

**Authorization of Treatment and Assignment of Benefits to The Center for Advanced Pediatrics,
Pediatric Endocrine and Diabetes Specialists and Urgi-Kids**

I _____ authorize The Center for Advanced Pediatrics to treat my child/children. I further authorize the release of medical information necessary for the completion of insurance forms, school and camp forms. Etc.

I authorize payment directly to The Center for Advanced Pediatrics for any and all medical or surgical benefits otherwise payable to me under the terms of my insurance.

I also affirm that I will reimburse The Center for Advanced Pediatrics for any payments my insurance company may have sent to me directly.

I understand that I am financially responsible for all co-payments, deductibles, co-insurance and any charges not covered under my insurance benefits.

I also understand that I am responsible for advising The Center for Advanced Pediatrics of any and all changes to my insurance coverage and will present The Center for Advanced Pediatrics with proper member identification and photo identification at the time of each visit.

I have read and understand the office policies presented to me on the accompanying pages and agree to comply and accept responsibility for any payment that becomes due as outlined previously.

Patient Names: _____

Responsible Party: _____

Relationship to patient _____

Please print

Signature

Date _____

EASY PAY CONSENT FORM

I authorize The Center for Advanced Pediatrics to charge my credit or debit card listed below for the following:

- the balance of charges unpaid
- Copays and/or co-insurance
- Deductibles
- Services not covered under my insurance plan

I understand this form is valid until the expiration date of the listed card unless I cancel the authorization by written request

Cardholder's Signature Date

Patient Name(s)		
Cardholder Name		
Cardholder Address		
City	State	Zip Code
<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> Debit Card		
Credit / Debit Card Number _____ verification # _____ Expiration Date: _____		