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NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW
ASSIGNMENT OF BENEFITS FORM
(For accidents occurring on or after 3/1/02)

I, _____ (“Assignor”) hereby assign to Cayuga Orthopaedic
(Print Patients Name)
and Sports Physical Therapy P.C. (COAST Physical Therapy) (“Assignee”) all rights and
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
Date of the Accident)

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 due to the actions or conduct of the
assignor.

ANY PERSON WHO NOWINGLY 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 CANCELS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING
ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURNACE 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.

Print name of Patient

Signature of Patient

Date of Signature

Date of Signature

Address

Address

Print name of Provider

Signature of Provider

Date of Signature

Date of Signature

Address

Regulation 68 of the New York State Insurance Department
(effective April, 200)

Anyone who is in accident and requests medical attention after their policy date will have thirty (30) days to report any claim or accident to the insurance company for No-Fault (medical) benefits. In addition, your medical providers will now have forty-five (45) days to let the insurance company know that treatment has begun.

It is the patient's responsibility to submit an accident report to the proper insurance company (usually your won) within there regulations. Any denial from the insurance company resulting from patient negligence, will result in the patient being responsible for payment of treatment.

I have read and understand the above statement.

(patient or parent/guardian signature)

date

ANY PERSON WHO KNOWLINGLY AND WITH INTENT DO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE 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 (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.