



JEFFERSON VALLEY PHARMACY  
 3693 HILL BOULEVARD  
 JEFFERSON VALLEY, NY 10535

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

I, \_\_\_\_\_, (“Assignor”) hereby assign to Jefferson Valley Pharmacy, (“Assignee”) all  
(Print patient’s name)  
 rights privileges and remedies to payment for health care services provided by assignee to which I am entitled  
 Article 511 (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 to  
(Print accident date)  
 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, 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)  
 \_\_\_\_\_  
 \_\_\_\_\_  
(Address of Patient)

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

Jefferson Valley Pharmacy Daniel Becker  
 3669 Hill Boulevard  
 Jefferson Valley, NY 10535

*Daniel Becker*  
(Signature of Provider)

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

AUTO INSURANCE COMPANY NAME (GROUP#)	
AUTO INSURANCE ADDRESS	
AUTO INSURANCE POLICY NUMBER	
DATE OF INJURY	
PATIENT ADDRESS	
PATIENT DATE OF BIRTH	
PATIENT PHONE NUMBER	
AUTO CLAIM NUMBER (CARDHOLDER ID)	
610133 WAUTO	
019116 CCN CCN	