nypm
New York Pain Management

NEW YORK PAIN MANAGEMENT, LLC
Charles F. Gordon III, MD, CEO & Founder

Be Set Free • NYPainFree.com

No-Fault Information Form

Please provide reception with your No-Fault Insurance card

Name of Insured: _____

Name of Injured Patient: _____

Patient's Social Security Number: _____

Insurance Company: _____

Insurance Company Address: _____

Policy Number: _____

Insurance Agent: _____

Agent Phone Number: ( )_____Fax: ( )_____

Date of Accident: _____

Body Part Injured: _____

Authorization to Disclose Information
I authorize New York Pain Management, LLC to obtain / release all records and submit medical claims to the above insurance on my behalf for treatment rendered pertaining tomy no fault related injury.

Patient's Signature: _____ Date:_____/ _____ /_____

CLIFTON PARK OFFICE
9 OLD PLANK ROAD, SUITE 100
CLIFTON PARK, NY 12065
P: (518) 371-0777 • F: (518) 371-0366

QUEENSBURY OFFICE
375 BAY ROAD, BLDG. B
QUEENSBURY, NY 12804
P: (518) 793-0771 • F: (518) 371-0366

NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW
ASSIGNMENT OF BENEFITS FORM
(FOR ACCIDENTS OCCURRING ON AND AFTER 3/1/02)

I, _____ (Print patient' name), ("Assignor") hereby assign to **_____ (Print hospital or health care provider name), ("Assignee")** 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 services provided by said Assignee for injuries sustained due to the motor vehicle accident which occurred on **_____ (Print accident date),** 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)	(Signature of Patient)		(Date)
(Patient Street Address)	(City)	(State)	(Zip)

(Print Name of Provider)	(Signature of Provider)		(Date)
(Provider Street Address)	(City)	(State)	(Zip)

NYS FORM NF-AOB (Rev 1/2004)

CLIFTON PARK OFFICE
9 OLD PLANK ROAD, SUITE 100
CLIFTON PARK, NY 12065
P: (518) 371-0777 • F: (518) 371-0366

nypm

QUEENSBURY OFFICE
375 BAY ROAD, BLDG. B
QUEENSBURY, NY 12804
P: (518) 793-0771 • F: (518) 371-0366