

OTHER 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

PATIENT NAME **Miguel Collado**

SIGNATURE ON FILE

DATE

PROVIDER NAME **J SPORTS MEDICINE P.C.**

SIGNATURE ON FILE

DATE

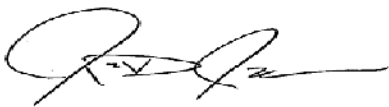
HAS AN ORIGINAL AUTHORIZATION OR ASSIGNMENT PREVIOUSLY
BEEN EXECUTED?

YES **X** NO

IS THE ORIGINAL SIGNATURE OF THE PARTIES ON FILE?

YES **X** NO

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.

| DATE | PROVIDER SIGNATURE | IRS/TIN IDENTIFICATION NO. | WCB RATING CODE IF NONE, SPECIALTY |
|-------------------|---|----------------------------|---------------------------------------|
| 02/21/2024 | Jimenez Joseph  | 85-2411095 | |

* The fee schedule codes and rates displayed on this bill are, in the provider's view, the most appropriate codes and rates for the services rendered. Due to the complexity of the fee schedule, the provider encourages the insurer not to rely on the provider's interpretation, as there is the possibility that the rates or codes may be incorrect; rather, the insurer is encouraged to review the fee schedule and make an independent determination regarding the appropriateness of the fee codes and rates depicted herein.

** By listing the name of the provider in this section, the provider is merely stating what the name is as listed on the certificate of incorporation filed with the Secretary of State. The provider is not making any representation regarding whether or not it is in compliance with the licensing laws (BCL, Education Laws, etc.) of the state of New York, or as to its eligibility to obtain no-fault insurance benefits under 11 NYCRR 65.

LANGUAGE TO BE FILLED IN BY INSURER OR SELF-INSURER

