

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

(FOR ACCIDENTS ON AND AFTER)

I, _____
(Print Patient's Name)
all rights privileges and remedies to which I am entitled under Article 51 (the No-Fault provisions) 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 to said Assignee for injuries sustained due to the motor vehicle accident which occurred on _____
(Print date of Accident), not withstanding any prior written agreement 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 INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

(Print name of Patient)

(Print name of Provider)

(Signature of Patient)

(Signature of Provider)

(Date of Signature)

(Date of Signature)

(Address)

(Address)

NYS FORM NF-AOB (1/2004)

EDN OF FORM

AUTHORIZATION

I FURTHER AUTHORIZE THE RELEASE OF MY MEDICAL RECORDS AND INFORMATION TO THE PROVIDER LISTED IN THE NYS FORM NF-AOB, ITS REPRESENTATIVES, OR ASSIGNS AND SPECIFICALLY WAIVE ANY PRIVILEGE THAT MAY BE ASSOCIATED THEREWITH.

(Signature of Patient)

(Date)