

**New York Motor Vehicle No-Fault Insurance Law  
Assignment of Benefits Form**

**(For Accidents on and after 3/1/2002)**

I, \_\_\_\_\_ (“Assignor”) hereby assign to, Northtowns Orthopedics, P.C., (“Assignee”)  
Print Patient 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 from the Assignor for services provided to said Assignee for injuries sustained due to the motor vehicle accident which occurred on \_\_\_\_\_, not  
Print Accident Date  
withstanding any prior written agreement to the contrary.

This agreement shall become null and void if at any time 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 treatments/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.*

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature of Provider

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date