

SHERBAN SPINE INSTITUTE
8190 S. Jog Rd. Ste. 100 Boynton Beach, FL 33472
PHONE: (844) 733-3774

AUTHORIZATION TO OBTAIN PIP BENEFITS PAYOUT INFORMATION

NAME OF INSURER: _____

PIP POLICY NUMBER: _____

NAME OF INSURED: _____

DATE OF ACCIDENT: _____

CLAIM NUMBER: _____

I. _____ hereby authorize and direct
(Patient Name)

(Insurance Company)

To provide Sherban Spine Institute an accounting of payouts made under all claims submitted for payment under the above referenced policy relating to the automobile accident occurring on the above referenced date upon request.

(Signature of Patient/ Insured)

(Date Signed)

(Representative of Sherban Spine Institute)