

Group#: _____ Patient Name: _____ MR#: _____ Date: _____

**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”) all rights,
(Print patient’s name) (Print hospital or health care provider name)
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 prior written 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 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.

(Print Name of Patient)

(Signature of Patient)

(Address of Patient)

(Date of Signature)

(Address of Patient)

Stony Brook Anesthesiology, UFPC
Stony Brook Children's Service, UFPC
Stony Brook Dermatology Associates, UFPC
Stony Brook Emergency Physicians, UFPC
Stony Brook Family Medical Group, UFPC
Stony Brook Internists, UFPC

Neurology Associates of Stony Brook, UFPC
New York Spine & Brain, UFPC
Stony Brook Radiation Oncology, UFPC
Stony Brook Associates Ophthalmology, UFPC
Stony Brook Orthopedics Associates, UFPC
Stony Brook Pathologists, UFPC
University Associates in Obstetrics & Gynecology, UFPC

Stony Brook Preventive Medicine, UFPC
Stony Brook Psychiatric Associates, UFPC
Stony Brook Radiology, UFPC
Stony Brook Surgical Associates, UFPC
Stony Brook Urology, UFPC

(Print Name of Provider)

(Signature of Provider)

(Date of Signature)

P.O. Box 417978
Boston, MA 02241-7978
(Address)