

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

(FOR ACCIDENTS OCCURRING IN AND AFTER 3/1/02)

New York Spine Institute

Alexandre B. DeMoura, MD, Melissa Pulice, DPT

I, \_\_\_\_\_ ("Assignor") hereby assign Dr. Mottahedeh, Dr. Ortiz, Dr. Ohson, ("Assignee")  
(Print Patient Name) (Print Hospital or 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 ( 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 which occurred on \_\_\_\_\_, notwithstanding any other agreement to the contrary.  
(Print accident date)

The 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 conducts 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 FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY 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 of Signature)

\_\_\_\_\_  
(Date of Signature)

\_\_\_\_\_  
(Address of Patient)

Dr. Alexandre B. DeMoura, M.D, PC

Dr. David Adin, D.O

Dr. Orlando Ortiz

\_\_\_\_\_  
(Print name of Provider)

\_\_\_\_\_  
(Signature of Provider)

\_\_\_\_\_  
761 Merrick Ave

\_\_\_\_\_  
(Date of Signature)

\_\_\_\_\_  
Westbury, New York 11590  
(Address of Provider)