



Office Address:

408 MAIN STREET #101D
BOONTON, NJ 07005

833-4PAINTX Phone
973-352-9519 Fax

Mailing Address:
P.O. Box 429
Mountain Lakes, NJ 07046

samcaruthersmd@gmail.com

OCTOBER 19,

2017

Authorization to Release Insurance Policy Declarations Page

Patient's Name: _____

Address: _____ (Street Address)

CITY

STATE

ZIP CODE

Insurance Company: _____

Claim Number: _____

Date of Accident: _____

To disclose to Samuel G. Caruthers, MD
PO Box 429
Mountain Lakes, NJ 07046

by FAXING to 973-352-9519
phone 833-4PAINTX

I hereby authorize that release of the requested information be sent via fax within three business day to 973-352-9519. Please list amount of benefits available at present. Please indicate if benefits are terminated and/or exhausted.

Patient's Signature

Today's Date