

Great Destinations Pediatrics
18555 N 79th Ave. Suite D-101
Glendale, Arizona 85308
Office 623-878-2800 * Fax 623-878-9150

AUTHORIZATION TO RELEASE BILLING LEDGER

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

Address: _____

Phone # _____ Cell# _____ Work# _____

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 Child _____
Last 4 of SS#

Print name of Parent/Legal Guardian _____
Date

GDP rep Intl: _____ Given in the office on: _____
Mailed on : _____