Required

N.Y. Motor Vehicle Insurance Law Assignment of benefits form

, ("Assignor") hereby assign	n totDr. Sirota
(Print patient's name)	(Print hospital or health care provider acces)
all rights privileges and remedies to payment for health care entitled under Article 51 (the No-Fault statute) of the Insuran	Services provided by assigned to which the
The Assignee hereby certifies that they have not received are shall not pursue payment directly from the Assignor for some due to the motor vehicle accident which occurred on to the contrary.	ny payment from or on behalf of the Assignor and vices provided by said Assignee for injuries sustained , not withstanding any other agreement it accident date)
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.	
PERSONAL INSURANCE BENEFITS CONTAINING ANY MAT PURPOSE OF MISLEADING, INFORMATION CONCERNING IN CONNECTION WITH SUCH APPLICATION OR CLAIM, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FAI CONVERSION OF ANY MOTOR VEHICLE TO A LAW EN VEHICLES OR AN INSURANCE COMPANY, COMMITS A F	EFRAUD ANY INSURANCE COMPANY OR OTHER PERSON. OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR TERIALLY FALSE INFORMATION, OR CONGEALS FOR THE ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, LSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE CT. NFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF ACH VIOLATION.
ASSIGNMENT OF BENEFITS TO DR. SIROTA	
	✓
Print name of patient	Signature of patient
	Date of patient sig.
Patients address	
Dr. Sirota	DCPC
(Print name of Provider)	Signature of Provider
1127 High Ridge Road # 175 Stamford CT. 06905	Date of signature

NYS FORM NF-AOB (Rev 1/2004)

Address of provider