

Great Destinations Pediatrics
7757 W. Deer Valley Rd., Suite 275
Peoria, AZ 85382
Telephone 623-878-2800 Fax 623-878-9150

AUTHORIZATION TO RELEASE BILLING LEDGER

Patient Name: _____ Date of Birth: _____
Print First Name, Last Name

Address:

Phone #: _____ Work #: _____ Cell #: _____

I hereby authorize Great Destinations Pediatrics to send/release the billing ledger concerning the above named patient to:

Name of person(s) authorized to receive copy of billing ledger

Address

I authorize the release of the billing ledger. I understand that when my child's information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected by the federal HIPAA privacy rule.

Signature of Parent/Legal Guardian

Relationship to Patient

Social Security Number

Print Name of Parent/Legal Guardian

Date

Signature Verified: Yes__ No__

GDP Rep. Int: _____