



Ontario Association of Osteopathy and Natural Medicine

11160 Yonge Street, Suite 12, Richmond Hill, ON, L4S 1H5. Tel. (905) 884-9141, Fax. (905) 884-5889

www.oaonm.com

Authorization of Representative

I, _____,
living at _____, in the
province of _____, authorize the Ontario Association of Osteopathy and Natural
Medicine as my personal representative to act on my behalf when submitting my complaint to the
OmbudService for Life and Health Insurance in regards the Claim number _____ rejected by
the _____ Insurance Company.

I confirm that my representative has the authority to exercise the above right(s) for me.

This authorization will be in effect until the decision on my complaint will be made by the OmbudService
for Life and Health Insurance.

Signature _____