

Montclair Vision Services  
103 Park Street  
Montclair, NJ 07042  
(973) 744-4334

**Insurance Authorization  
Signature on File**

- I authorize the use of this form on all my insurance admissions.
- I authorize the release of information to all my insurance companies.
- I understand that I am responsible for my bill.
- I authorize my doctor to act as my agent in helping me to obtain payment from my insurance company.
- I permit a copy of this authorization to be used in place of the original.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_