



**Able Orthopedic & Sports Medicine, P.C.**  
**Mehran Manouel, M.D., F.A.A.O.S.**

76-55 Austin Street, Forest Hills, NY 11375  
Tel# (718) 897-2228  
Fax# (718) 897-2251

**NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW**  
**ASSIGNMENT OF BENEFITS FORM**  
( FOR ACCIDENTS OCCURING ON AND AFTER 3/1/02)

I \_\_\_\_\_ (“assignor”) hereby assign to, Able Orthopedic & sports  
(patients name)  
Medicine, P.C.- Mehran Manouel , M.D.(“Assignee”) all rights privileges and remedies to  
payment for healthcare services provided by assignee to which I am entitled under Article 51  
(The No-Fault statue) 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 to 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 statement of claim containing any commercial or  
personal insurance benefits containing any materially false information, or conceal 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, 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)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Date of Signature)

**ABLE ORTHOPEDICS & SPORT MEDICINE, PC**  
**MEHRAN MANOEL, MD**  
\_\_\_\_\_  
(Print Name of the Provider)

\_\_\_\_\_  
(Signature of provider)

**P.O. Box 230406**  
\_\_\_\_\_

\_\_\_\_\_

**Great Neck, NY 11023**  
\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Date of Signature)

Residing at \_\_\_\_\_

In consideration of the professional medical services rendered to me by Dr. Manouel in connection with the accident which occurred on \_\_\_\_\_, I hereby assign, transfer, and set over on to Dr. Manouel, the sum of \_\_\_\_\_ dollars to be paid by me from my share of any recovery made in my claim or law suit for the damages for personal injuries at the conclusion of the claim or action.

Patient's signature \_\_\_\_\_ Date \_\_\_\_\_

Lawyer's signature \_\_\_\_\_ Date \_\_\_\_\_

To Attorney – Please date, sign and return one copy to Doctors office.  
- Keep one copy for your records.