

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

(FOR ACCIDENTS ON AND AFTER 3/1/02)

I, _____ (assignor) hereby assign Sigillo Chiropractic all rights privileges and remedies to which I am entitled under Article 51 (the No-Fault provisions) Of the Insurance Law.

Sigillo Chiropractic 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 to Sigillo Chiropractic for injuries sustained due to motor vehicle accident, which occurred on _____, not withstanding any prior written agreement to the contrary.
(Print accident date)

This agreement shall become null and void if at any time it is determined that benefits are not payable due to the following circumstances: lack of coverage, violation of a policy condition, or determination that the treatments/services rendered are not related to said motor vehicle accident

Any person who knowingly 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 conceals for the purpose of misleading information concerning any fact 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 and the stated value of the claim for each such violation.

Date _____

(Signature of patient)

(Address of patient)

(Signature of Provider)

/ Dr. Chris Sigillo

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