

Paradise Pediatrics, PL
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Phone: 941-924-9900 Fax: 941-924-9919

Lifetime Signature Authorization

I authorize the release of any medical information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment.

Signature

Date

I authorize payment of medical benefits to the undersigned physician or supplier for services described.

Signature

Date

Physician:

Suzanne Southerland, MD, FAAP

Joanne Boezem, MD, MPH, FAAP