

NEW YORK MOTOR VEHICLE NO FAULT INSURANCE LAW

ASSIGNMENT OF BENEFITS FORM

Please return completed form within 5 days to avoid account becoming Self Pay

Patient Name: _____ Policy Number: _____

Insurance Holder's Name _____ Claim Number: _____

Name of Insurance Company: _____

Address where claim is to be sent: _____

Insurance Company phone # (____) - _____ - _____ Agent's name : _____

Date of Accident: _____ State where accident occurred: _____

I, _____, ("Assignor") hereby assign to AfterHours Imaging, LLC (Assignee")
(Print Patient's name) (Print Health Care 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 service provided by said Assignee for injuries sustained due to the motor vehicle accident which occurred on _____, notwithstanding any other agreement to the contrary.

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 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 OR STATED CLAIM FOR EACH VIOLATION.

(Print name of Patient)

AfterHours Imaging, LLC

(Print name of Provider)

(Signature of Patient, Parent or Guardian)

(Signature of Provider)

(Address of Patient)

2081 W. Ridge Rd, Suite 101. Rochester, NY 14626
675 State Rte 3, Suite 105. Plattsburgh, NY 12901
99 Swift St, Suite 200. South Burlington, VT 05403
(Address of Provider- CIRCLE ONE)