Great Destinations Pediatrics, P.C.
7757 W. Deer Valley Rd • Suite 275 • Peoria, AZ 85382
Telephone: (623) 878-2800 • Fax: (623) 878-9150
www.gdpeds.com

AUTHORIZATION TO RELEASE BILLING LEDGER

Patient Name: _____ Date of Birth: _____

Patient Name: _____ Date of Birth: _____

Patient Name: _____ Date of Birth: _____

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

_____ _____
Print Name of Parent/Legal Guardian Date

For office use only:
Signature Verified: Yes__ No__ GDP Rep. Int: _____