NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW ASSIGNMENT OF BENEFIT FORM

(FOR ACCIDENTS OCCURRING ON AND AFTER 03/01/02)

1,	("Assignor") hereby assign to	Touch Stone Rehabilitation & Health Center	("Assignce")
(Print Patient's Name)		(Print Healthcare Provider Name)	

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 motor vehicle accident which occurred on [Print accident date] ___, not withstanding any other agreement to the contrary.

This agreement may be revoked by the assignee when the 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 APPEICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BUNEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION. OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERSING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN COINNECTION 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, WIRCH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED HIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE STATED CLAIM FOR EACH VIOLATION

(Print name of Patient)	(Signature of Patient)
	(Date of signature)
(Address)	
Angelo DiAlaggio, D.C.	
(Print name of Provider)	(Signature of Provider)
318 Seguine Avenue	
Staten Island, New York 10309	(Date of signature)
AND A WOOD COME.	

NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW ASSIGNMENT OF BENEFIT FORM

(FOR ACCIDENTS OCCURRING ON AND AFTER 03/01/02)

1,	("Assignor") hereby assign to		("Assignee")
(Print Patient's Name)		(Print Healthcare Provider Name)	

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(Print accident date) vehicle accident which occurred on

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(Print name of Patient)	(Signature of Patient)
	(Date of signature)
(Address)	
(Million)	14
Dr. Christopher Percz	
(Print name of Provider)	(Signature of Provider)
318 Seguine Avenue	
Staten Island, New York 10309	
	(Date of signature)
(Address)	

NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW ASSIGNMENT OF BENEFIT FORM

(FOR ACCIDENTS OCCURRING ON AND AFTER 03/01/02)

(Print Patient's Name)		(Print Health	care Provider Name	2)
all rights, privileges and remedies to payr Article 51 (the No-Fault statute) of the Inc		vices provided l	y assignee to whic	h I am entitled under
The Assignee hereby certifies that they happersue payment directly from the Assign				
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NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW ASSIGNMENT OF BENEFIT FORM

(FOR ACCIDENTS OCCURRING ON AND AFTER 03/01/02)

	1. / / · · · ·		•	
I,	("Assignor") hereby assi	gn to SI Acupuncture,	P.C. ("Assignee")	
(Print Patient's Name			e Provider Name)	
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	nedies to payment for health care	services provided by a	ssignee to which I am e	entitled under
ticle 51 (the No-Fault sta	tute) of the Insurance Law.		3 .	
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(Print name	of Patient)	-	(Signature of Patient)	
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			(Date of signature)	
			,	
(Addı	ress)			
Thomas Guarcello, L	Ac			
(Print name of	Provider)	(Signature of Provider)	
318 Seguine Aver	nue		559	
			٠,	
Staten Island, New	York 10309		(Date of signature)	
(Addi	ress)			
			13	

NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW ASSIGNMENT OF BENEFIT FORM

(FOR ACCIDENTS OCCURRING ON AND AFTER 03/01/02)

	**		
1,	("Assignor") hereby assign to	SY Wellness, P.C.	("Assignee")
(Print Patient's Name)		(Print Healthcare Provider Name))

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(Print accident date)

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(Print name of Patient)	(Signature of Patient)	
	*	
	: (Date of signature)	
(Address)		
Svitlana Yamshchykova, LMT		
(Print name of Provider)	(Signature of Provider)	
318 Seguine Avenue		
Staten Island, New York 10309	(Date of signature)	
(Address)		