

## No Fault Assignment of Benefits Form

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

(For accidents occurring on and after 3/1/02)

l,	("Assignor") hereby assign to Trinity Medical, WNY ("Assignee") all rights
(Print patient's na and privileges and re (the No-Fault statute	edies to payment for health care services provided by assignee to which I am entitled under Article 51
•	ertifies that they have not received any payment from or on behalf of the Assignor and shall not pursue ne Assignor for services provided by Assignee for injuries sustained due to the motor vehicle accident not the contrary.  (Print accident date)
•	e revoked by the Assignee when benefits are not payable based upon the Assignor's lack of coverage icy condition due to the actions or conduct of the Assignor.
AN APPLICATION FOR INSURANCE BENEFI MISLEADING, INFOR SUCH APPLICATION ANOTHER TO MAKE TO A LAW ENFORCE FRAUDULENT INSUR	OWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF ATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTIONWITH R CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS, OR CONSPIRES WITH FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE ENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS ANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED ARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.
Signature of Patient:	Date:
Printed Name of Pati	t: Address:
Provider: Trinity Medical, WNY	Signature of Provider: