



NORTH JERSEY INTERVENTIONAL PAIN CENTER

OFFICE ADDRESS:
PARSIPPANY COMMONS
3219 Route 46 East
Parsippany, NJ 07054

MAILING ADDRESS:
P.O. Box 429
Mountain Lakes, NJ 07046

PHONE: 862.222.4629
EMAIL: njipctr@gmail.com

FAX: 973.352.9519

AUTHORIZATION TO RELEASE
INSURANCE POLICY DECLARATIONS PAGE

PATIENT'S NAME: _____

ADDRESS: _____

STREET ADDRESS

CITY

STATE

ZIP CODE

INSURANCE CO: _____

CLAIM NUMBER: _____

DATE OF ACCIDENT: _____

TO DISCLOSE TO: Samuel G. Caruthers, MD by FAXING to 973.352.9519
P.O. Box 429
Mountain Lakes, NJ 07046

I hereby authorize that release of the requested information be sent via fax within 3 business days 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