

Stuart D. Katchis MD, PC
130 East 77th Street
New York, New York 10075

NO FAULT INFORMATION

Today's Date: _____

I understand I am fully responsible for this bill if the insurance company either denies or neglects the amount due within three months.

Patient's Name (Print) _____ Patient's Signature _____

Name of Insurance Co _____

Claim Address: _____

City, State, Zip: _____

Telephone: _____

Adjuster's Name: _____

Telephone: _____ Fax: _____

Name of Insured: _____

Name of Claimant _____

Date of Accident: _____

State how the injury occurred: _____

Policy or Plan Number: _____

Claim or File Number: _____

Name of Attorney: _____

Attorney's Address: _____

City, State, Zip: _____

Attorney's Telephone: _____ Attorney's Fax Number: _____

**FOR CLAIM TO BE PROCESSED,
ALL INFORMATION MUST BE FILLED IN COMPLETELY, CORRECTLY AND LEGIBLE.
Thank you.**

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 Stuart D. Katchis, M.D., P.C., ("Assignee")
(Print patient's 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 (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 other agreement
(Print accident date)
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 of signature)

(Address of Patient)

Stuart D. Katchis, M.D.

(Print name of Provider)

(Signature of Provider)

130 East 77th St.

(Date of signature)

NY, NY 10075

(Address of Provider)