

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

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DAVID B. BASCH, M.D. FAAOS
Fellow-American Academy of Orthopedic Surgeons
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INSURANCE AUTHORIZATION TO RELEASE RECORDS TO SOCNJ

Patient's Name: _____
PLEASE PRINT NAME DATE OF BIRTH

Claim# : _____ **DOA:** _____ **Policy#:** _____

I request from : _____
INSURANCE NAME

RELEASE TO:

SPINE & ORTHOPEDIC CENTER OF NJ, LLC
DAVID B. BASCH, M.D., FAAOS
90 SPARTA AVE
SPARTA, NJ 07871

INFORMATION TO BE RELEASED
<input type="checkbox"/> DECLARATION PAGE
<input type="checkbox"/> (IME) INDEPENDENT MEDICAL EXAM
<input type="checkbox"/> (PIP) MEDICAL EXPENSE LEDGER

REASON FOR DISCLOSURE
<input type="checkbox"/> BILLING
<input type="checkbox"/> CONTINUATION OF CARE
<input type="checkbox"/> INSURANCE

X _____
PATIENTS' SIGNATURE

TODAYS DATE