

**NEW YORK MOTOR VEHICLE INSURANCE LAW
AUTHORIZATION TO PAY BENEFITS
(FOR ACCIDENTS OCCURING ON AND AFTER 3/1/02)**

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
(PRINT PATIENT'S NAME)
BENEFITS TO SYRACUSE ORTHOPEDIC SPECIALISTS, PC OR SUPPLIER OF SERVICES DESCRIBED BELOW.

I, _____ RETAIN ALL RIGHTS, PRIVILEGES AND
(PRINT PATIENT'S NAME)
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 DEFAUD 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)

(SIGNATURE OF PATIENT)

(DATE OF SIGNATURE)

(HOME ADDRESS)

NF-ATP 5/07



Syracuse Orthopedic Specialists, PC
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