

INSURANCE COMPANY

	PATIENT ACCOUNT #
NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAWAUTHORIZATION TO PAY (FOR ACCIDENTS OCCURRING ON AND AFTER 3/1/2002: REV: 1/2004) PATIENT: YOUR HEALTH PROVIDER MAY AGREE TO ACCEPT PAYMENT FOR HEALTH SERVICES PROVIDED DIRECTLY FROM YOUR INSURER (AUTHORIZATION TO PAY BENEFITS) SO THAT YOU ARE NOT REQUIRED TO MAKE PAYMENT TO THE HEALTH PROVIDER AT THE TIME OF SERVICE. SUCH AGREEMENT IS OPTIONAL ON THE PART OF THE HEALTH PROVIDER AND MUST BE SIGNED BY BOTH PATIENT AND HEALTH PROVIDER.	
BENEFITS TO SYRACUSE ORTHOPEDIC SPECIA	, AUTHORIZE PAYMENT OF HEALTH ALISTS, PC, OR SUPPLIER OF SERVICES DESCRIBED S, AND REMEDIES TO WHICH I AM ENTITLED UNDER INSURANCE LAW.
FILES AN APPLICATION FOR COMMERCIAL INSURA PERSONAL INSURANCE BENEFITS CONTAINING AN PURPOSE OF MISLEADING, INFORMATION CONCE CONNECTION WITH SUCH APPLICATION OR CLAIM CONSPIRES WITH ANOTHER TO MAKE A FALSE REFANY MOTOR VEHICLE TO A LAW ENFORCEMENT A INSURANCE COMPANY, COMMITS A FRAUDULENT	IT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON NICE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR IT MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE RNING ANY FACT MATERIAL THERETO, ANY PERSON WHO, IN 11, KNOWINGLY MAKES OR KNOWINGLY ASSITS, ABETS, SOLICITS, OR PORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF AGENCY, THE DEPARTMENT OF MOTOR VEHICLES, OR AN IT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT AND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR
DATE/PRINT NAME OF PATIENT	PATIENT'S SIGNATURE (GUARDIAN IF UNDER 18)
PATIENT'S STREET ADDRESS, CITY, STATE AND ZIP CODE	

PLEASE DO NOT WRITE BELOW THIS LINE

DATE OF ACCIDENT

SYRACUSE ORTHOPEDIC SPECIALISTS, PC 5719 WIDEWATERS PARKWAY, SYRACUSE, NEW YORK 13214 TAX IDENTIFICATION NUMBER: 16-0992982

> CROUSE RADIOLOGY ASSOCIATES LLP PO BOX 2004, EAST SYRACUSE, NY 13057 TAX IDENTIFICATION NUMBER: 16-1165016