

I hereby authorize the release of any medical information necessary for the processing of insurance. I hereby assign all medical benefits to which I am entitled to Gerardo P. Sison, Jr., M.D. This assignment is to be considered as valid as an original. As a courtesy, I understand that medical claims to my insurance company are being filed on my behalf. I also understand that I am responsible for all unpaid balances of covered expenses, co-payments, or deductibles. Any request for reports to outside agencies are subject to a minimum of \$50.00 fee to be paid by the patient prior to report being sent.

Patient/Parent/Legal Guardian's Signature

Date