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 ass	
(Print patient's name)	(Print hospital or health care provider name)
all rights privileges and remedies to payment for health c entitled under Article 51 (the No-Fault statute) of the Insu	· · · · · · · · · · · · · · · · · · ·
The Assignee hereby certifies that they have not received shall not pursue payment directly from the Assignor for s due to the motor vehicle accident which occurred on	
to the contrary.	Till accident date)
This agreement may be revoked by the assignee when be of coverage and/or violation of a policy condition due to t	
FILES AN APPLICATION FOR COMMERCIAL INSURANCE PERSONAL INSURANCE BENEFITS CONTAINING ANY METAPOSE OF MISLEADING, INFORMATION CONCERNING IN CONNECTION WITH SUCH APPLICATION OR CLAIR SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A CONVERSION OF ANY MOTOR VEHICLE TO A LAW VEHICLES OR AN INSURANCE COMPANY, COMMITS AND ANY MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS AND ANY MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS AND ANY MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS AND ANY MOTOR VEHICLES OR AND AND ANY MOTOR VEHICLES OR ANY	D DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON CE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE ING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, M, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF REACH VIOLATION.
(Print name of Patient)	Shere of Patient)
(Fillit Haille Of Fatient)	(Signature of Fatient)
	(Date of signature)
(Address of Patient)	
(sales of the sal	apendo k winks
(Print name of Provider)	(Signature of Provider)
	(Date of signature)
	,
(Address of Provider)	
(Address of Provider)	