

PHONE 856-663-7080 FAX 856-663-4945



PRE-CERTIFICATION AUTHORIZATION

Patient's authorization to release information:
understand the pre-certification department will contact me by telephone. If I am unavailable, a message may e left on my answering machine or information may be left with a family member.
hereby authorize REGIONAL ORTHOPEDIC PROFESSIONAL ASSOCIATION to release said information egarding my pre-certification.
ignature of Patient:
Date: