

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

Preferred Method (please check one):

☐ Email:

☐ Mailing Address:

Dates Requested:

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: _____