

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

I, _____ (“Assignor”) hereby assign to Atlantic Radiologic Imaging (“Assignee”) all rights, privileges and remedies to which I am entitled under Article 51 (the No-Fault provisions) of the Insurance Law.
(Print Patient’s Name)

The Assignee hereby certifies that they have not received any payment directly from the Assignor for services provided and said Assignee for injuries sustained due to the motor vehicle accident which occurred on _____, not withstanding any prior written agreement to the contrary. (Print 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.

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 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)

(Patient’s Address)

Atlantic Radiologic Imaging
(Print name of Provider)

(Signature of Provider)

345 Seaview Avenue
Staten Island, NY 10305
(Provider’s Address)

(Date of signature)