

**North Fork Orthopaedic & Sports Medicine P.L.L.C.
Patient Registration Form - No-Fault Claims**

Patient's Name _____ Date of Birth _____ Sex _____

SS# _____ Marital Status _____ Race _____

Referring Physician _____ Date of Accident _____ Time _____

Home Address _____

City/State _____ Zip _____ Phone _____

Emergency Contact _____ (relationship) _____

Phone _____ Address _____

PLEASE ANSWER THE FOLLOWING (CIRCLE ONE)

Was an "Application for Benefits" form from your insurance carrier filed? Yes No
(If the above has not been done, your medical expenses will not be recognized for payment.
Satisfaction of your account would then become your direct responsibility.)

Policy Holder Name _____

Policy Holder's Address _____
(street) (city/state) (zip code)

Policy Number _____ Insurance File # (if known) _____

Insurance Carrier Name _____

Address _____
(p.o. box or street) (city/state) (zip code)

Claim Representative _____ Insurance Phone# _____

INSURANCE AUTHORIZATION AND ASSIGNMENT

I hereby authorize _____ to furnish information to insurance carriers concerning my illness and treatments, and I hereby assign to the physician all payments for medical services rendered to myself or my dependents. I understand that I am responsible for any amount not covered by insurance.

Signature _____ Date _____

Group#: _____ Patient Name: _____ MR#: _____ Date: _____

**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 _____ (“Assignee”) all rights,
(Print patient’s name) (Print hospital or health care provider name)
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 _____,
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 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)

(Address of Patient)

(Date of Signature)

(Address of Patient)

Stony Brook Anesthesiology, UFPC
Stony Brook Children's Service, UFPC
Stony Brook Dermatology Associates, UFPC
Stony Brook Emergency Physicians, UFPC
Stony Brook Family Medical Group, UFPC
Stony Brook Internists, UFPC

Neurology Associates of Stony Brook, UFPC
New York Spine & Brain, UFPC
Stony Brook Radiation Oncology, UFPC
Stony Brook Associates Ophthalmology, UFPC
Stony Brook Orthopedics Associates, UFPC
Stony Brook Pathologists, UFPC

Stony Brook Preventive Medicine, UFPC
Stony Brook Psychiatric Associates, UFPC
Stony Brook Radiology, UFPC
Stony Brook Surgical Associates, UFPC
Stony Brook Urology, UFPC

(Print Name of Provider)

(Signature of Provider)

(Date of Signature)

P.O. Box 417978
Boston, MA 02241-7978
(Address)