

**Richard F. Smith, D.O.**

15 The Parkway

Katonah, NY 10536

(914) 232-5955 / Fax: (914) 206-4728

We must have your authorization in order to respond to any  
correspondence from your insurance carrier.

Please sign this form so that we may help you obtain reimbursement.

Patient's Name:

\_\_\_\_\_  
Please print clearly

Insured's Name:

\_\_\_\_\_  
Please print clearly

Relationship to insured:

\_\_\_\_\_  
Please print clearly

I authorize the release of any medical or other information necessary to process insurance claims.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date