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

(FOR ACCIDENT OCCURING ON AND AFTER 3/1/02)

I,_____,("Assignor") herby assign to _____."Assignee")
(Print Patient's Name) (Print hospital of Healthcare Provider Name)

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

The assignee herby 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 to the contrary. (Print accident date)

This agreement may be revoked by the assignee when benefits are not payable based on 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 AND APPLCATION 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 CONCENRING ANY FACT MATERIAL THERTO, AND ANY PEROSN 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 VEHIVEL OR STATED CLAIM FOR EACH VIOLATION.

_____ _____
(Print name of patient) (Signature of Patient)

_____ _____
(Address of patient) (Date of Signature)

_____ _____
(Print name of Provider) (Signature of Provider)

_____
(Address of Provider)