

SU ZHAN, M.D.
NEW YORK VEHICLE NO-FAULT INSURANCE LAW
ASSIGNMENT OF BENEFITS FORM

(FOR ACCIDENTS OCCURRING ON AND AFTER 3/1/02)

I, _____, ("Assignor") hereby assign to Su Zhan, M.D.,
(Print patient's name) (Print hospital or health care provider name)
("Assignee") 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
_____, notwithstanding any prior written agreement to the contrary.
(Print accident date)

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,
COMMITTS 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.

ACCOUNT #: _____

(Print name of Patient)

(Signature of Patient)

(Date of Signature)

(Address)

Su Zhan, M.D.
338 Harris Hill Road, Suite 207
Williamsville, New York 14221

(Signature of Provider)

(Date of Signature)

WNY REHAB & PAIN MANAGEMENT

100 UNION RD

WEST SENECA NY 14224

PHONE: 716-677-2700 FAX: 716-677-2733

NAME _____ M F
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ DOB _____
SOCIAL SECURITY _____

NO FAULT

DATE OF ACCIDENT _____
BODY PART(S) INJURY _____

INSURANCE CARRIER _____
CLAIM NUMBER _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____