

Release and Assignment

I hereby assign all medical and/or surgical benefits, to include major medical benefits to which I am entitled, including Medicaid, Blue Shield, HMO Plans, and Commercial Insurance to Center City Pediatrics, LLC.

I understand that I am financially responsible for all charges whether or not covered by insurance.

I hereby authorize and designate to release any information to secure payment.

Parent Signature: _____

Child's Name: _____

(please print)

Child's Date of Birth: _____

Date: _____