

# Hudson Valley Manual Physical Therapy

## NO FAULT AUTOMOBILE ACCIDENT CLAIMS

Please read this statement carefully. If you do not understand its contents please ask the office staff to explain. Thank You.

Assignment of No-Fault claims:

I hereby assign to the Health Care Provider indicated below all rights, privileges and remedies to payment for health care services provided by the assignee to which I am entitled under 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, notwithstanding any other agreement to the contrary, this agreement may be revoked by the assignee when benefits are not payable based the assignor's lack of coverage and/or violation of a policy condition due to the actions or conduct of the assignor.

DATE:\_\_\_\_\_.

PRINT NAME \_\_\_\_\_.  
Patient (assignor)

SIGN NAME:\_\_\_\_\_.

DATE:\_\_\_\_\_.

PRINT NAME: Hudson Valley Manual Physical Therapy/ Elizabeth Weiss, PT  
Provider of Health Care Service (assignee)

SIGN NAME: Hudson Valley Manual Physical Therapy/ \_\_\_\_\_

Office: 22 Western Avenue \* Mailing: P.O. Box 791 \* Marlboro, NY 12542  
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