833-509-OCLI
(833-509-6254)

OCLI VISION

ocli.net

NO FAULT PATIENT INFORMATION

Patient Name:
Patient Address:
Patient Phone #:
Patient Date of Birth:

NO FAULT INSURANCE INFORMATION

Insurance Name: _____

Insurance Address: _____

Insurance City, State and Zip: _____

Insurance Phone #: _____

Claim #: _____

Date of Accident: _____

Until a *VALID NO FAULT* claim is established, you will be responsible for all charges. The information requested above is essential to establishing your claim. Your assistance is appreciated.

ASSIGNMENT OF BENEFITS

I, Agata Test ("Assignor") hereby assign to OCLI Vision ("Assignee") all rights, privileges and remedies to payment for health care services provided by Assignee to which I am entitled under Article 51 (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 by said Assignee for injuries sustained due to the motor vehicle accident which occurred on _____ (date of accident), notwithstanding any other agreement to the contrary. 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 COMMERICAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERICAL 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, 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.

_____	_____	_____
Signature of Patient/Legal Guardian	**Print Name**	**Date**
_____	_____	_____
Healthcare Proxy (If applicable)	**Print Name**	**Date**