## 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	
(Print patient's name) all rights privileges and remedies to payment for healt entitled under Article 51 (the No-Fault statute) of the In	
	ived any payment from or on behalf of the Assignor and for services provided by said Assignee for injuries sustained , not withstanding any other agreement (Print accident date)
to the contrary.	,
This agreement may be revoked by the assignee when of coverage and/or violation of a policy condition due	n benefits are not payable based upon the assignor's lack to the actions or conduct of the assignor.
FILES AN APPLICATION FOR COMMERCIAL INSURAL PERSONAL INSURANCE BENEFITS CONTAINING AN PURPOSE OF MISLEADING, INFORMATION CONCER! IN CONNECTION WITH SUCH APPLICATION OR CL SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE CONVERSION OF ANY MOTOR VEHICLE TO A LAVEHICLES OR AN INSURANCE COMPANY, COMMITS	TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON ANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OF ITY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE RING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO LAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OF AW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR IS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF FOR EACH VIOLATION.
(Drint name of Dationt)	(Signature of Dationt)
(Print name of Patient)	(Signature of Patient)
	(Date of signature)
(Address of Patient)	
(Print name of Provider)	(Signature of Provider)
	(Date of signature)
(Address of Provider)	