

**NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW  
AUTHORIZATION TO PAY BENEFITS  
(FOR ACCIDENTS OCCURRING ON AND AFTER 03/01/2002)**

**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.

**\*\*IF YOU HAVE CHOSEN TO AUTHORIZE THE DIRECT PAYMENT OF BENEFITS BY CHOOSING THIS OPTION, YOU MAY NOT ALSO ENTER INTO AN ASSIGNMENT OF BENEFITS\*\***

I, \_\_\_\_\_, AUTHORIZE PAYMENT OF HEALTH BENEFITS TO SYRACUSE  
(PRINT PATIENT'S NAME)

ORTHOPEDIC SPECIALISTS, PC, OR SUPPLIER OF SERVICES DESCRIBED BELOW. I RETAIN ALL RIGHTS, PRIVILEGES, AND REMEDIES TO WHICH I AM ENTITLED UNDER ARTICLE 51 (THE NO-FAULT PROVISION) OF THE INSURANCE LAW.

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, 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

\_\_\_\_\_  
PATIENT'S SIGNATURE (GUARDIAN IF UNDER 18)

\_\_\_\_\_  
DATE OF SIGNATURE

\_\_\_\_\_  
INSURANCE COMPANY

\_\_\_\_\_  
DATE OF ACCIDENT

\_\_\_\_\_  
\*\*\*PLEASE DO NOT WRITE BELOW THIS LINE\*\*\*

DATE/PROVIDER'S SIGNATURE \_\_\_\_\_

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