

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

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

I, \_\_\_\_\_ ("Assignor") hereby assign to Touch Stone Rehabilitation & Health Center ("Assignee")  
(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 \_\_\_\_\_, not withstanding any other agreement to the contrary.  
(Print accident date)

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 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 STATED CLAIM FOR EACH VIOLATION.

\_\_\_\_\_  
(Print name of Patient)

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

\_\_\_\_\_  
(Date of signature)

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

Angelo DiMaggio, D.C.  
(Print name of Provider)

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

318 Steuine Avenue

Staten Island, New York 10309  
(Address)

\_\_\_\_\_  
(Date of signature)

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(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)

\_\_\_\_\_  
Dr. Christopher Perez  
(Print name of Provider)

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

\_\_\_\_\_  
318 Seguire Avenue  
Staten Island, New York 10309

\_\_\_\_\_  
(Date of signature)

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

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

I, \_\_\_\_\_ ("Assignor") hereby assign to Theraworks Physical Therapy, P.C. ("Assignee")  
(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.

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(Print accident date)

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\_\_\_\_\_  
(Print name of Patient)

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

\_\_\_\_\_  
(Date of signature)

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

\_\_\_\_\_  
Reneta Manuel, RPT

(Print name of Provider)

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

\_\_\_\_\_  
318 Seguin Avenue

\_\_\_\_\_  
Staten Island, New York 10309

(Address)

\_\_\_\_\_  
(Date of signature)

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

I, \_\_\_\_\_ ("Assignor") hereby assign to SI Acupuncture, P.C. ("Assignee")  
(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.

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\_\_\_\_\_  
(Print name of Patient)

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

\_\_\_\_\_  
(Date of signature)

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

Thomas Guarcello, L.Ac

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

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

318 Seguire Avenue

Staten Island, New York 10309

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

\_\_\_\_\_  
(Date of signature)

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I, \_\_\_\_\_ ("Assignor") hereby assign to SY Wellness, P.C. \_\_\_\_\_ ("Assignee")  
(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.

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\_\_\_\_\_  
(Print name of Patient)

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

\_\_\_\_\_  
(Date of signature)

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

Svitlana Yamshechkova, LMT  
(Print name of Provider)

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

318 Sequine Avenue

Staten Island, New York 10309  
(Address)

\_\_\_\_\_  
(Date of signature)