Please review and make corrections on the back of this form

Insurance Name

1. _____

2. _____

3. _____

7 CHECK/M.O.

ACCT. BALANCE
\$ **2,931.33**

AMT. ENCLOSED
\$ _____

8 **LIJUN MENG**
 240 AVENUE P
 BROOKLYN, NY 11204-4934

9 **NEW YORK COMMUNITY HOSPITAL**
 PO BOX 9140
 NEW YORK, NY 10087-9140

1507059179000002931330D9

PLEASE RETURN TOP PORTION WITH PAYMENT

10 Account Number 2721334 - B6VLBZ	11 Patient Name MENG, LIJUN	12 Service Date(s) 05/14/15	13 Statement Dt 07/29/15	Page 1
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14 Date(s)	15 Description	16 Charges	17 Payments/Adj's
05/14/15	Laboratory Services	128.60	
	Radiology - Neuro	1,226.88	
	Cardiology Services	168.92	
	Radiology - General	512.84	
	Emergency Room Services	634.80	
	Ny State Surcharge		257.49

For questions about your bill call: 1-866-262-0101	Column Totals:	2,673.84	257.49
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Visit Us at http://www.nych.com	18 Account Balance:	\$2,931.33
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IF YOU ARE EXPERIENCING FINANCIAL HARDSHIP AND ARE UNABLE TO PAY THIS BILL, CHARITY CARE/FINANCIAL AID MAY BE AVAILABLE IF YOU QUALIFY. PLEASE CONTACT US AT 866-252-0101 TO OBTAIN INFORMATION ABOUT CHARITY CARE/FINANCIAL AID AND HOW TO APPLY FOR IT.

IF YOU DO NOT SUBMIT A COMPLETED APPLICATION FOR CHARITY CARE/FINANCIAL AID AND YOUR ACCOUNT FOR HOSPITAL SERVICES RENDERED REMAINS OUTSTANDING FOR AT LEAST FORTY-FIVE (45) DAYS, WE MAY OBTAIN REPORTS FROM CREDIT OR SPECIALTY REPORTING AGENCIES TO ASSIST IN DETERMINING YOUR ELIGIBILITY FOR CHARITY CARE/FINANCIAL AID.

THIS STATEMENT IS FOR HOSPITAL SERVICES ONLY. YOU MAY RECEIVE SEPARATE STATEMENTS FOR PHYSICIAN SERVICES.

THE AMOUNT SHOWN REPRESENTS YOUR ACCOUNT BALANCE FOR SERVICES RENDERED. IF YOU HAVE ANY QUESTIONS OR ADDITIONAL INSURANCE INFORMATION, PLEASE CONTACT OUR REPRESENTATIVE AT THE NUMBER LISTED ABOVE.

NewYork-Presbyterian
 The University Hospital of Columbia and Cornell
 PO Box 3475 • Toledo OH 43607-0475

1 Patient Name MENG, LIJUN	2 Account Number 2721334 - B6VLBZ
REF# 15060931550	MRN# 000000
3 Service Date(s) From / Through 05/14/15	4 Statement Date 07/01/15
Page	



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5 If paying by CREDIT CARD, please complete this section

MASTERCARD
 VISA
 AMEX

Card # _____ CVV _____

Exp. Date ____ / ____ AMT Authorized \$ _____

Cardholder Name _____

Signature _____

6 This is the current insurance information on file

Please review and make corrections on the back of this form

Insurance Name

1. _____

2. _____

3. _____

7 CHECK/M.O.

ACCT. BALANCE
\$ **\$2,235.40**

AMT. ENCLOSED
\$ _____

653565A (PCT)

8 **LIJUN MENG**
 240 AVENUE P
 BROOKLYN, NY 11204-4934

9 **NEW YORK COMMUNITY HOSPITAL**
 PO BOX 9140
 NEW YORK, NY 10087-9140

150609315500002235400D3

PLEASE RETURN TOP PORTION WITH PAYMENT

10 Account Number	11 Patient Name	12 Service Date(s)	13 Statement Dt	Page
2721334 - B6VLBZ	MENG, LIJUN	05/14/15	07/01/15	1
14 Date(s)	15 Description	16 Charges	17 Payments/Adj's	
05/14/15	Laboratory Services	129.60		
	Radiology - Neuro	1,226.88		
	Cardiology Services	160.92		
	Radiology - General	512.84		
	Ny State Surcharge		198.36	
For questions about your bill call: 1-866-252-0101		Column Totals:	2,039.04	198.36

NewYork-Presbyterian
 The University Hospital of Columbia and Cornell

Visit Us at <http://www.nych.com> 18 Account Balance: **\$2,235.40**

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NewYork-Presbyterian
 The University Hospital of Columbia and Cornell
 PO Box 3475 • Toledo OH 43607-0475

1 Patient Name MENG, LIJUN		2 Account Number 2721334 - B6VLBZ	
REF# 15061035770		MRN# 000000	
3 Service Date(s) From / Through 05/14/15		4 Statement Date 07/01/15	
Page			



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5 If paying by CREDIT CARD, please complete this section

MASTERCARD
 VISA
 AMEX

Card # _____ CVV _____

Exp. Date _____ / _____ AMT Authorized \$ _____

Cardholder Name _____

Signature _____

6 This is the current insurance information on file
 Please review and make corrections on the back of this form

Insurance Name

1. _____

2. _____

3. _____

7 CHECK/M.O.

ACCT. BALANCE
\$ **\$695.93**

AMT. ENCLOSED
\$ _____

653555A (PCI)

8 **LIJUN MENG**
 240 AVENUE P
 BROOKLYN, NY 11204-4934

9 **NEW YORK COMMUNITY HOSPITAL**
 PO BOX 9140
 NEW YORK, NY 10087-9140

150610357700000069593001

PLEASE RETURN TOP PORTION WITH PAYMENT

10 Account Number 2721334 - B6VLBZ	11 Patient Name MENG, LIJUN	12 Service Date(s) 05/14/15	13 Statement Dt 07/01/15	Page 1
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14 Date(s)	15 Description	16 Charges	17 Payments/Adj's
05/14/15	Emergency Room Services Ny State Surcharge	634.80	61.13
For questions about your bill call: 1-866-252-0101		Column Totals:	61.13

Visit Us at <http://www.nych.com> 18 Account Balance: **\$695.93**

IF YOU ARE EXPERIENCING FINANCIAL HARDSHIP AND ARE UNABLE TO PAY THIS BILL, CHARITY CARE/FINANCIAL AID MAY BE AVAILABLE IF YOU QUALIFY. PLEASE CONTACT US AT 866-252-0101 TO OBTAIN INFORMATION ABOUT CHARITY CARE/FINANCIAL AID AND HOW TO APPLY FOR IT.

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1 Patient Name MENG, LIJUN		
2 Service Date(s) From/Through 05/14/15-05/14/15	3 Statement Date 07/21/15	Page 1

4 This is the correct insurance information on file
Please review and make corrections on the back of this form

Insurance Name	Policy #
1.	
2.	
3.	
4.	

5 If paying by CREDIT CARD, please complete this section

Card # _____

Exp Date ____/____ AMT AUTHORIZED \$ _____

Signature _____

6 CHECK/M.O.

AMOUNT ENCLOSED

\$ _____

<input checked="" type="checkbox"/> 7	<input type="checkbox"/> 8
MENG, LIJUN 240 AVE P BROOKLYN NY 11229	NEW YORK COMMUNITY HOSPITAL P.O. BOX 9140 GPO NEW YORK NY 10087-9140

9 Account Number	10 Previous Balance	11 Charges	12 Est Ins Coverage	13 Payments/Adj's	14 Amt Due from Patient
1507059179	00	2673.84	00	257.49	2931.33

To ensure proper credit to your account, detach top section and return with your payment

15 Account Number	16 Patient Name	17 Service Date(s)	18 Statement Date	Page
1507059179	MENG, LIJUN	05/14/15-05/14/15	07/21/15	1

19 Date(s)	20 Description	21 Charges	22 Est Ins Coverage	23 Payments/Adj's
REG B6VLBZ	REG:05/14/15 SER#:415226867			
1507059179	DEMURG EMERGENCY DEPARTMENT DEM004 PHYS: KIM, ANTHONY DO			
07/06/15	ANCILLARY CHARGES	2673.84		
07/06/15	BILLED 2673.84 TO SELF-PAY			
07/06/15	NYS 9.63% SURCHARGE - SELF-PAY			257.49

New York-Presbyterian
Healthcare System

24 Previous Balance	00	Column Totals:	2673.84	00	257.49
25 Amount Due from Patient:					2931.33

FINANCIAL COUNSELOR
NEW YORK COMMUNITY HOSPITAL
P.O. BOX 9140 GPO
NEW YORK NY 10087-9140

1-866-252-0101
111986351

NYCH-3 (7/01) See reverse side for explanation of statement and important information on your patient rights

NewYork-Presbyterian
 The University Hospital of Columbia and Cornell
 PO Box 3475 • Toledo OH 43607-0475

1 Patient Name MENG, LIJUN		2 Account Number 2721334 - B6VLBZ	
REF# 15061035770		MRN# 000000	
3 Service Date(s) From / Through 05/14/15		4 Statement Date 06/10/15	
Page		Page	



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5 If paying by CREDIT CARD, please complete this section:

MASTERCARD
 VISA
 AMEX

Card # _____ CVV _____
 Exp. Date _____ / _____ AMT Authorized \$ _____
 Cardholder Name _____
 Signature _____

6 This is the current insurance information on file
 Please review and make corrections on the back of this form

Insurance Name

1. _____
 2. _____
 3. _____

7 CHECK/M.O.

ACCT. BALANCE	\$ 695.93
AMT. ENCLOSED	

8 **LIJUN MENG**
240 AVENUE P
BROOKLYN, NY 11204-4934

9 **NEW YORK COMMUNITY HOSPITAL**
PO BOX 9140
NEW YORK, NY 10087-9140

150610357700000069593001

PLEASE RETURN TOP PORTION WITH PAYMENT

10 Account Number 2721334 - B6VLBZ	11 Patient Name MENG, LIJUN	12 Service Date(s) 05/14/15	13 Statement Dt 06/10/15	Page 1
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14 Date(s)	15 Description	16 Charges	17 Payments/Adj's
05/14/15	Emergency Room Services Ny/State Surcharge	634.80	61.13

For questions about your bill call: 1-866-252-0101	Column Totals:	634.80	61.13
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Visit Us at http://www.nych.com	18 Account Balance:	\$695.93
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MAKE CHECKS PAYABLE TO:

HIGHWAY RADIOLOGY LLP
30 MONTGOMERY ST SUITE 720
JERSEY CITY, NJ 07302-3841



005568
0101

RETURN SERVICE REQUESTED

Patient: LIJUN MENG

28 01

LIJUN MENG
240 AVENUE P
BROOKLYN, NY 11204-4934



IF PAYING BY CREDIT CARD, COMPLETE ALL REQUESTED INFORMATION BELOW.

THIS FACILITY DOES NOT ACCEPT CREDIT CARDS.

CARD NUMBER	(V-CODE)	AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
07/06/15	306.00	06C1365719

IF PAYING BY CREDIT CARD, PLEASE INCLUDE THE EXPIRATION DATE AND THE LAST 3 DIGITS OF THE CARD NUMBER (V-CODE) FROM THE SIGNATURE STRIP ON THE BACK OF THE CARD.

SHOW AMOUNT PAID HERE \$

603352A

HIGHWAY RADIOLOGY LLP
30 MONTGOMERY ST SUITE 720
JERSEY CITY, NJ 07302-3834



Please check box if above address or insurance information is incorrect, and indicate change(s) on reverse side.

STATEMENT

Please detach at perf and return top portion with your payment.

DATE OF SERVICE	PROVIDER	DESCRIPTION	CHARGE	PAYMENTS AND ADJUSTMENTS	BALANCE
05/15/15	ROSENTHAL	INVOICE #: 4563212 70450 CMPT TOMOGRPH HEAD/BRAIN; INVOICE BALANCE:	209.00		209.00
05/14/15 05/14/15	ROSENTHAL ROSENTHAL	INVOICE #: 4609823 72170 RADEX PELVIS 1/2 VIEWS 71020 RADEX CH 2 VIEWS FRNT&LAT INVOICE BALANCE:	43.00 54.00		97.00

This bill is for physician charges from Highway Radiology- Community Hospital in Brooklyn.

BILLING QUESTIONS: 212-563-2627

BILLING OFFICE HOURS: Mon-Fri 8am - 5pm

Acct#: 06C1365719 Stmt Dt: 07/06/15

TOTAL CHARGES	TOTAL PYMT/ADJ	PATIENT DUE
306.00	0.00	306.00

MAKE CHECKS PAYABLE TO: HIGHWAY RADIOLOGY LLP

MESSAGES

A portion of your account balance is past due. Please remit payment or contact our business office to establish a payment arrangement. Thank you.