Joseph C. Tauro, M.D.
Assistant Professor of Orthopedic Surgery
New Jersey Medical School
Director, Ocean County Sports Medicine Center

SPORTS INJURIES
ARTHROSCOPIC SURGERY

TOTAL JOINT REPLACEMENT
FRACTURES

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION
TO THE INSURANCE CARRIER AND ASSIGNMENT OF BENEFITS TO
JOSEPH C. TAURO,M.D.

COMMERICAL INSURANCE

I hereby authorize release of medical information necessary to file a claim with my insurance company and ASSIGN BENEFITS OTHERWISE PAYABLE TO ME TO JOSEPH C. TAURO, M.D.

I understand that I am financially responsible for any balance not covered by my insurance carrier.

A copy of this signature is as valid as the original

Signature of patient_____ Date_____

9 Hospital Drive Toms River, New Jersey 08755 (732) 341-6226