

Spine & Orthopedic Center of N.J., LLC.

90 Sparta Ave - Sparta, NJ 07871- Ph. (973) 726-9500 - Fx. (973) 726-8218

AUTHORIZATION TO RELEASE INSURANCE POLICY DECLARATION PAGE

PATIENTS NAME: _____

ADDRESS: _____
STREET CITY STATE ZIP CODE

INSURANCE COMPANY: _____

CLAIM NUMBER: _____

DATE OF ACCIDENT: _____

To Disclose To:
Spine & Orthopedic Center of New Jersey
90 Sparta Ave
Sparta, New Jersey 07871
Phone: 973-726-9500
Fax: 973-726-8218

I hereby authorize that release of the requested information be sent **via fax within 3 business days** at the number listed above. Also, please disclose an **estimate** of the amount of benefits currently available. If in fact, benefits are **terminated and/or exhausted** kindly forward that information accordingly.

Patient's Signature

Date