SIGNATURE SHEET

Patient's Name	Date of Birth	Patient's Name	Date of Birth
Patient's Name	Date of Birth	Patient's Name	Date of Birth

ASSIGNMENT OF BENEFITS

I hereby authorize any provider of Pediatric Partners, LLC to apply for benefits on my behalf for services rendered. I request and authorize payment from my insurer to be made directly to such providers. The insurance information I have reported to you is correct and I authorize the release of any necessary information, including medical information for this or any related claim, to my insurance company. A copy of this authorization may be used in place of the original. _____(INITIAL)

CONSENT TO TREAT

I (or my legal guardian or parent) authorize Pediatric Partners, LLC to provide medical care reasonable by today's standards, including sharing of necessary information with insurance companies and pharmacies to allow e-prescribing. _____(INITIAL)

HIPPA / RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge receipt of Pediatric Partners, LLC, Notice of Privacy Practices, which provides information about how we may use and disclose your protected health information. _____(INITIAL)

FINANCIAL POLICY

I have carefully read, understand, and agree to Pediatric Partners' Financial Policy dated 2026.

X_____ _____

Parent / Guarantor Date

CARD ON FILE

I authorize Pediatric Partners, LLC, to charge my credit card on an ongoing basis for balances owed, per my insurance, as outlined in the Financial Policy. I understand my information will be saved on file for future transactions. I understand I must cancel this authorization through written notice. I agree to contact Pediatric Partners if there are any changes to my credit card account information. The signature below will serve as the credit card authorization signature.

CREDIT CARD INFORMATION

_____MasterCard _____Visa _____Discover

Cardholder Name (as shown on card): _____

Card Number: (last 4 digits) _____ Expiration Date (mm/yy): _____

Cardholder ZIP Code (from credit card billing address): _____

_____ _____

Signature Date