



AUTHORIZATION

I, \_\_\_\_\_ (print patients name "Assignor") hereby assign to **Northeast Orthopaedics** ("Assignee") 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 by said Assignee for injuries sustained due to the motor vehicle accident which occurred on (print accident date \_\_\_\_\_), notwithstanding any prior written agreement to the contrary. This agreement shall become null and void if at anytime it is determined that benefits are not payable due to the following circumstances: lack of coverage, violation of a policy condition, or determination that the treatment/services rendered are not related to said motor vehicle accident. 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 a 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.

Locations: Albany East Greenbush Delmar Latham Troy Clifton Park (circle one)

NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW
ASSIGNMENT OF BENEFITS FORM
(FOR ACCIDENTS OCCURRING ON AND AFTER 3/1/02)

I, \_\_\_\_\_, ("assignor") hereby assign to \_\_\_\_\_, ("assignee")
(Print patient's name) (Print hospital/health care provider name)
«PatientFirstLastName»

all rights, privileges and remedies to payment for health care services provided by assignee to which I am entitled under Article 51 (the No-Fault statute) 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 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 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 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 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.**

\_\_\_\_\_  
(Print name of Patient)  
«PatientFirstLastName»

\_\_\_\_\_  
(Signature of Patient)

\_\_\_\_\_  
(Date of signature)  
«CurrentDate»

\_\_\_\_\_  
\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Print name of Provider)

\_\_\_\_\_  
(Signature of Provider)

\_\_\_\_\_  
(Date of Signature)

\_\_\_\_\_  
\_\_\_\_\_  
(Address)