

STERN ORTHODONTICS



ROBERT M. STERN DMD
TANYA STAVISKY DMD MS

Practice Limited to Orthodontics
NJ Specialty Permits 2743 3799

Authorization to Release Information

I hereby authorize the above named Orthodontist(s) to provide an insurance company, claim administrator(s), and consulting health care professionals, information concerning dental care, advice, treatment, or supplies provided. This information will be used exclusively for the purpose of evaluating and administering claims for benefits.

Patient or Authorized Guardian's Signature

Date

Authorization to Pay Benefits to Orthodontist

I hereby authorize payment directly to the above named Orthodontist(s) of the Dental Benefits otherwise payable to me.

Patient or Authorized Guardian's Signature

Date



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