BUFFALO PAIN MEDICINE, P.C. NEW YORK VEHICLE NO-FAULT INSURANCE LAW ASSIGNMENT OF BENEFITS FORM

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

I,	
ANY PERSON WHO KNOWINGLY AND WITH INTER OTHER PERSON FILES AN APPLICATION FOR CONCLAIM FOR ANY COMMERCIAL OR PERSON, MATERIALLY FALSE INFORMATION, OR CONINFORMATION CONCERNING ANY FACT MATER CONNECTION WITH SUCH APPLICATION OR CONSISTS, ABETS, SOLICITS OR CONSPIRES WITH THEFT, DESTRUCTION, DAMAGE OR CONVERSENFORCEMENT AGENCY, THE DEPARTMENT OF MACHINE OF THE PENALTY NOT TO EXCEED FIVE THOUSA MOTOR VEHICLE OR STATED CLAIM FOR EACH VIRTURE OF THE PENALTY	OMMERCIAL INSURANCE OR A STATEMENT OF AL INSURANCE BENEFITS CONTAINING ANY CEALS FOR THE PURPOSE OF MISLEADING ERIAL THERETO, AND ANY PERSON WHO, INCLAIM, KNOWINGLY MAKES OR KNOWINGLY ANOTHER TO MAKE A FALSE REPORT OF THE SION OF ANY MOTOR VEHICLE TO A LAW MOTOR VEHICLES OR AN INSURANCE COMPANY CH IS A CRIME, AND SHALL ALSO BE SUBJECT TO ND DOLLARS AND THE VALUE OF THE SUBJECT.
ACCOUNT #:	
(Print name of Patient)	(Signature of Patient)
	(Date of Signature)
(Address)	
Buffalo Pain Medicine, PC 338 Harris Hill Road, Suite 207 Williamsville, New York 14221	(Signature of Provider) (Date of Signature)
	(Date of Signature)